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How effective is the National Treatment Agency Programme?

It was with growing incredulity that I read the progress report of the National Treatment Agency (NTA) 'Public Service Review. (June 2006.)

Success is claimed on a number of issues, the first of which are the increase of the numbers in treatment.

One would have hope that this simplistic method of claiming success for any programme had been abandoned; growth in numbers in treatment in itself is neither an indication of progress success, or failure, unless there is a counter balancing figure of those who have been successfully rehabilitated after a minimum period of 12 months. Rehabilitation being defined to include continuous abstinence, crime free, and in gainful employment, alas no such figures are offered, presumably because they either do not exist, or are so low as to be derisory of the effectiveness of many of the treatment programmes.

The attempt to claim success for such programmes by the increase in those retained in treatment for a period of 3 months, on the basis that "*this is the point at which sustainable change begins to become achievable*", or as is later claimed 'is apparent' is in the absence of empirical evidence, meaningless, and as such is an entirely false premise on which to claim either progress or success. On the contrary, worldwide research is almost unanimous in pointing out that any changes that do occur in such a brief period are mainly superficial. It is a well researched and established fact that most people who do relapse do so within the first 12 months, and it is only after such a period of continuous abstinence that relapse figures start to decrease.

The rhetorical statement that "*Effective, well delivered treatment improves the health and social functioning of individual drug misusers, reduces the risks to public health resulting from the spread of blood-borne viruses and improves the safety of communities by reducing re-offending amongst drug-misusing offenders*" is self evident. Unfortunately the evidence that current interventions are actually achieving this is much more obscure; in particular the following needs clarification:

How many of those actually in treatment have measurable and/or specific improvements in either their health, or 'social functioning'? Over what period of time have such changes been measured? What evidence is there that any changes are sustainable?

To what extent has the spread of blood borne viruses been reduced?

To what extent have cases of hepatitis C increased/decreased between 2002 and 2005?

To what extent have cases of HIV increased/decreased during the same period?

How many needles were issued by needle exchange facilities? How many were returned by intravenous drug users? Are those figures independently monitored, if so how frequently?

Given that 90% of criminal offenders on Drug Treatment Orders (DTOs) continue to re-offend, is it not true that current, so called harm minimisation interventions are failing?

The statement on page 2 of the report that 'Overall drug-related crime is reducing as treatment increases' is a direct contradiction of the possibly, highly cosmeticised, figures issued by the Home Office, these show an increase of 21% in drug offences in the last quarter of 2005, compared with the same quarter in 2004, nor, unfortunately is this a one off since similar increases were recorded in the previous two quarters. In truth, the overall increase in 2005 was no less than 16%, hardly a cause for the self congratulatory tone of the report. However one thing is certain, we'll wait a long time for straightforward replies to the straightforward questions posed.

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