Professor Neil McKeganey's article 'Enough is enough: when addiction must mean adoption', published in our last issue (DDN, 13 March, Page 10) has provoked strong reaction by telephone and email. Respondents have been critical of Prof McKeganey's views – and occasionally of DDN's decision to publish. We would like to make clear that DDN does not necessarily agree with the views that it publishes, but that it is firmly committed to the value of full and open debate. We aspire to be even handed with all points of view, and welcome letters and comment from our readers.
Claire Brown, editor

Life's not black and white

An appalling article, based on opinion, prejudice, no evidence and total lack of understanding of life: that is my personal response to Professor Neil Mckeganey's piece.

When I was a child my father said all was black and white. There was always a right way and a wrong way and if only I understood this, then all would be OK. If only life was so simple. What he failed to say was for most things there were shades of grey!

How can Prof McKeganey (how dare he!) make statements like 'children are profoundly damaged by their parents' drug addiction' and 'individuals who are addicted to illegal drugs make terrible parents'.

Even all the many professional people who collectively wrote *Hidden Harm* did not make such statements. This extremely helpful report used the evidence and gave a balanced response, including 'parental problem drug use can and does cause serious harm to children at every age' and 'effective treatment of the parent can have major benefits for the child'.

I feel that all of us working in this field, like *Hidden Harm*, acknowledge that parental drug use 'can and does cause harm' but I totally reject McKeganey's extreme statements (his words) that all children are damaged, 'all' people who use drugs make terrible parents and addiction must mean adoption. For me these statements could only be made from an ignorant, prejudiced viewpoint from a non-clinician and from someone who has no knowledge or understanding of this field of work.

Equally worrying are his statements like 'addict parents can come off drugs and when they do that they can become the loving, caring parents that their children need them to be' – again I repeat this could only be said by someone who has absolutely no understanding of addiction, drugs, medicine or in fact parenting!

It really concerns me that somebody with such little understanding can have the title of professor of drug misuse research at the University of Glasgow and be quoted, particularly in Scotland, so much.

I feel you got this one wrong, giving him this platform to further promote his radical views.
Dr Chris Ford, GP

Saddened at paternalism

We, the Sex Drugs and HIV Task Group of the RCGP, were saddened to read Professor McKeganey's opinion regarding what should happen to the children of drug users. Wide clinical experience, not to mention high quality research evidence, suggests that what was inferred – drug users are unfit parents – is not true.

We are also saddened because Professor McKeganey seemingly has not had the privilege of working long term alongside those drug users who have benefited from modern multidisciplinary care, drug detoxification and stable methadone use, which enables men and women to lead fulfiling lives not just as individuals but parents. While the safety and care of children are obviously of priority within the primary health care team, removal of children on the basis of evidence obtained from surveys such as those cited does nothing to achieve this. We very much hope that such opinion-based paternalism has been more widely condemned to history.
Dr William Ford-Young FRCGP, chair RCGP Task Group for Sex, Drugs & HIV and Dr Stephen Willott MRCGP MPH, lead for drugs, RCGP Task Group for Sex, Drugs & HIV; on behalf of the RCGP Sex Drugs and HIV Task Group.

Same old same old...

Sadly, I am never surprised to read articles that purport to blame society's woes on drug addicts. The latest outburst from Professor McKeganey is just that. Riding on yet more tabloid publicity on toddlers dying after taking parents' methadone or children as young as 11 overdosing on heroin.

It goes without saying that every death of a child is a terrible tragedy, but the public needs to know the real numbers. The figures from infant overdose in Scotland – where 97 per cent of Glasgow dwelling methadone patients are on daily collection regimes among the 10 and under age group – 11 such overdoses occurred during the period 1993 to 2004. Too many of course, but far less than those attributed to the accidental ingestion of a wide range of over the counter medications and household cleaning agents. If your toddler finds your methadone, you are a terrible parent – but if he stumbles on the paracetamol or bleach, it is a tragic accident. So has anyone seen anything about the agony of the parents or is the element of human pity gone because they were thoughtless, careless and loveless junkies?

