

## Career resolution

Dear DDN

I've made a New Year's resolution to keep a professional portfolio this year, as I want to get organised about progressing to the next stage in my career. I can see the sense in continuing professional development, and I know it will give me a better chance of promotion or finding another job in the field.

My problem is, I don't know where to start. How do I begin collecting evidence, and how can I tell what's appropriate to include?

Yours, **Frankie**

Dear Frankie

We'll find out everything you need to know to get to grips with your portfolio, and report on it in the next issue – on one condition: that you keep a diary for us on how you get on compiling yours.

Yours, *DDN editor*

Find out how to compile a good portfolio in next DDN; follow Frankie's diary in future issues.

## Complimentary conference

Dear Editor,

I have been asked by Andy Stonard in his capacity as Chair of Conference Consortium, to rectify a misunderstanding that has arisen in the publicity material for our forthcoming conference Prisons and Beyond (16-17 February 2006). I am happy to do so.

Prisons and Beyond is being organised by the National Offender Management Service and is not designed specifically as a replacement for the Prison Drug Workers Conference. The latter conference previously run by Cranstoun Drug Services is being continued by a consortium of Drug and Alcohol agencies (including Cranstoun Drug Services) entitled 'Addressing the Balance' (13-15 March 2006).

I see the two conferences as complimentary with Addressing the Balance targeted at the much wider criminal justice drug treatment community.

Yours faithfully,

**Martin Lee**

Head of Drug Strategy Unit

## East-West endorsement

After reading an article in *DDN*, I thought perhaps you would like to include my letter in your magazine for the benefit of other readers. I am 49 yrs old have been using amphetamine (speed) since age 13. Also with the emergence of crack cocaine, I was using this also. I've been in prison a



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few times, and been to two rehabs, only to start using again within days.

That was until I came across East West Detox, which involves some initial counselling from Mike Sarson (East-West Detox co-ordinator) and then a trip to Thamkrabok, Thailand, which is a Buddhist monastery two hours drive north east of Bangkok. I underwent five days initial vomiting and herbal medicine throughout my stay there of seven weeks. (In all I vomited 25 times.)

Then there is the spiritual aspect of being there: a part of me that was lost, my spiritual self has now been found and I now feel whole again, found through meditation, and spiritual discipline. I would recommend to anyone who is wanting to rid themselves of their addiction be it drugs, alcohol, even smoking, that Thamkrabok is the place to go.

**Steve West, Newbury**

## An Alternative Way

Recently, I was fortunate to be present at the October East-West Detox road show and found the day both uplifting and informative.

A mixed group of professionals working in the field of addiction, together with recovering addicts and some family members, were gathered in the beautiful surroundings of Winford Manor Retreat Bristol, to share a truly stimulating day. Winford Manor has been my spiritual

home for many years and regularly hosts such events offering space and quiet in its lovely chapel, house and extensive grounds. It was good to be back again.

Mike Sarson and his team have revolutionised the methods of detox and recovery by marrying East and West in a unique and positive way. People who are seeking recovery travel many miles to Thamkrabok, a Buddhist Monastery in the north of Thailand.

For most of them this is a journey through uncharted territory and requires of them total commitment to change and a sincere wish to 'let go' to the process, and move forward to a life clean of drugs or other substances, to freedom.

Everyone deserves a choice and this is exactly what is on offer.

We were at Winford Manor to hear how the programme works, from Simon and others who had already made the journey.

East-West Detox is a charity offering a unique, non medical treatment for individuals suffering with addiction. It allows westerners to experience the world renowned detox programme at the Thamkrabok monastery, where they have had a success rate of 70 per cent over the past 58 years. This speaks for itself and individual costs vastly undercut any in the West.

Some may have seen the BBC documentary 'kill or cure' – the story of Simon and Rebecca, two young people

desperate for recovery and a drug free life. Mike and his team support them from the beginning in the UK to the final process at the monastery in Thailand, where they both go through a complete life change. I have watched the film many times, each with renewed enthusiasm.

