'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.'

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 is 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 abreactions – 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

difference to the children whose lives are blighted, so why the policy stance focusing on illegal drugs?

The second problem is medical ethics. Even supposing that clinical and counselling staff could stomach the dubious ethics of withdrawing treatment from desperate and addicted clients, many of whom already have children, who on earth would it help? It is like refusing to throw a life jacket to a drowning swimmer because you think they aren't trying hard enough to swim or that they are already too far away from the reach of your throw.

If we simply leave drug using parents to drown, who will they take down with them as they flail frantically for survival on their own? Their existing children? Innocent victims of inevitably desperate crimes which some would commit? Withdrawing treatment, as a punitive measure, would simply change the probability of innocent victims into a near-certainty. And threatening this sanction on the arrival of pregnancy or after childbirth, when clinical care and support services become even more crucial, would be fundamentally counter-productive.

And a third major problem is the fundamental nature of addiction. Of course, in an ideal world, babies wouldn't be born to addicted parents, but the deep psychological and physical power of addiction so often outweighs the power of rational decision-making. Drug and alcohol users in treatment know this only too well. Failing to break their habit, or relapsing, is punishment enough. McNeill simply overestimates the power of negative threats at the expense of positive incentives of decent housing, jobs and an otherwise 'normal' and stable existence.

I am sure Duncan McNeill wants to help, but in translating a moral view about what else substance users shouldn't do into policy proposals for social punishment when they do, he would only serve to make a bad situation even worse. It is even immaterial whether or not you have any sympathy for substance users because this particular debate is about harm to others, and McNeill's half-baked ideas would serve to protect no-one.

Mark O'Donnell, Edinburgh

motivating and contributing factors to why young people drink, and explored different interventions.

As well as my written account of the training, I included a handout of my powerpoint presentation in my portfolio, as well as the evaluation forms. If I was doing it now, I'd ask a colleague to do a peer observation of one of my sessions, so they could have given me a written statement to add to my ring-binder.

I might still try to get an impact assessment from the group I trained, to see how effectively the learning has been applied to practice. It wasn't long ago, so surely the knowledge won't have been forgotten yet!

I'm getting used to the business of collecting evidence. Every time I do something like this now, I try to get a statement – or some material that records the activity for my portfolio. It brings the experience to life and backs up your claims very efficiently.

More soon!
Frankie

Comment

A penalty too far: can I challenge it?

Stopping his benefits has plunged a client with a Drug Rehabilitation Requirement in drastic circumstances. Could this be challenged as a human rights issue?, asks Kate Clarke.

I am hoping readers may be able to offer me some advice on a significant issue for us. I am a drug worker working with people who are on Drug Treatment and Testing Orders (DTTOs) and Drug Rehabilitation Requirements (DRRs).

A client of mine who is currently on a DRR has recently been to court for being in breach of the order, and as a result has had all benefits (JSA and Housing Benefit) suspended for four weeks from 24 July. He was breached by Probation as he failed two appointments there. This was because he had his door kicked off in his privately rented bedsit and was frightened to leave his belongings as he could not make the room secure.

The landlord refused to provide written proof of this to cover him for Probation. On 20 July he was given seven days' notice to move out of the bedsit, and after a lot of hard work I managed to find an emergency bed in a hostel for last night. However, this offer was withdrawn when the hostel found out that his Housing Benefit had been suspended.

I have exhausted all possibilities known to me, but have been unsuccessful in finding him anywhere to stay, as all roads lead to Housing Benefit. Consequently, my client is not only homeless but also without the means to buy basics such as food.

We have been to the local Jobcentre and he has made a claim for Hardship Allowance, but we were advised that it would take a few days for a decision, even as an emergency case. We were also advised that even if the decision is in his favour, he will get nothing to cover the first two weeks of the suspension. To add insult to injury, the court also gave him a £25 fine which he has no means of paying as he has no income!

Stopping benefits for breaching a community order has been a sanction available to the courts for some time, but has only just begun to be implemented for DRR clients. While I accept that this is acceptable in law, I am extremely concerned about the devastating consequences it will have for clients and wonder if a legal challenge could be made as a human rights issue. Surely he has a basic right to food without having to wait several days for a decision about Hardship Allowance?

Is anyone aware if such a challenge has already been made anywhere else in the country? The irony is that my client will probably end up in prison a) because he will probably commit offences just to buy food and b) because prison looks like a safe and stable alternative right now and he may purposely try to get arrested to get into custody. What a tragic outcome for someone who has done well on an order for the last 12 months and has worked hard to stay out of prison.

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I know that this is about just one client, but am sure that the implications are far-reaching if this penalty is going to be more widely used. I would be extremely grateful if readers could offer me any advice on any of the housing/benefits/legal issues this case raises, or could suggest anyone who can.

Kate Clarke, Drug Worker