The bottom line of his article appears to be that drug users' lives are in such chaos and so exposed to criminality and violence due to having to find the drugs they so desperately need, that it becomes impossible for them to be good parents. Perhaps a good look at how we could get rid of criminality and violence would be a good start?

The Professor makes a number of unwise and unsympathetic assumptions, the first of which appears to be that we can quantify the quality of love. Yes, it could be argued that drugs disconnect individuals from their feelings (show me a heroin user of any vintage who is not medicating against depression) and un-medicated emotions are preferable when bringing up happy children. I wonder how those prescribed strong drugs for bipolar conditions or chronic pain feel about that idea? But of course, they have no choice over their condition.

Read more carefully, it's those using illegal drugs that are the bad parents and what makes them extra bad is when they are really poor as well. Wealthy drinkers who beat their wives – perhaps they should be banned from marriage? Maybe the army of researchers who lurk about addiction services – those for the poor that is – perhaps they should take a trip to up market rehabs in Arizona and glean information from models and rock stars?

Anyway, as Larkin and Keats might have said 'They fuck you up your mum and dad, they may not mean to but they do; Half in love with easeful death, they couldn't spare the rest for you'. Who said we spend the first half of our lives being screwed up by our parents and the second screwing up our kids?

'Enough is enough' is much too complex for a quick sound bite. What we are really talking about is a profound abyss of emotional and social deprivation across generations, for which the proposed fix of 'addiction must mean adoption' is woefully myopic.

'If I coulda sold ma weans (thoughtfully translated for those of us who have never met a Scot or seen 'Trainspotting') I would have.' Hey Neil, have you not heard of the global market in children, to the infertile or the sexually deviant. I think £15,000 is about the asking price for a young Caucasian. How many of your interviewees actually sold their kids? Let me guess. None. It's more hyperbole to build a case to oppress those whose life realities don't fit your prejudices.

At work I meet good parents who use, terrible ones who use and of course really average or poor ones who don't use. But most relevant, so many very scared ones who won't access help because of the fear perpetuated by articles such as Professor McKeganey's.

The sound bites 'the obligation is on us' and 'we should set a time frame' should get noticed by an ideologically bankrupt government, one that relies so heavily on blaming drug users for almost everything.

'And if you tolerate this then your children will be next'.
Gary Sutton,
head of drugs services, Release

Missing the point

I am writing in response to the article by Professor Neil McKeganey. Whilst I respect his knowledge and experience in the field, I am concerned that his views somewhat 'miss the point' and serve to stigmatise further those people that we work with.

There can be no doubt that the problematic use of heroin can cause significant difficulties for those wishing to care for children. There cannot also be dispute that as professionals we have important responsibilities under the Children Act to protect young people. We also however have a duty to advocate on behalf of the people we work with, and challenge the assumptions and generalisations made about them.

The issue of wide-scale problematic heroin use is undoubtedly a contemporary one, as available statistics

will demonstrate. It is something that has correlated directly with post-1979 social and economic policies that have served to polarise society. Income inequality is wider than at any post-war time, social housing has been decimated and stigmatised while traditional industries have disappeared, leaving structural unemployment. Heroin use has emerged endemically in areas most affected by such social change.

If this notion of structural causation is accepted then surely the response to the problem should be to remedy such inequality – if income was re-distributed, public housing programmes re-instated and full employment once more prioritised then the conditions leading to problematic drug use would lessen. So would of course, the harm to children of drug-using parents.

To attach the 'blame', and 'responsibility' onto parents is accordingly nonsensical, aside from being ethically questionable. It also serves to distract attention from the social factors presented above. Suppositions such as 'drug addict parents will always tell you that they love their children' as presented by Professor McKeganey, are loaded with enormous connotations that have the same effects.

