

Narcotics Anonymous in the UK

A membership survey

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Introduction

Narcotics Anonymous (NA) is a mutual-aid fellowship with a global presence, built on the principles of Alcoholics Anonymous. In the UK, NA started in 1980 and in May 2015, there were over 1'000 weekly meetings¹.

Since 2007 NA attendance has been recommended for the Management of Drug Misuse and Dependence by the National Institute for Health and Clinical Excellence (NICE)² and is instrumental for the UKs 2010 Drug Strategy³. However little is known about its membership.

Aim

To describe NAs membership profile, time abstinent, referral source and factors associated with long term recovery.

Method

With the support of the UK NA Public Information Committee, questionnaires were administered at 3 NA events between March 21st and May 5th 2015. An online version allowed members to participate who did not attend any of these events.

The chosen opportunistic convenience sampling strategy reflects the method applied for NA internal surveys by NA World Services (NAWS) and has been widely accepted by NA members. The NAWS questionnaire was modified to suit the UK and the requirements of this study.

Results

889 Members with a mean age of 43.4 (SD: 10.2, 17-80) participated in the survey of which 64.4% were male. The average time abstinent overall was 7.2 years (table 1).

Table 1: Participant's Gender, Age and Years Abstinent

	Blackpool	London	Dorset	Online	Total
Gender (N=)	244	290	86	253	873
Male	64.3%	62.8%	60.5%	67.6%	64.4%
Female	35.7%	37.2%	39.5%	32.4%	35.6%
Age (N=)	243	287	83	255	868
Mean Age (SD)	41.7 (9.2)	42.5 (10.0)	43.7 (9.2)	45.8 (11.1)	43.4 (10.2)
Range	53 (18 - 71)	57 (17 - 74)	50 (23 - 73)	62 (18 - 80)	63 (17 - 80)
Years Abstinent (N=)	217	260	80	234	791
Years Abstinent (SD)	4.8 (6.1)	7.5 (8.3)	3.7 (4.6)	10.4 (9.2)	7.2 (8.1)
Range	33.2 (0.0-33.2)	35.3 (0.0-35.3)	21.1 (0.0-21.1)	32.6 (0.0-32.9)	35.3 (0.0-35.3)

686 (83.7%) of 820 respondents had received professional treatment in addition to NA, and two-thirds (66.7%) reported that treatment professionals had recommended that they attend NA.

One of the expectations of recovery is improvement in the areas of life affected by addiction. Participants were asked which areas of life had been affected by addiction (Table 2) and which had improved since they began recovery in NA (Table 3).

Table 2: Before recovery in NA (N=825)

Had stable housing	29.6%
Had employment	27.9%
Supported family	9.1%
Maintained family relationship	13.6%
Maintained committed relationship	6.5%
None of the above	54.5%

Table 3: Areas of improvement (N=828)

Housing	72.4%
Employment	64.4%
Education	61.7%
Social connectedness	85.5%
Family relationship	89.9%
Hobbies	81.8%

Kendall's Tau-b correlation (Table 4) revealed a strong relationship between time abstinent and all areas of improvement with the strongest coefficient found for Employment.

