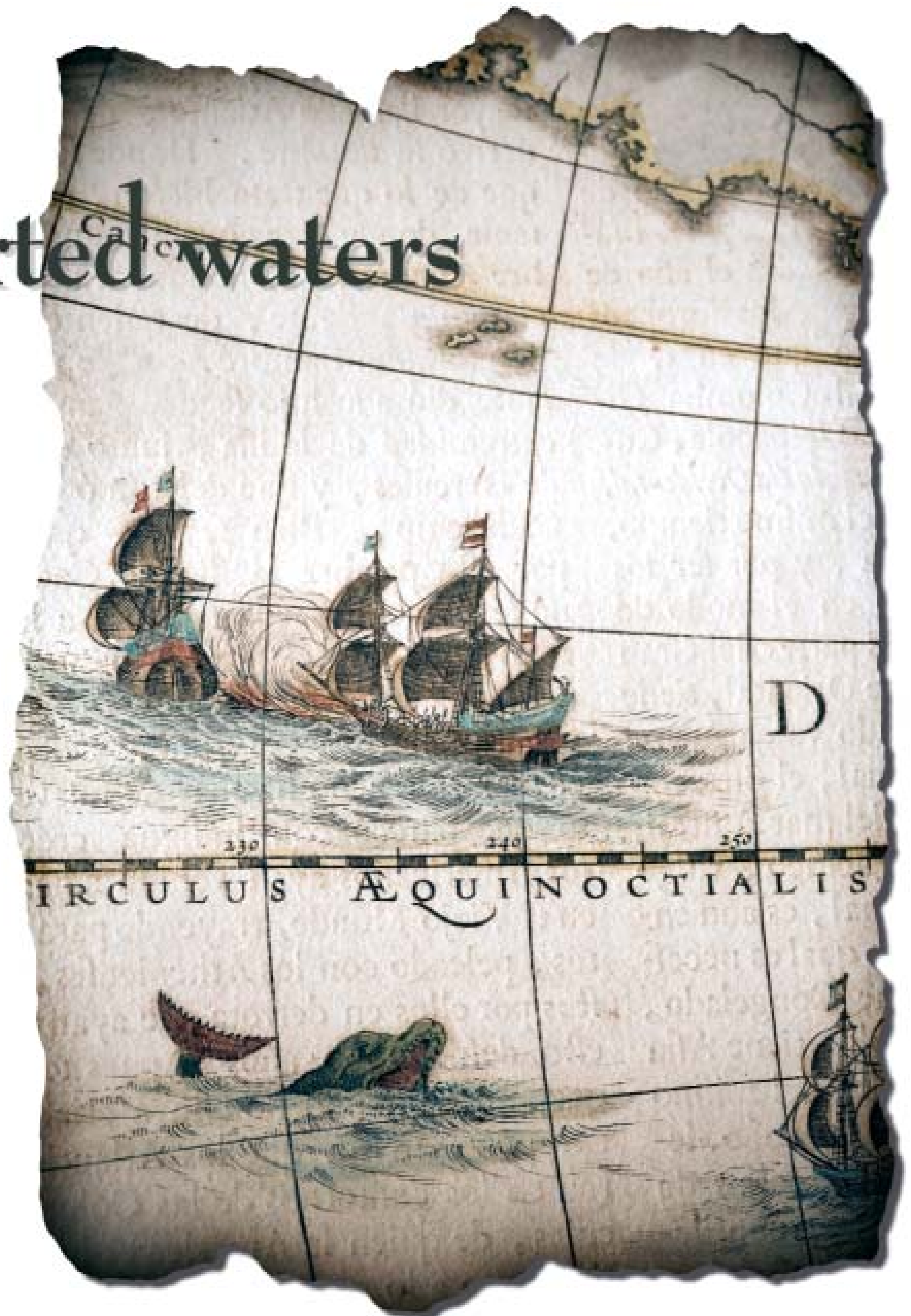
Uncharted waters

No one wants to stifle innovation, but many in the field are concerned at the lack of regulation for alternative therapies on offer for drug and alcohol problems. **David Gilliver** looks at how the door is open for the public to be fleeced – and worse.



It's very hard to gauge the scale of unregulated therapies being offered for addiction issues, but a quick trawl of the internet will throw up endless options. Those in the field may know almost at a glance which are reliable, respectable and effective but members of the public may well not. They may also be in a desperate situation and willing to try anything for themselves or their loved ones.

'There needs to be some kind of mechanism for a member of the general public to look at a website and know whether something has safeguards and guarantees,' says Kevin Flemen of KFx. 'The wider public don't know the differences between all the different organisations and treatments. Compare a new age clinic and a hypnotherapist both doing smoking cessation, for example. It may be a very good and responsible hypnotherapist, and regulated by various industry bodies, but how does a member of the public differentiate between those two practitioners, neither of whom are doing nicotine replacement therapy or NHS work? They're both private. If I'm not offering a regulated therapy then there is simply no governance.'

At the moment, private clinics are regulated by the Healthcare Commission under the Care Standards Act 2000, but only when they are GP-led and issuing prescriptions. A nurse-led clinic is not subject to regulation. 'Anybody who wants to set up a service that's not GP-led can do so,' says chief executive of FDAP, Simon Shepherd. 'Private healthcare services are regulated by the Healthcare Commission, but what constitutes a healthcare service is quite interesting – you would assume it was anything that offers healthcare, including clinics, but it's not. You can run a nurse-led clinic for drugs and alcohol in the private sector and there's no way of quality-assuring it. There's no way of knowing the scale of the problem, but it's big enough that something needs to be done. The alternative to regulation is whistle blowing – as a field, we draw attention to things we're concerned with – but the problem with that is it doesn't get out to the wider public.'