Simon took us through his story of many years of addiction, to his final experience at Thamkrabok. He has no doubt that his chosen path is working for him. Dr Vanessa Crawford consultant psychiatrist and director of East London and City Specialist Drugs and Alcohol Addiction Services, spoke highly of the East-West Detox method of treatment. She has made the journey to the monastery in Thailand and taken the herbal medicine herself.

Mike and Vanessa held a comprehensive and informative question and answer session, and Vanessa fully endorsed the work:

'I have great respect for the treatment... calmness of the surroundings, the positive wisdom of Buddhism and the importance of being entrusted with a vow, all add to the success'.

I was interested to hear what she had to say, as I too felt that the initiation ceremony was what had first struck a chord for me, combined with the monks' chanting to the drumbeat whilst herbal medicine is being administered. All addicts taking part in the process are requested to wear robes and take a vow to abstain from drugs for the rest of their lives. This ritual I feel works on all levels as it takes place in a sacred space. Not only is the body purged of all substances and toxins, the spirit is also cleansed – by all accounts a gruelling experience, but nevertheless liberating. It is also worth mentioning that there is no requirement of any religious belief.

The five day detoxification period consists of taking herbal medicine and steam baths daily.

I personally feel all the symbolism and ceremony adds to the path of change and movement from the old life to a new one.

Louise, a good friend of mine gave a heart rending account of her son Charlie's journey to recovery and Simon's mother added her comments. This mixture of perceptions from all quarters helped those of us present to get a full picture.

Mike Sarson has all the right credentials, a social worker, addiction counsellor, and years of experience in the field, but above all he has an intuitive quality together with great compassion and total dedication to his vision. This in turn motivates all who support and are involved with the ongoing work of East-West Detox.

In conclusion I feel most disappointed for those who, in the light

of the present recommendation from the NTA are unable to make the choice, between an alternative path with East-West Detox, which already has a high success rate, and the conventional route, which intends to increase the existing dose of methadone and abandon any counselling support. Surely everyone seeking recovery is entitled to a choice.

I am so grateful to have experienced such a full and inspiring day.

Many thanks to Mike, Nick and the team, James, and all at Winford Manor Retreat.

Wendy Gregory, by email

For an article about treatment at Thamkrabok, see DDN, 24 January 2005. All our back issues can be viewed online at [drinkanddrugs.net](http://drinkanddrugs.net)

### Cycles of change

Home Office statistics disclose that 89 per cent of the offenders engaged in drug treatment reoffend. While that figure is highly disturbing, without being informed how it compares to the relevant target figures, we cannot know if it indicates a failure, or its extent.

If, as seems likely it is a failure, then because public money is involved, we are entitled to an explanation. Hopefully, this will prove to be substantially different than the kind one normally associates with instructions on the indoor growing of mushrooms. Fortright explanations do not need to be accompanied by the usual platitudes of 'internal inquiry', 'lessons learnt', 'more robust action', 'modified procedures', 'more studies' promises to do better etc, etc. Experience shows that banalities rarely, if ever, materialise.

Failure demands change; in this instance, we need to consider less hypothetical and more holistic solutions. The almost universally acclaimed 'gold standard', within the transtheoretical model of the 'Cycle of Change', gifted to us by Prochaska and DiClemente, has withstood the tests of time and considerable critical appraisal, and is a constructive framework to work within. In truth, given its antecedents, it would be less than professional not to use it extensively for endeavours that are intended to substantially reduce the number of those on DTTOs who reoffend.

There are compelling reasons for using this model – not least of which is the fact that it is based on extensive research. This provides reliable and addiction-related, numerical evidence, identifying the stages that people actually go through, consciously, or unconsciously, with or without outside assistance, to effect changes in behaviour and habits. That evidence alone places it in marked and vastly superior contrast to more hypothetical models.

An almost equally convincing reason for working within its framework is that the authors became aware that recovery from addiction follows an uneven, protracted and unpredictable path, prompting subsequent research that focused on the principle models of psychotherapy and self help groups, used to bring about change. This research revealed that while each 'has its own sphere of excellence', using different models at each stage of the cycle proved to be more effective than exclusively using any single model. It therefore recommended the use of five specific models which, together with self-help groups, accelerate client progress through the various stages. It is interesting to discover how the seven underlying principles of the '12 steps of recovery' can be elegantly fitted into each stage.

