



have actually settled successfully away from the Oxford area.

We are aware that the Ley Community caters for a particular niche market in the substance misuse field: entrenched addicts who have had enough of prison and their chaotic lifestyle, and are desperate to change. They need to be very motivated to be able to abide by the rigid and demanding therapeutic programme. The issues that residents need to resolve cannot be sorted out in a few months. There will always be a number of entrenched addicts that require a long and intense treatment programme. The culture that instils in new residents that somehow the combination of 'tough love' and 'self-help' provides the basis of recovery is evident in the retention rates. 45 per cent of residents in the sample stayed in treatment for at least 12 months.

In a competitive market place, how are community-based drugs workers to get to know the variety of different treatment programmes available, and how do they select which facility is right for any particular client? The Ley Community is supported by a highly committed group of community drug workers who have seen previous placements work, and continue to refer. Their commitment to their clients is inspiring.

At a recent graduation ceremony at the Ley Community for 12 residents who have been clean and in employment for at least 12 months

from completing their programme, community-based drug workers travelled to Oxford on a late October Friday evening from Edinburgh, Sheffield, Manchester, Stafford, Nottingham, Kent and Gloucester to celebrate with their former clients. It would be impossible to overstate the significance to the individual graduate of the long-term commitment to them of the drug worker who originally referred them into treatment.

It certainly underlines the fact that successful recovery is dependant on a close and collaborative relationship between the residential facility and drug workers employed in the community. We would only wish that the programme at the Ley Community is on the radar of community-based drug workers who have yet to hear about our programme that is aimed at a quite specific client group of seriously entrenched addicts who have simply had enough of using.

Related research:

- De Leon G, Jainchill N, Wexler H (1982), 'Success and improvement rates five years after treatment in a therapeutic community'. *International Journal of Addictions* 17(4).
- Simpson D, Joe G, Rowan-Swal G, Greener J (1995), 'Client engagement and change during drug-abuse treatment'. *Journal of Substance Abuse* 7.
- Small M, (2001) 'Two Year Reconvictions in a Rehabilitation Centre', *Therapeutic Communities* 2001, Vol 22, No 2.
- Wilson S, Mandelbrote B (1985) 'Reconviction Rates of Drug Dependent Patients Treated in a Residential Therapeutic Community: a Ten Year Follow-up', *British Medical Journal*.

Paul Goodman is chief executive of The Ley Community

Safer injecting practice

How much citric?

Exchange supplies are giving clients a chemistry lesson on DVD with their sachets of citric acid. DDN asks why.



Ever since we started distributing citric acid sachets, there has been a lot of debate about how much citric acid heroin injectors should use, says Andrew Preston of social enterprise, Exchange Supplies.

To resolve the debate, he asked Dr Jenny Scott, lecturer in pharmacy practice at the University of Bath, to demonstrate dissolving heroin with citric acid in the laboratory – and to talk him through the process.

Dr Scott takes 130mg of heroin and cooks it up with water. The mixture stays clumpy, where the heroin is not properly dissolved. She then repeats the exercise with 20mg of citric acid, adding it little by little, from a sachet. There are no clumps and no heroin left floating on the surface.

As she demonstrates this process on the DVD, Dr Scott explains that there is no visual difference between samples with more or less volumes of citric acid in them. The chemical composition is vital however: the more acidic the solution becomes, the more damaging it is to veins. The carefully weighed citric acid she has just added to the heroin gives a reading of 2.55 acidity – enough to dissolve the heroin without tipping its acidity into the danger zone.

'Most injectors add too much citric acid to their heroin, and it causes major vein damage,' says Andrew Preston. 'Always err on the side of caution when dissolving citric. There's always a danger of knackered veins within a short time.'

'Small amounts of acid will dissolve your drug – look for it going clear,' he advises. Too much acid causes chemical burns, inflaming the lining of the vein and causing clotting and scar tissue. Older injectors are likely to shift to deeper veins.'

Andrew Preston and his business partner Jon Derricot have been harm reduction activists since coming across more and more injuries associated with using lemon juice to dissolve the drug. They formed Exchange Supplies back in 2001 as an initiative to produce citric acid for needle exchanges to supply to drug users – but progress was in no way straightforward.

Despite the apparent logic of a harm reduction initiative, they were met with opposition from pharmacists who discovered that technically it was illegal to sell citric acid, according to the Misuse of Drugs Act. So they argued a 'crime prevention' case with the authorities, until the Crown Prosecution agreed that if pharmacies' only crime was to supply citric, it wasn't a disciplinary matter.

They visited pharmacies with a letter explaining this – and their supporters started to send letters to their own police force and pharmacies. Some pharmacies were adamant that it was still technically illegal; others saw it as an opportunity to take a practical stand for harm reduction.

Support from the field propelled Exchange Supplies into developing more paraphernalia, and advising needle exchanges throughout the country. **DDN**

For citric acid and copies of the DVD, or for more information on harm reduction, visit the Exchange Supplies website at www.exchangesupplies.org