

Addicts need support

Cuts to addiction treatment are a disaster for the country, Professor Colin Drummond explains.



About the author

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Meet the author

Professor Colin Drummond will be presenting at Recovery Plus on World Drug Day 2018: RecoveryPlusDB.com

With the Royal Family's *Heads Together* campaign, the Royal College of Psychiatrists' *Changing Minds*, the Sunday Express *Crusade for Better Mental Health* and Mind, and Rethink's *Time to Change*, the government is now speaking the language of "parity of esteem" for mental and physical health. It has pledged NHS money to improve access to mental health care. But we have a worsening crisis in the treatment of people with addiction.

Addiction to alcohol, drugs, tobacco and gambling are recognised by the World Health Organisation as mental disorders in need of compassionate treatment. Addictions cause a huge burden of disease worldwide and contribute to countless social problems and deaths, and a wide range of mental health problems. Yet research shows addictions are the most stigmatised of mental health conditions. They are dismissed as self-inflicted or a lifestyle choice, despite evidence that they can be genetically inherited and have a strong basis in abnormal brain functioning.

Research shows that 54% of women and 24% of men in alcohol treatment services were victims of childhood sexual abuse and 80% of people seeking addiction treatment have mental health problems. So why does society hold a moralistic judgment of addictions while developing a compassionate stance on mental health? It is difficult for many to comprehend how people become addicted and continue to use substances in the face of serious consequences.

Then we have the *Health and Social Care Act* of 2012, a disaster for addiction treatment. It split treatment from the NHS, giving responsibility to local authorities. The money was ring-fenced but this was removed at the time huge cuts were imposed on local authority funding.

Due to stigmatisation of people with drug and alcohol dependence, addiction services in England have been cut by 30% – in some areas, by 90%. As the major cost is workforce, the impact has been a loss of specialists such as psychiatrists, psychologists and nurses – and reliance on volunteers and staff with limited expertise. The Royal College of Psychiatrists has seen a drop in people training in addiction psychiatry by 60% since 2006.

Deaths from heroin and morphine have doubled since 2012 and are the highest on record. Alcohol-related hospital admissions doubled in the past eight years. People with addiction needs are unable to get help for their mental health as addiction services can no longer treat them. These pressures push the most in-need patients into overstretched emergency departments and mental health services, police and even prison.

It is time to halt cuts to addiction services. There is little incentive for local authorities to use their budgets to reduce the NHS addiction burden. The NHS should be an equal partner providing addiction treatment to reduce demand for care. We need to rebuild sustainable, safe services and reinstate training for psychiatrists, psychologists and nurses to treat people with addiction problems before specialist staff disappear. And we need to give people with addiction problems parity with those with other disorders. This makes moral and economic sense.

<http://blogs.bmj.com/bmj/2017/05/25/colin-drummond-cuts-to-addiction-services-in-england-are-a-false-economy>.