Prochaska and DiClemente's research also indicates that although using the framework as recommended hastens progress through each stage, because of the resistance that can and does occur at each stage it is unrealistic to expect clients to complete stages within a pre-determined period of time. As it is not uncommon for clients to 'cycle' back and forth through the stages, it may be the amount of time that we would need to spend with our clients, rather than the necessary skills and knowledge required, that is the reason why the model is not used more widely, or in the manner the authors recommend.

There is an abundance of the requisite skills and dedication to be found in our industry, especially among frontline workers in large organisations, to enable application of the Cycle of Change. Unfortunately, they may be denied opportunities to develop them, because their employers, presumably under pressure from their political paymasters, appear to be pre-occupied with increasing numbers in 'treatment'.

Assuming that we wish to assist our clients in a way that minimises the chances of relapsing, and consequently reoffending, we need, as the NTA urges, to focus on 'evidence based practice' – rather than attempting to 'reinvent the wheel', by the expenditure of money, time and other valuable resources on 'large studies' of 'what works', as well as largely hypothetical interventions and relatively unimportant politically correct issues. Would it not be more profitable to invoke the extensively researched, time tested, critically appraised, transtheoretical model?

Given the research and evidence of its unparalleled effectiveness, perhaps it's not so much a question of if we should use it, but a question of how willing we are to use it more extensively.

Peter O'Loughlin,  
The Eden Lodge Practice

# Comment

More dealers are being arrested, therefore the drug strategy is working says the Home Office. Give us the full story, says Steve Rolles.

The Home Office love to loudly proclaim drug seizures and arrests of drug dealers. In the latest blizzard of expensively produced Home Office literature to persuade us that the drug strategy is working, under the title of 'delivering the difference' we are told that 'FACT: the total number of class A drug dealers brought before the courts has been rising since 2001'.

Elsewhere among the piles of snazzy 'tackling drugs – changing lives' nikkaks, beneath the mouse mats, beakers and key rings, I find a fancy looking cd-rom pack – featuring on the cover, in bold brightly coloured capitals: 'There have been record seizures of class A drugs, recovery of drug related assets and disruption of organised criminal groups.' Impressive.

But the problem with all this is that there is another set of facts that the Home Office don't want you to know about. These are that class A drugs are cheaper and more available than they ever have been. Now, given that a central aim of the drug strategy is to reduce drug availability, it is only fair for us to ask why the Home Office is proclaiming seizures, arrests and so on – which give the impression that the situation is improving – when measures that actually provide an indication of availability (ie price and purity of street drugs) show the exact opposite.

The answer is obvious. They know full well that supply side controls aren't effective (and never have been – anywhere); that for every kilo seized, 10 make it through; and for every dealer arrested there is a queue of willing replacements – and you are being willfully misled.

Even the Number 10 strategy unit acknowledged the futility of supply side controls in the recently leaked report (commissioned by and presented to the Prime Minister himself) which noted that: 'Government interventions against the drug business are a cost of business, rather than a substantive threat to the industry's viability.' The report goes further, noting that even if these efforts were effective at increasing drug prices



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overall harm would actually rise as addicts would just commit more crime to pay the inflated costs. Perhaps this was why the report was suppressed.

So next time you are at a Home Office event and they start talking about seizures 'preventing (insert large number) kilos of (insert drug) from reaching the street' – ask whether this has any effect on street availability, why availability targets have been dropped from the national drug strategy, why availability is measured in drug and asset seizures and dealer arrests – (which don't reflect availability in any way) or whether by 'delivering the difference' they are referring to the fact, noted in the Prime Minister's report, that 'Despite seizures, real prices for heroin and cocaine in the UK have halved over the last 10 years'.

Until we can get past this nonsense and propaganda, what hope is there of a rational evidence based debate on policies that might actually decrease harms instead of increasing them?

Steve Rolles, Transform Drug Policy Foundation [www.tdpf.org.uk](http://www.tdpf.org.uk)