What logically then would Professor McKeganey's proposal, for greater levels of adoption after an inflexible period of time, achieve? It would lead to an acceptance by society that people using drugs cannot care for children – the very same society which has enforced the conditions that lead to heroin use in the first place. It may go some way toward negating immediate risks to children, but would do nothing to stem the tide of parents problematically using drugs within a context of deprivation.

As with all policies which focus on 'the individual', it would be curative and not preventative. Adoption agencies would simply be at breaking point. Parents would also become far less likely to disclose drug use, and thus harder to reach. Ironically, the very children we would be 'helping' would also grow up themselves into a society still acutely affected by drug use, because underlying issues would not have been addressed.

I feel that Professor McKeganey may suggest these views are naïve and utopian. I would respond that whilst people in prominent positions such as his continue to demonise people that use drugs, rather than the disastrous policies that have led to such a situation, then utopian they will remain.

Luke Tibbits, by email

Enough is enough:
when addiction must mean adoption

'Read more carefully, it's those using illegal drugs that are the bad parents and what makes them extra bad is when they are really poor as well. Wealthy drinkers who beat their wives – perhaps they should be banned from marriage? Maybe the army of researchers who lurk about addiction services – those for the poor that is – perhaps they should take a trip to up market rehabs in Arizona and glean information from models and rock stars?'

Danger in discouragement

The level of hidden harm to children in families affected by drugs and alcohol misuse is so great, we must all continue to work towards a range of solutions and do nothing to discourage parents from coming forwards for treatment.

In 2005, Addaction began to set up its four-year Breaking the Cycle project, precisely to respond to the current huge gap in services. We know there is nowhere near enough evaluated evidence of what works, despite the establishment of some well-regarded individual family services. So Breaking the Cycle is aiming to close a gap in identifying parents who have not previously entered treatment and to identify children at risk earlier.

This is not a new major social issue, nor are the arguments that surround it. But we know that emotion can make politicians sit up and listen, and also obscure reality. It is not good enough to polarise arguments emotively whilst failing to emphasise solutions, because that will keep us stuck in the same place. In 1988, well before we had collected robust evidence in the UK on the increased generational prevalence of drug use, factors associated with improved outcomes for children included voluntary participation of the parent in treatment, and living with older family members who do not use drugs.

Comments demanding the removal into care of all children of drug users were being made then, as now and debate became polarised. While arguments raged, the focus moved away from progressing solutions for the child.

Parental drug misuse can certainly be profoundly damaging to children. The impact of problem drug use can be equally severe. That drugs continue to be the focus of such commentary, rather than alcohol, highlights not only the risks but also the stigma associated with illegality, lifestyle, dealers, needles and methadone.

Just as some drinking parents may never be able to provide a safe family life, whilst others are able to use services effectively, there are many cases where parents with drug problems are loving and capable of responding to support in childcare and domestic arrangements, to make very rapid changes to meet their child's needs.

Sixteen years after the 1988 study we now have a framework for working under *Every Child Matters*, a visionary policy which some believe will take ten years to take effect. We now have approximated data on the scale of risk that is hidden – 300,000 children at risk from parental drugs misuse, including 50,000 in Scotland and 1,000,000 children at risk from parental alcohol misuse, according to Alcohol Concern. 160,000 drug users are now in treatment in England and Wales. We must work together to deploy the expertise of those who work with children, and the capabilities of the drug and alcohol treatment sector, and focus on the real needs of parents, extended families and children.

We don't have enough foster carers, adoption places, nor any comprehensive evidence of what works to respond to hidden harm. With an approximate 8,000 shortfall in foster care placements, it is clear that greater investment is required in improving options for the child.

Dealing with hidden harm means engaging the parent with treatment and improving their ability to respond to their children.

