

Notes from the Alliance

The Scottish Minister's proposal for a 'social contract' to prevent drug users from having families should be recognised as a chilling endorsement of social programming and rebutted at all costs, says Daren Garratt.

On Monday 10 July 2006, the Alliance's Alan Joyce alerted me to a story that had appeared on the BBC News website the previous day that reported that 'Labour MSP Duncan McNeil has proposed that addicts sign a "social contract", obliging them not to have children until they have beaten their habit.'

Mr McNeil, by the way, was also the MP who suggested that users could have some form of contraception put into their methadone earlier this year.

He felt we should follow the work of the North Carolina-based Project Prevention, which offers a cash incentive of \$300 to users and/or problematic drinkers to receive long-term or permanent birth control.

I knew this insidious form of social programming went on over the Atlantic, but had missed out on it being discussed over here. It's really quite chilling, and is worryingly in keeping with a number of high profile anti-drug user proposals that have been put forward by a minority of Scottish policy makers and commentators lately, despite all the continued sterling work and best efforts of bodies like the Scottish Drugs Forum.

The problem is how to respond effectively. One strong argument is to not give these people any more publicity. Hit them where it hurts by ignoring them and hoping that balanced, reasonable people will see these policies for what they are and discredit these self-declared experts with common sense.

Unfortunately, these outpourings are coming with such regularity and increased ferocity lately that I have trouble ignoring them.

Take an article in a recent edition of the *Scottish Sunday Times* where a drug expert declared:

'We might have to create drug-free communities using drug testing or restrict addicts from retail areas between certain hours. It would effectively create ghettos. But if we can't control the addiction, all we can do is control the movement of people.'

I wrote a response to this in which I somewhat spookily called on the readers to read through the statement again, add two other solutions such as mandatory sterilisation or involuntary terminations and replace the words 'drugs' and 'addicts' with asylum seekers, hoodies, Islamic fundamentalists, happy-slappers, single-mothers, binge drinkers or any other highly visible group of folk devils that we are told are a threat to the very fabric of civilised, western society and tell me how it reads.

Now to be honest, I don't know if my response was even published, but I hoped that anyone reading it out would see that this proposal was not less a move of maverick radicalism we should embrace as social policy, but something rather more sinister.

But what if Mr McNeil did read it, completed the exercise and had some sort of 'Eureka' moment? You never know, do you? Maybe I should keep my mouth shut from now on.

Daren Garratt is development manager at The Alliance

'Sadly some of the reemergent abstentionist and anti-harm reductionists have lately found it safe to crawl out from the mass burial pits they have been hiding in, and now happily proselytise their creed of 'cleanliness is a hell of a lot closer to godliness'. Certainly a corpse cannot sin and is no longer a burden on family, community nor state.'

The right to choose

As an advocate and service user I welcome Chris Ford's latest Post-its from Practice column (*DDN*, 3 July, page 13) that acknowledges the positive role the 12 step movements, NA, MA, AA, and associated user led and founded organisations have played in helping a number of my less fortunate peers.

That respect afforded, I also recognise that some aspects of the 12-step movement have undeniably been associated with harm and cult like activities – at best reprehensible nonsense, at worst abuse on par with that of the Synanon movement and fellow travellers.

This may extend to the children of users who entered some of these establishments and suffered the most appalling abuse at the hands of unskilled, untrained mavericks – who precipitated harm I still see perpetuated among the children and grandchildren of some of my peers. If planning to enter into a family or child centred service, check it out. Make sure staff working with kids are qualified, competent and understand the whole complex range of issue kids have to deal with, if they share the rehab experience with Mum, Dad, or either. The harm untrained workers can do to your child is incalculable.

That said, it is important that we recognise and celebrate what works for some – even if not all – of us, whilst retaining our right to criticise and change that which we perceive to weaken or harm the more vulnerable of our community: our children, those who are mentally ill, and those who have suffered irreparable damage.

To be told it is your own recidivist conduct and it is all beyond your control anyway, is like Catholic absolution – forgiveness

now, but I would not count on escaping hell fire later.

There are many users, in and out of treatment, who have profound philosophical problems with aspects of the 12-step system; the acceptance of the 'disease' model for example, the recognition of a 'higher power' being another. There are many others, again such as myself, who are unable to cease their drug use, abstinence being neither possible nor desirable. A number of these will find the 'medical model' more relevant to their personal experience of addiction and dependence than that embraced by 12-steppers and related abstinence orientated treatment modalities.

And yet again, there are many who do not see themselves currently fitting into any of the above. They are just getting on with it, just trying to survive. They will take what is offered until they are sufficiently knowledgeable and empowered to begin to take what they need here and now.

Certain parties may criticise maintenance treatment and long-term prescribing all they like, but I would answer with a quote from Bill Nelles, founder of the Alliance: 'Come what may, we must at the very least agree on this; you cannot rehabilitate a corpse.' Sadly some of the reemergent abstentionist and anti-harm reductionists have lately found it safe to crawl out from the mass burial pits they have been hiding in, and now happily proselytise their creed of 'cleanliness is a hell of a lot closer to godliness'. Certainly a corpse cannot sin and is no longer a burden on family, community nor state.

To put it bluntly, for any of us users who managed to survive, for now, the excesses of the anti methadone maintenance treatment, 'abstention is all', lobby in the 70s

and 80s, I will fight to my dying breath for the right of my peers to choose, or seek abstinence. But by golly, I hope they will show the same dedication and support for me when it comes to defending my right to agonist maintenance of choice.

I am sad to say that many of those who have been most vocal in supporting abstinence have also been the most active in seeking to deny the validity of my experience, my needs, and my maintenance treatment.

I embrace mutual respect, but sadly find little afforded me by those who claim a monopoly of the right – plus a God given mission to 'convert' me from my experience.

Maintenance and abstinence are not, need not and should never be placed at diametrically, polarised opposite ends of some eternal conflict but should rather be seen as different facets and representations of related conditions and states of being. Users may become abstinent, they may use, relapse, detox, use again. They may go onto buprenorphine, stabilise, relapse, withdraw themselves with community support. They may become abstinent, abstain for several years, then relapse. Then they may say maintenance for life – take the pathway, scramble the order, and set out again.

It is not for us to judge, punish nor control. Leave the drug war warriors to get their rocks off on that particular power trip.

Rather, let's facilitate, support, advise, educate, help, collaborate, guide, enable and empower each of our drug using patients to determine a pathway that will keep them alive and healthy, alleviate suffering, give them a decent quality of life – and then allow them to become active participants in creating their own personal pathway in life.

Alan Joyce, advocate, The Alliance