

Media Watch

Head of the Scottish Crime and Drug Enforcement Agency (SCDEA), Graeme Pearson, warned of the possibility of increasing methamphetamine use in Scotland. 'I've certainly never been in the business of wanting to scare people. But I do think methamphetamine is a present threat, which might arrive in Scotland,' said Mr Pearson in the SCDEA annual report. His view was supported by Tom Wood, chair of the Scottish Association of Alcohol and Drugs Action Teams, who said it was a case of when, not if. A spokesman for the Scottish Drugs Forum agreed the threat had to be monitored, but added that dealing with Scotland's 50,000 heroin users was a bigger issue.

The Scotsman, 29 June

Prescription heroin for problematic users has been backed by members of the Scottish Parliament. Following recommendations from Tayside Police chief constable John Vine, MSP Bill Wilson lodged a motion calling for the initiative to be investigated, and suggested purchasing Afghanistan's opium crop to control supply to Scotland. But the Scottish Executive said there were no plans to consider prescribing heroin; instead, more resources would be targeted towards getting people off drugs.

The Scotsman, 27 June

New prime minister, Gordon Brown has promised 'a radical review of our anti-drugs strategy'. Speaking while still chancellor at last week's Association of Chief Police Officers (ACPO) annual conference, Mr Brown said that drug education should be extended to children aged ten and under, as well as ensuring those with substance misuse problems had access to treatment earlier. He pledged to work with police to build confidence of communities to 'name, shame and push out the dealers and the gangs'.

The Telegraph, 21 June

A new survey by trading standards officers in the North West of England revealed a drop in the number of children buying and consuming alcohol. The poll of nearly 12,000 schoolchildren aged 14 to 16 in North West England showed that the proportion of children who admit buying their own alcohol in off-licences, supermarkets and pubs had dropped from 40 per cent to 28 per cent in the last two years. Tony Allen, chair of the Trading Standards North West Under Age Sales Strategy Group, which organised the survey, said: 'Children are telling us that it is much harder to buy alcohol now than it used to be.'

The Publican, 29 June

The legal drug benzylpiperazine (BZP), known as XTC, Jax, Pep Twisted or Pep Love, could be banned across Europe on recommendation from Europol and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The report's authors list a range of adverse side effects, from confusion to vomiting, which could last 24 hours after use. The drug is available on many websites, marketed as a 'safe' alternative to ecstasy.

The Guardian, 18 June



'What we are doing does not work and research reflects this, yet we persist in harm reduction models that enable addiction as well as "walking with" and "holding the hands" of our clients. This merely removes individual responsibility and essentially institutionalises them into addiction services for many, many years.'

Enough is enough

I'm getting out of addictions, after ten years in the field and with a wealth of knowledge and experience. The reason? What we are doing does not work and research reflects this, yet we persist in harm reduction models that enable addiction as well as 'walking with' and 'holding the hands' of our clients. This merely removes individual responsibility and essentially institutionalises them into addiction services for many, many years.

In Glasgow where I work, generations of families are on our caseloads. Are we providing a better service? Are the treatment models appropriate? Are less people being referred? Are we moving people out of services? By the looks of it, no.

Further frustration for staff, is the overzealous and obsessive focus on the children of our clients. Now I'm all for protecting the children when it is required, but the tail is now wagging the dog. Being on a few days' training with children and family teams does not make me an expert, nor do I want to be. I came into addictions to work with adults with addiction problems, not to make sure 'wee Kylie' is developing properly and going to school. However, me attending these courses does tick a few boxes in the legal department!

I have found myself recently trying hard to defend my social work and child and family colleagues, but it is proving more difficult. To highlight this, this case study was used at a child protection course last year. A couple have a child, the father's drug use is chaotic and deals in heroin at a low level and the mother, though on a methadone prescription has a diazepam problem and left the ward 48 hours after giving birth

for 22 hours, to buy and use illicit diazepam. However, the child and family team make every effort to keep the family together.

I asked what would happen if a childless couple with the same profile made contact with the child and family team and wanted to adopt or foster. Of course that would not be allowed to happen I was told. I cannot defend or work with such hypocrisy any more. More concerning is that we now know that those with addiction problems are avoiding services as word soon gets round that overzealous social workers are ready to become involved, whether the client wants them or not.

I'm waiting on my start date from the police force. I wish my clients well after I leave.

Brian, via e-mail

Mouth swab warning

I am a nurse/team leader at the Lifeline project in Manchester. The service provides needle exchange, advice and information and nursing services. Hep B/C and HIV testing is available for clients to access following pre-test discussion.

This letter is to act as a warning for other workers with regard to the use of mouth swab kits for blood-borne virus testing. I would also like to hear from other professionals who may have had similar experiences. The following is a descriptive account and is not research based.

I have had two results which appear to conflict with venous samples in relation to hep C antibody. The venous sample has demonstrated a positive antibody and the mouth swab a negative antibody.

Although the research suggests this may very

occasionally occur, I am concerned that it has happened twice in 12 months at a service that does only a small volume of testing. It would appear from the research that such cases do go on to demonstrate a negative PCR, however this is as a result of studying individual cases where problems have been identified as opposed to randomised quantitative research.

My other, probably more pertinent concern regards client perception and client information. For instance I am not aware that the swab companies currently recommend any particular advice with regard to information given with a negative antibody result.