Deborah Cameron, chief executive, Addaction

Think of the children

It is a good thing that Neil McKeganey keeps our attention focused on the needs of children whose parents have serious drug problems. He and his colleagues have done important work in making these problems visible and they are far from trivial. However strongly one aligns oneself with the rights of drug users and advocates on their behalf, clearly there are children of drug users who witness and experience awful things and sometimes it is right that society intervenes. Indeed, arguably these children receive considerably less attention than they merit within a policy environment that remains fixated on crime prevention.

However, local authority care and, ultimately, adoption are options that already exist where drug-using parents are unable to care adequately, so I am unclear what new initiative is proposed. Furthermore, being 'looked after' by the state or adopted is itself an acknowledged risk factor for developing drug problems and the systems for such provision are already under profound strain. If even a quarter of the 350,000 children he refers

to entered the care system I suspect it would implode as, according to the British Association for Adoption and Fostering, there were only 5,354 adoption orders for the whole of England in 2003 and a total of 60,900 children in local authority care as at 31 March 2005 (BAAF 2006). Clearly, no perfect solution exists, but on this basis the case for increasing adoption seems neither realistic or desirable.

Although Neil asserts that 'there is an army of social work staff and voluntary agency staff who can provide near 24-hour a day support to these families' it seems to me that these are rarely as numerous as this quote suggests, nor (in many cases) are they very well equipped to provide specialised responses to families where drug problems are most severe. In Kent, we have seen useful developments within a new service for drug using parents provided by KCA that gives rapid access to treatment and intensive support from specialist staff. This is an ongoing programme and we are still learning lessons about how to be most effective whilst gradually developing expertise among the practitioners and agencies involved. It is not a simple task but early signs are nevertheless encouraging and the costs of operating the service seem likely to be outweighed by the eventual care costs they are averting. However, such services remain scarce in England and, although they are no panacea, they seem to have considerable unfulfilled potential.

A second strand of our response might well be encouraged within family planning services. Drug users – notably women – often lack family doctors or access to family planning services that have the desired expertise or approach: unintentionally or otherwise, drug users are routinely stigmatised within such services. Low threshold, drug-user friendly family planning clinics run from treatment services are rare, yet might prevent many unplanned pregnancies and could be a potent way for services to become more accessible and relevant to women drug users.

On grounds of humanity, effectiveness and economics, it seems preferable to me that we invest resources and energy into developing these sort of responses. Neil McKeganey is right about the seriousness of the issue but, I believe, wrong about the solution.

Neil Hunt, director of research, KCA; chair, UKHRA

Reference: BAAF (2006) Summary statistics on children in care and children adopted from care, and searching for birth relatives in England. www.baaf.org.uk/info/stats/england.shtml

Ardent 12 stepper

I was appalled to read Peter O'Loughlin's response to the article on RAPt's new day centre. (*DDN*, 13 March, page 6). It seems, having done a quick google search on Peter, that he is quite vocal about promoting the 12 steps in *DDN*, and in slating pretty much any other type of treatment available (especially harm minimisation).

It is quite clear that Peter is an ardent 12 stepper, but it also appears that he may have misread the book. Even the Big Book claims that moderate drinking may be appropriate for some. Harm minimisation could be considered as a way of keeping someone alive long enough so that they can get into recovery (12 step based or otherwise). Is it not a pre-requisite of 12-step recovery that one has to be 'ready'?

I am also curious as to how Mr O'Loughlin can be so sure that the new day centre is a success. The 12 steps have long been questioned as to their effectiveness. RAPt, on its website, claims a huge success rate of over 50 per cent (which makes other 12 step rehab organisations pale in comparison, such as Hazelden in the States, which claims to have the highest success rate, at 17 per cent). However, if you ask to look at the research which came to these amazing conclusions, you will be ignored.

RAPt is a rather worrying step towards US-style religious-coercion-as-drug-treatment. *DDN* seems intent upon promoting their cause. Perhaps a little research into the negative effects of 12 step programs would make for an interesting article.

