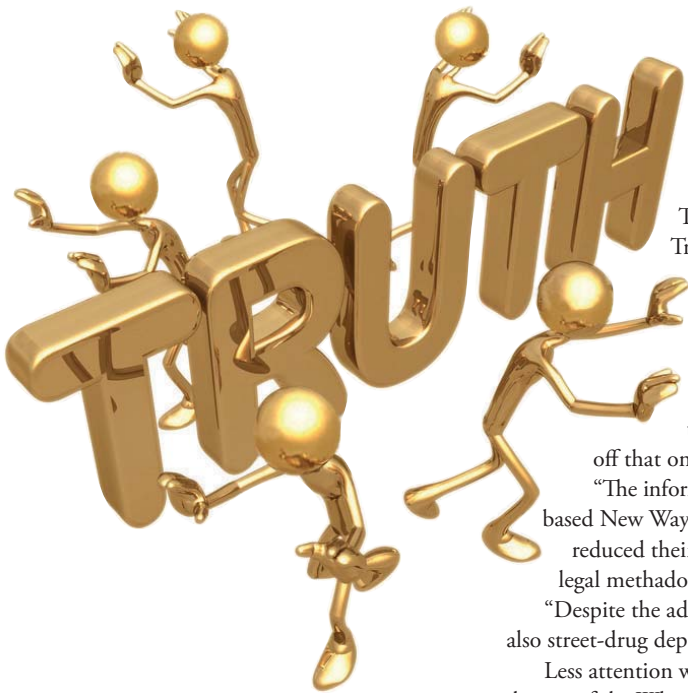


THE DODGY DOSSIER OF NON-TREATMENT: 2

An NTA article printed by medical journal Lancet led national media and international academic websites to the perception that this body of bureaucracy is successfully treating addiction/dependency. Deirdre Boyd reveals the truth behind the headlines.



“Drug record encouraging,” said the BBC. “Treatments helping addicts,” wrote the *Guardian*. “Scientists: drug treatment does work,” added the *Independent*. Their hopes were based on an article placed in the *Lancet* by the National Treatment Agency for Substance Misuse: *Effectiveness of community treatments for heroin and crack cocaine in England*. The NTA also referred to the article to back up claims in its *Annual Report*. But it was greatly misleading.

The NTA claims that “the results... are proving particularly effective, with over half of all crack users quitting the drug during the first six months of treatment”. Note that it mentions quitting only crack – not other polydrug use – and does not mention how long the 14,656 users in the study might be off that one drug.

“The information in the *Lancet* is flawed,” points out Tony Wilks of London- and Manchester-based New Ways Clinic. “The truth is, a few addicts might have temporarily stopped or reduced their use of ‘street drugs’ only, because they transferred to the more-addictive but legal methadone – but they were still opiate dependant.

“Despite the additional drugs provided by the state at taxpayers’ expense, the vast majority were also street-drug dependant at the end of the study.”

Less attention was paid to the *Lancet* accompanying paper in which Dr Thomas McLellan, deputy of the White House Office of National Drug Control Policy, warned that such short-term interventions might not produce long-lasting, positive effects.

All nine authors in the NTA/*Lancet* report are employed by or receive funding from the NTA, whose employees “contributed to the study design, data analysis, data collection, data interpretation and writing of the report”. Study ‘treatment’ settings depend on the NTA for funding. The NTA is responsible for overseeing their effectiveness. The self-report TOP form used to gather report numbers was not checked against urine or other drug testing, fed into an inaccurate NDTMS criticised even by the NTA, and the lead author was well paid by the NTA to create and train in it.

“This is like a tobacco company funding a piece of research where the authors are in their company,” complained one professor. “If one were to substitute the NTA initials for the name of a drug company, it is questionable if such a paper would have been accepted by the *Lancet*,” added Professor Neil McKeganey, director of Drug Misuse Research at the University of Glasgow.

“This is the NTA evaluating itself,” explained Dr Duncan Raistrick of Leeds Addiction Unit. “Starting the title with the word ‘effectiveness’ is disingenuous. The study shows what happens to a cohort of drug users entering two treatment modalities according to self-report data. There is not the standardisation of treatment modalities that the authors describe in the introduction... we do not know what treatment was received. There is also a problem with the data collection.

“The NTA has imposed a burdensome system created for political not clinical purposes. To impose something that is not seen to be useful, indeed is seen to be for another purpose, will not be embraced by clinicians. A crucial finding, not discussed, appears to be that both heroin and crack users do as well or better in the psychosocial intervention as compared to the more costly pharmacotherapy (presumably substitute prescribing). If these findings are valid, is it not logical that the NTA should be rapidly dismantling methadone programmes?”

Readers can read more details, including financial relationships between the NTA and the Maudsley/SLAM, by going to the *Addiction Today* website: www.addictiontoday.org/addictiontoday/2009/10/dodgy-dossiers-of-addiction-nontreatment.html