A client may draw potentially dangerous conclusions from a negative antibody result if they have a prolonged and significant exposure history and yet are given a negative swab result. There may also be potential implications for assessing the exposure risk in relation to the testing of partners.

Matt Brierley, Lifeline Manchester.

Email Matt@lifeline.org.uk

Not yet sober?

I'd like to thank Daren Garratt (*DDN*, 18 June, page 9) for his interesting response to my letter in the previous issue, especially his comments regarding people being uncomfortable with the non-harmful use of Addictive Psycho Active Drugs (APAD).

In a bid to support his hypothesis, Daren quotes from my website, www.edenlodgepractice.com. In doing so he chooses to quote out of context, which hopefully is deliberate, rather than anything to do with his self-acknowledged 'drug-addled brain'. What my website actually says is:

'Whatever your drug(s) of choice are, my wish for you is that they are not costing you more than money. I hope that your drug(s) of choice just provides enjoyment, without harming anyone else. If you think that booze and/or drugs might be costing you more than money, the table below listing the four most popular drugs, will give you some ideas as to why.'

If that indicates in any way that I am uncomfortable, or 'puritanical', with the idea of people using drugs in a non-harmful way, I have no doubt there will be numerous people willing to point it out. What I am uncomfortable with is the irresponsible claim, by the RSA, and eagerly repeated by others, that 'the majority of people can use APAD, without harming themselves or others'. It is gratifying that Daren has now amended that nonsense from claim to 'assertion' and, to read 'many', instead of 'majority'. He is of course entitled to his opinion, providing it is clear that it is just an opinion, rather than fact.

Sadly, like so many who are in treatment, Daren in referring to his own brain bravely and honestly, acknowledges he is not one of them. However I am delighted to learn that he is now what he refers to as 'clean', but which I prefer to call abstinent, if not yet sober. I congratulate him and hope that his journey of drug-free recovery is both fulfilling and rewarding.

Peter O'Loughlin, The Eden Lodge Practice

Post-its from Practice

One step forward... but one stride needed

Has NICE guidance improved hepatitis C treatment in your area? If not, why not? asks Dr Chris Ford



Fran was excited about her follow-up hepatitis appointment as she was hoping this time to be accepted for treatment. She was now beginning to experience symptoms such as lethargy and poor concentration from her disease. I had re-referred her earlier than planned for a review with the hepatologists as her last visit had been before the latest NICE guidance which now recommends treatment for mild to moderate disease and for active injectors¹.

Fran was very stable on oral methadone, no longer injected, did not drink and had normal liver function tests. She had been told at her previous visit that she did not 'need' treatment and she couldn't have it!

When the updated NICE guidance came out we informed all patients to highlight the changes. We wanted to see if anyone who hadn't previously accepted referral or who was currently being followed up would now 'qualify' for treatment, explained that liver biopsy was no longer mandatory, and that early treatment gave the best results. For me Fran now fell into this

latter group, and as she was genotype 3a she wanted to get started as soon as possible.

Hence I was shocked when I saw her a few days after her liver appointment looking really fed-up. She explained that she had again been told that she didn't need treatment. I have tried to speak to the consultant without success and have waited several weeks for a reply to my enquiring letter.

Although the NICE guidance was a step forward for hepatitis C it seems many things still need to change before the situation improves: 1) hospital units need to implement the guidance, 2) some consultants need to stop practising opinion-based rather than evidence-based medicine, 3) PCTs need to promote local awareness, clinical networks and provide funding for treatment, and 4) awareness, testing and referral for treatment in primary care needs to increase.

To help with the fourth point we have produced new guidance to improve the management of hepatitis C in primary care. It is estimated that between 0.4 and 1 per cent of the UK population are infected with HCV, equating to 250,000–600,000 sufferers. Early treatment of chronic hepatitis C (CHC) is more effective at clearing the virus in 50 to 80 per cent of people, depending on their genotype, but Britain currently has a poor record in treating patients with CHC.

Out of the total UK infected population, fewer than 17 per cent have been diagnosed and it is estimated that only about one in 20 of those diagnosed are being treated each year. Every GP is likely to have between eight to 18 infected individuals on their patient list, so it is essential that we work in general practice to strengthen our knowledge about this disease, increase our testing and encourage those who test positive to attend for early treatment². We hope that the guidance will be useful in bringing about this change. We have also developed a hepatitis C e-module³.

To treat more people makes complete sense in human terms but it also makes economic sense, as many of the Frans will develop end-stage liver disease and cost the state much more ultimately. Let's get out there – test and refer for treatment all those people with CHC that consent (NTA asking for 100 per cent screening is worthless and potentially damaging to people without the added target of people getting treatment) and let's not forget to challenge consultants and specialist nurses who refuse to treat people who currently inject drugs or have previously done so – you have the evidence base and NICE on your side!

Dr Chris Ford is a GP Lonsdale and clinical lead for SMMGP

1. National Institute for Health and Clinical Excellence (NICE). *Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C*. NICE technology appraisal guidance 106, August 2006, www.nice.org.uk
2. *Guidance for the prevention, testing, treatment and management of hepatitis C in primary care* is available to download from www.rcgp.org.uk and www.smmgp.org.uk.
3. The Hepatitis C e-module can be accessed via www.doctors.net.uk