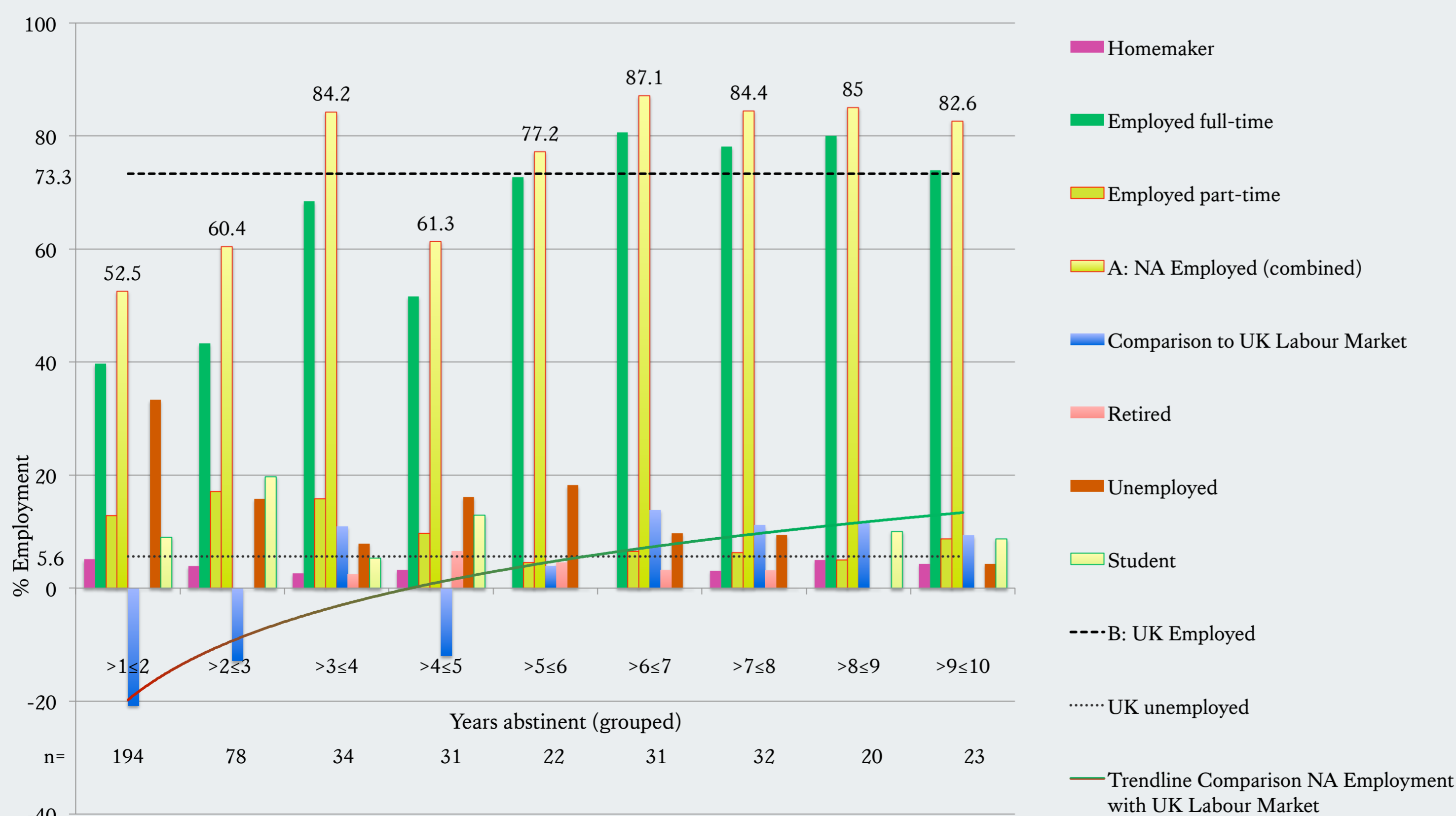
Table 4: Correlation of years abstinent with areas of improvement (N=770)

	Housing	Employment	Education	Social con.	Family rel.	Hobbies
Years abstinent	Corr. Coeff. .202*	.386*	.250*	.161*	.129*	.184*
	Sig. (2-tailed) .000	.000	.000	.000	.000	.000

*Correlation is significant at the 0.01 level (2-tailed)

Employment rates of NA members were compared with the figures from the UK Labour Market Survey for March to May⁴. NA employment rates begin to exceed the UK labour market between 3 and 5 years of abstinence (Figure 1). Unemployment rates were not compared as the study did not exclude economically inactive persons.

Figure 1: Employment for years 1-10 abstinent in respondents 16-64 years of age compared to the UK Labour Market during the sampling period



Limitations

The self-selected convenience sampling strategy might attract predominantly participants with a pro-NA attitude and participation was limited to those who either attended one of the NA events or had online access to the survey.

Discussion

Narcotics Anonymous (NA) supports long-term abstinent recovery and the participating members show significant improvements in all areas of life that were investigated. The correlations between time abstinent and rates of employment suggest that continued abstinence leads to better employment and that NA members who maintain their abstinence can become productive members of society, vindicating the NICE guidelines and the UK 2010 Drug Strategy.

Conclusion

Previous research has found that active referral by treatment professionals improves NA attendance and treatment outcomes⁵. The reported referral rates in this study suggest that more work could be done with treatment staff to improve their compliance with the NICE guidelines to signpost mutual aid groups.

In the NA preamble, commonly read at the beginning of a meeting, it says: "We believe that the sooner we face our problems within our society, in everyday living, just that much faster do we become acceptable, responsible, and productive members of that society."⁶ The findings from this study on improvement, duration of time abstinent, and employment rates, show NA as a viable resource for recovery and that the claims made in the fellowship's preamble have merit.

But while continuous abstinence in NA seems to improve employment among its members, this effect is not seen until several years into recovery, suggesting that measures supporting the long-term maintenance of abstinence are needed.

References:

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- 3) UK Home Office. (2010). DRUG STRATEGY 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life.
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- 6) Narcotics Anonymous. (1986). NA White Booklet, Who is an addict? What is the Narcotics Anonymous program? Why are we here? How it works. Narcotics Anonymous World Services, Inc., Chatsworth, California, U.S.A.