Name and address withheld

No single answers

It is always nice to be praised, so I thank Dr Peter O'Loughlin for his kind words regarding our Island Day Programme in Tower Hamlets (*DDN*, 13 March, page 6). However, RAPT's success in delivering abstinence based programmes should not be extended into an argument against harm reduction.

There are many drug users in Tower Hamlets whose immediate circumstances are so difficult that it is unrealistic to expect them to give up drug use in the short term. The health (and often the lives) of these people is protected by the excellent harm reduction and low threshold services available in that borough, who also present, for many, the first step on the road to independence.

There are also drug users in Tower Hamlets who feel able to put a drug-fuelled lifestyle behind them, but who do not want to commit to total abstinence from all substances, and their needs are met by services provided by Lifeline and Addaction.

Happily for us, there are also drug users in Tower Hamlets who want to aim for recovery through a 12-step programme, with the support of professional counsellors and the self-help network provided by NA and AA. We are there to meet their needs, and are proud to be part of the range of services offered to drug users by Tower Hamlets DAT.

In this example, the DAT has recognised the need for a full 'menu' of options for drug users, including abstinence – its not either/or, but needs led. In the coming months, RAPT will be promoting this model to other commissioners. I would agree with Dr O'Loughlin that the abstinence option is insufficiently available in many parts of the country, but it should be developed as an addition to other services, not an alternative.'

Mike Trace, chief executive, RAPt (Rehabilitation for Addicted Prisoners Trust)

Core empowerment

I thought I would drop a line regarding your cover story on 'Empowering the Core' (*DDN*, 13 March, page 8).

I am the chief executive of The Core Trust and CoreKids. We have been using a wide range of group and individual therapies in the treatment of addiction for the last 20 years. Our structured day programme, which most London borough purchase, offers group ear acupuncture, qi gong, meditation, yoga, art therapy, creative writing and individual acupuncture, shiatsu, reflexology, homeopathy and nutrition. These are all offered alongside group and individual psychotherapy, counselling and family therapy as well as practical parenting and life skills.

We use the 'energy therapies' to help clients rediscover their whole selves and give them tools and skills that they can use to manage their feelings and create an atmosphere of personal responsibility, bringing choice back into the lives of people who believe they have none.

Our programme started on the margins 20 years ago but is now part of the mainstream of treatment provision in London and has a reputation of being highly professional and successful. We offer auricular acupuncture training and have trained hundreds of other drug and alcohol workers to provide this successful and cost effective treatment.

We have found that using 'energy therapies' alongside more traditional talking cures offers the clients the possibility to understand and build a full life beyond addiction.

If anyone would life to find out more about our project they can contact www.coretrust.co.uk or call 020 7258 3031.

Carolyn McDonald, chief executive, The Core Trust and CoreKids

Substitute prescription

I am writing in response to Robbie Corrie's article (DDN, 27 February, page 8). I am pleased he is starting to prescribe as a nurse in the substance misuse field. I have been prescribing for almost a year now, and have had a very positive response from service users. I hope more nurses and pharmacists will take up the opportunity/challenge of substitute prescribing.

However Robbie Corrie states that supplementary prescribing involves being supervised by a doctor; this is not the case – it is a 'voluntary prescribing partnership' (DoH definition). The doctor (independent prescriber) agrees the clinical management plan, which is then reviewed at regular intervals – at least annually. My clients only see the doctor if I am on leave or if they have a medical problem.

I had an article on substance misuse prescribing, including a case study of a client I have stabilised on buprenorphine, published in *Nursing Times* on 21 February; this should be available on their website shortly.

Beverley Harniman, clinical nurse specialist – substance misuse, Villa Street Medical Centre, London.

Email your letters to claire@cjwellings.com or write to: Claire Brown, Editor, Drink and Drugs News, CJ Wellings Ltd, Southbank House, Black Prince Road, London SE1 7SJ.

Letters may be edited for reasons of clarity or space.