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Escalating the odds of abuse

I was intrigued by Delia Venus Wynn's assertion that making meth a class A drug would 'provide the impetus to develop effective responses'. ('The ice age is coming', *DDN*, 17 July, page 10.)

I am shocked that no-one seems to recognise that classifying/criminalising drugs and boosting the level of sanction associated with their production, supply and use may actually make things worse.

It's almost as if classification is dislocated in people's minds from its place in the Misuse of

Drugs Act 1971. It isn't just a benign 'early warning system', it's a system of criminal sanctions applied to specific acts. It is almost unique in criminal law in applying legal sanctions to individual and public health harms in this way. Think alcohol, tobacco, boxing, parachuting, scuba diving, prozac, benzodiazapenes, plutonium, uranium... All regulated and controlled in various ways but not banned.

What is the evidence for reducing harm through increasing classification?

Danny Kushlick, Transform Drug Policy Foundation

A place for hypnosis

Libby Ranzetta's article on hypnotherapy and alcohol problems (*DDN*, 17 July, page 13) was to say the least interesting.

It is true that there is no empirical evidence that hypnosis is effective in persuading someone who has become dependent on alcohol to quit; one can hypnotise someone when they are drunk, (not that it would be sensible to do so) and when they emerge they would still be drunk.

However, as a registered clinical hypnotherapist, I have for a number of years been using hypnosis with clients experiencing alcohol, and other drug misuse/dependency for the purpose of reducing anxiety levels and for increasing self-esteem. Given that conditions are common in such cases, and the fact that the former in itself is a precursor to relapse, together with the fact that hypnosis was endorsed by the British Medical Association, as far back as the 1950s as effective for addressing anxiety levels, it makes eminent sense to do so.

At its simplest, hypnosis can be described as an altered state of consciousness, with the trance like state being similar in many respects to prolonged day dreaming – something in itself which is not an unpleasant experience. In this state it is possible to reframe concerns and worries that the client has expressed. It also helps clients to focus on what they would rather do than drink or use. However it

is not a miracle worker, but it can accelerate the time in which a client can engage in progressing through the stages of the 'Cycle of Change'.

A word of warning, under no circumstances should hypnosis be attempted with those who have displayed psychotic symptoms, as adverse – or what is sometimes referred to as severe abreacons – could be induced.

Peter O'Loughlin, The Eden Lodge Practice.

Victorian principles

How depressing to see Duncan McNeill, MSP regress the debate on drugs and parenthood to Victorian values that miss some fundamental truths about poverty and addiction (*DDN*, 17 July, page 5).

George Sims, writing in 1889, said: 'It is not only crime and vice and disorder that flourish luxuriantly in these colonies, through the dirt and discomfort bred of intemperance of the inhabitants, but the effect upon the children is terrible. The offspring of drunken fathers and mothers inherit not only a tendency to vice, but they come into the world physically and mentally unfit to conquer in life's battle.'

Socialist contemporaries of Sims, such as Keir Hardie and Snowden, understandably saw societal and political controls on substances, and the promotion of abstinence, as important adjuncts to poverty-reduction policies. Nobody disagrees with the need to protect children from parental substance use. More than a century on, however, McNeill's views emanate from no such intellectual or political vanguard.

The problems with his ideas are manifold. Aside from their sidestepping of the need to address the root causes of poverty, exclusion and addiction, here are another three:

Firstly, sheer inconsistency. If he truly believes in this, then what about alcohol? The Aberlour Child Care Trust estimated this year that there are nearly 60,000 children affected by parental drug use and over 100,000 by parental alcohol use. The legal status of their parents' drugs of choice makes no



Frankie goes to work

Frankie reports on how she's getting on with compiling her professional portfolio – the first stage in her quest for promotion.

Compiling my portfolio isn't proving as difficult as I thought it might be really. My main challenge is making time to record experiences and relate them to the different DANOS occupational standards.

I've just finished looking at standard AC3 – 'contribute to the development of the knowledge and practice of others'. There were a few examples I could have used, where I've been involved in workshops and training sessions.

But earlier this year I worked on developing a course which focused on young people and alcohol.

We had been liaising regularly with the local Youth Offending Team, looking at the training and development needs of staff in their organisation.

They asked us to help them address their gaps in knowledge and skills around identifying levels of alcohol use among young people. We needed to suggest brief interventions and approaches to young people who are heavy drinkers.

We looked at their needs and developed a course that included practical opportunities to use a variety of screening and assessment tools. It explored