Residential services are regulated, as, clearly, are NHS services, while day care and non-residential services run by the voluntary sector are effectively quality assured by the commissioning teams. 'If they don't think the services are good enough they can put them out to tender again, so mainstream drug and alcohol treatment provision is broadly overseen to make sure that the system on offer is appropriate and offered at a reasonable level of quality,' says Shepherd. 'Some of these systems are by no means perfect but at least if you know there's something absolutely outrageous going on there's a way of pulling the plug on it. If a street agency is offering a below par service, ultimately the commissioners of the service will pick that up. The bit that falls through the gap is any service that doesn't seek government funding.'

One lever is that trading standards departments and the Advertising Standards Authority (AAA) can investigate to make sure spurious claims are not being made about the services on offer. 'This only provides limited protection for the public,' says Shepherd. 'Trading standards are local authority departments, so if you're offering a national service who's responsible for that? And you have to convince advertising standards that it's worth investigating because they get thousands of complaints. At the end of the day, they're not experts in this field and not really in a position to make effective judgements.'

Counselling, meanwhile, is unregulated but counsellors should be accredited, and the AAA does not allow addiction counsellors to advertise their services in directories such as the Yellow Pages and yell.com, on the basis that there is no recognised body quality-assuring their work. 'There are really tight restrictions on what counsellors can claim to offer, particularly around drugs and alcohol,' says Shepherd. 'Yet if you set up a nurse-led private clinic and say you're offering quasi-medical care then that appears to be OK. We would want to see only counsellors who have had proper training around substance misuse being able to provide private counselling services around these issues, but there are counsellors who are not accredited by a recognised body providing services.'

But isn't there an argument that there may be lots of new, innovative and exciting treatments out there and they should be given an opportunity? 'We cannot allow people providing services that fly in the face of available evidence to continue to operate unchallenged,' he says. 'We can allow free innovation and services that don't have an evidence base to underpin them, provided there's a strong theoretical base or rationale and that they are then subject to thorough examination. They should only be offered for a trial period while they're being investigated, and offered as unproven services, not treatments. You can allow for innovation through that process – you can trial stuff but the public needs to be aware it's a trial.'

The danger, of course, is not just that people are fleeced by perhaps unscrupulous and unqualified practitioners; it is also the very real health risks associated with such a vulnerable clientele. If people withdraw from opiates or alcohol without the prescription of any substitutes in order to rely on an 'alternative' therapy, then they could be at great risk. 'The cost of getting it wrong for this client group is immense,' says Simon Shepherd, 'for the client, their family and for wider society. And there are very real dangers with this client group of getting it catastrophically wrong – if you try and encourage someone with a long history of alcohol dependency to stop drinking overnight, they will die, simple as that. Nobody should be working with alcoholics unless they're fully aware of the medical realities, so it's critical that we have some form of control.'

'The biggest thing in all of this is that if there's an evidence base then you can prove it, and if you can prove it then that's fine,' says Sharon Carson, chief executive of EATA. 'But if there's no evidence base then it's a big problem. The question is around what we are doing in the sector to regulate what is happening and make sure that people accessing the treatment are getting treatment of the best quality. We have an accreditation programme which we encourage our members to apply for because we can guarantee a level of quality in service delivery that way, but we're not a regulatory body. At the moment there are a few things in place but there's no regulated collective checklist and nothing that all types of treatment organisations have to demonstrate that they've complied with. It definitely needs to be raised on the agenda.

'What we do as an organisation is to try work with central bodies to say we need to improve the quality of treatment,' she continues. 'There are things that can be done as a sector to ensure we have the appropriate treatment and we need to start working on those – it's been on the agenda but it's not been particularly high on the agenda and that's got to change. In any treatment sector, you have huge amounts of regulation and standards, and drugs and alcohol is falling behind.'

'Encouraging membership of voluntary schemes is not a solution,' says Kevin Flemen. 'As long as other practitioners can practise regardless of these schemes, then the voluntary system is meaningless. Rather than just having a competency framework, there should be some benchmarking for the general public which allows them to establish if the service meets basic minimum standards. This would allow any member of the public to visit a website and see, via some simple authentication system, that it is a legitimate service with, say, a bronze, silver or gold status or something like that. We need a threshold to say that basic minimum standards are being met by this organisation, which doesn't necessarily vouch for the effectiveness of the therapy but works on the basis that it's a therapy that is at least recognised by the drugs field rather than being some Mickey Mouse quackery, and that criminal record checks and things like that have been carried out.

'If I want to be FDAP approved there's a regulatory framework in place, but if I don't want to be approved then there's no strategy for stopping me practising and I find that astonishing,' he continues. 'It's a bigger issue than just drugs, it's the huge unregulated alternative practices market, everything from allergies to cancer treatment. But I think ultimately the Department of Health should regulate the field – I don't think it should be up to the field itself to regulate, and I don't think it's about DANOS competencies. I do think there needs to be a clear licensing system, but it's a huge thing to take on, and the Department of Health doesn't see it as their role – I find it amazing that no one sees it as their role. We can spend five years lobbying for strategic change, but during that time thousands of people are going to be ripped off by rogue traders.'