

GPs, THE NTA AND THE NUMBERS GAME

In good faith, the Substance Misuse Management in General Practice issued guidance now proven to be based on unfounded figures – they were taken at face value from the National Treatment Agency for Substance Misuse. Peter O’Loughlin puts the record straight.

Many – perhaps most – of us have become accustomed, even weary, of the plethora of self-congratulatory announcements issued by the National Treatment Agency. Most of the spin aims to persuade us that protocols and implementations of the current drug treatment strategy are successful. Indeed, such is the glut of these proclamations of success that there is a temptation, at least by this writer, to skip them in favour of more factual and unbiased reading.

On the other hand, when a responsible and professional network such as the Substance Misuse Management In General Practice chooses to re-issue verbatim one of the more misleading documents emanating from the NTA, and endorse it as an “important report”, this writer sits up and pays attention.

The document in question is *Good Practice in Harm Reduction* (NTA report, October 2008).

While acknowledging that government targets for reducing drug-related deaths have not been met, it makes the following claim: “Drug related deaths have gone down in recent years”.

It then purports to show how harm reduction “combines work aimed directly at reducing the number of drug-related deaths and blood-borne virus infections, with wider goals of preventing drug misuse and of encouraging stabilisation in treatment and support for abstinence”.

It is the intention of this article, with the aid of statistical evidence from the National Audit Office and the Health Protection Agency, to show that the claim relating to drug deaths is palpably misleading – and that the current emphasis on harm reduction is failing not only in reducing drug deaths, but that they are actually increasing. This is alongside the abysmal failure of inappropriately named “harm reduction” methods to contain the escalation of blood-borne diseases.

NATIONAL AUDIT OFFICE FIGURES.

The following facts for drug deaths arising from misuse were published by the NAO in their April 2007 and autumn 2008 reports.



- Drug deaths from heroin and morphine are increasing year on year
- In 2003–4 there was a marked increase in drug-related deaths which were largely attributed to heroin, methadone and morphine.
- Drug-related deaths are the highest in five years.
- The total number of drug-poisoning deaths arising from drug misuse in 2007 increased by 16% from 2006, to 2,640.
- In 2007, 196 deaths involving cocaine occurred, the highest number of deaths involving cocaine since records by the Office of National Statistics began in 1993.
- Deaths attributed to methadone are at their highest since 1999. In 2007, methadone-related deaths increased by 35% over 2006 to 325.

HEALTH PROTECTION AGENCY FACTS.

The following facts were published by the Health Protection Agency (www.hpa.org.uk/web/HPAweb&HPAwebstandard/HPAwebC/1202115519183).

- The level of HIV infection among injecting drug users (IDUs) in England and Wales is higher now than at the start of the decade.
- In London, where the prevalence of HIV in IDUs is higher than elsewhere in England and Wales, one in 20 IDUs is infected.
- In the remainder of England and Wales, HIV among IDUs has risen from about one in 400 in 2002 to about one in 150 in 2006.
- The prevalence of hepatitis C among IDUs has risen from 33% in 2000 to 42% in 2006.
- About one in five IDUs has hepatitis B infection, which extrapolates as an increase approaching 200% since 1997.

FACING THE FACTS.

It is self evident from the facts that the disproportionate emphasis on harm reduction is failing to achieve that which the NTA document would have us believe.

The author(s) of the document contents have – knowingly or unknowingly – resorted to a technique known as ‘perception management’. This process could be regarded as more sinister than spin, since it seeks to bury the truth under a garbage of rhetoric in order to manufacture a ‘truth’ designed to influence or change the perceptions of a targeted audience.

Via email, I expressed my disappointment to the SMMGP for publishing as a “policy update” the NTA document, together with the endorsement the SMMGP gave. I now place on record my appreciation to Dr Chris Ford for the courtesy and promptness of her response.

In an age where avoidance of responsibility is so common, I also take this opportunity of expressing my admiration and respect for the forthrightness of her “mea culpa”, together with the integrity and that rare quality of humility which she displayed in our subsequent correspondence.

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Image by Stephanie Bandmann