

At last some common sense

Prof Howard Parker's succinct assessment of the current drug strategy and for his suggestions for interventions that work, (DDN, 7 May, page 6) was a joy to read.

The Royal College of Psychiatrists describes alcohol as the nation's favourite drug, while estimating that twice as many people become addicted to it as compared with all other drugs combined. Other sources attribute 44 per cent of all violent crime to alcohol abuse. The NTA's denial of alcohol as a drug, and prohibiting services to record alcohol as the primary problem, while simultaneously claiming to use evidence-based practice, highlights the hypocrisy that emanates so frequently from that source.

Professor Parker's comments on the NTA's obsession with the 'numbers in treatment', without any corresponding goal for numbers in recovery, echoes the findings of Liverpool John Moores University which concluded that the higher the numbers in treatment, the greater the drop-out rate. When one considers that there are no goals of drug free recovery and rehabilitation in the current strategy, such conclusions are not surprising.

In the same issue (page 4), a new organisation, the Drugs and Health Alliance (DHA), which is made up of a number of familiar names, urges us to have a drug policy embracing public health. It is therefore puzzling that notwithstanding the holistic sounding name, and their declared claim to turn the escalating addiction problems of this country into a health issue, which it surely is, there is no mention that the treatment for all which is urged, should embrace drug free recovery or rehabilitation. Surely the objective of all health treatment should, insofar as possible, be recovery? The latter in the cases of addiction is not possible without becoming drug free. To that extent it is difficult to distinguish what the DHA propose from the current policy.

We do need a new and effective drug strategy, and we already have all the research we need to implement it. Scientific research that is currently being reported by Professor David Clark (page 15), if implemented within the framework of the transtheoretical model of change, would in the long term drastically improve treatment outcomes. What is lacking is the will and courage to realise it.

A further obstacle to implementing treatment based on scientific, tried and tested evidence, is the unrelenting

activities of those organisations who, regardless of their enlightened and humane sounding agenda, are hell bent on the legalising of addictive drugs, thereby wittingly or otherwise, spreading the scourge of addiction that is polluting our country.

Peter O'Loughlin,
The Eden Lodge Practice

Fear and bureaucracy

I would like to respond to two of the letters in your last issue (DDN, 7 May, page 10). Firstly, the one from Dr Bray: dead right, doctor, we are operating in a culture of fear. I have written to DDN twice in the last few weeks on the subject of the obsessive micro-management of drug services and I have criticised the army of bureaucrats who see themselves as far more important than the lowly people who actually work with drug users. So, in light of my views, my job would be at risk if I didn't ask for my name to be withheld.

Secondly, the letter from Luke Kelly about NDTMS. You're dead right Luke, it surely won't be long before we are also required to record a client's shoe-size, eye-colour and whether they are left or right-handed.

We have reached the point where the rules have become more important than what they were originally put in place to govern.

For instance: a prison drug worker now has to complete nearly 50 pages of paperwork just to get a case up and running, then many other pieces of paper at various stages to ensure the database can 'track' what's going on. At the same time, that worker is told they can only engage a prisoner in a maximum of six one-to-one interventions. They are forced to spend endless time on paperwork but are only allowed to scratch the surface when it comes to actually working with the client. What does that tell drug workers about what really matters? And, crucially, what does it tell the prisoner about the quality of the 'treatment' on offer?

I believe that prison and community drug workers' roles are now so tightly prescribed that the services they are allowed to provide to their clients are less efficacious than they were at the start of the ten-year strategy, back in 1998, long before the bureaucrats hijacked treatment. Any voices still out there?

Prison & community drugs practitioner,
name and address withheld

Notes from the Alliance



Mind your language!

Negative words can easily pervade our language without us realising the negative effect. Time to take stock, says Daren Garratt.

The recent RSA Commission on Illegal Drugs, Communities and Public Policy report, *Drugs – facing facts*, highlights something that many of us have known for years; many people are able to manage their drug use and bring no harm to themselves or others. Now, of course, I am not suggesting that drug use doesn't lead to harm because the effects can be blindingly devastating, but it's not inevitable.

Yet I wonder how many of us unknowingly contribute to the continued demonising of drug use and drug users by using words and phrases that allow such negative stereotypes to perpetuate?

I know I do it.

I was talking to a colleague last week about the importance of language and the messages we reinforce, when I was struck by how many times I've heard people – myself particularly included – habitually juggle the words 'dependent', 'problematic' and 'chaotic' when discussing an individual's heroin use. I realised that they've become almost interchangeable terms in this field, and that's wrong.

I wouldn't like to guess how many people reading this magazine are dependent on a substance, but I'd suggest that the majority who admit it would in no way feel that their use was in any way problematic. And for those who may have to concede that, unfortunately, their using has started to have a worrying impact upon their health or social functioning, it's certainly not a given that this is due, or contributing, to a loss of control and spiralling chaos.

We all fall into different patterns of use at different times, but the important thing to do is try and have an awareness of that fact, and to try and respond effectively should things start to get too much. At the end of the day, some people can regularly use drugs like alcohol and heroin in a controlled way while others sadly can't, but that all depends on the individual and a myriad influences and reasons.

So why does the message that heroin users can be 'normal people' (or conversely, 'normal people' can be heroin users) still seem to be getting lost?

Well, maybe by subconsciously equating heroin use with chaotic and problematic dependency, our language merely reinforces the public's stigma, ignorance and fear of what a user is.

Language is a social construct and the words we use influence the image that society creates of us, therefore the terminology we choose has the power to change that image and, in time, people's perceptions and opinions. Be they positive or negative.

And I know that arguments rage on about whether it really matters if people use words like 'detox', 'addict', 'clean', or 'abuse' when there are people dying on the (drug) war-torn streets of Britain, but if it means that by using lazy language we reinforce the image of a drug user as something, toxic, powerless, dirty and abusive, I think it does.

Daren Garratt is executive director of the Alliance