



“What is the point of the standards and accreditation processes encapsulated by DANOS if the snake-oil sellers are allowed to practise unchecked outside the closed shop walls? It seems that the inward-looking process seeks to micro-manage the ‘good guys’ while outside, anyone can make claims for their treatment virtually unchecked.”

Alternative charlatans

Over the summer, a colleague got in touch, concerned that the family of a client were considering spending £2600 on a drug treatment programme that the worker hadn't heard of. I had a look at it, and, having double-checked that it wasn't a spoof, was so horrified at the clinic and their claims, that I tried to take further action.

The clinic in question, the New Ways Clinic, offers what it calls Bio-resonance Therapy, which purports to use electrical frequencies to 'cancel out' the frequencies of substances so that the person can painlessly withdraw. These treatments can be augmented with a Bio-capsule, charged with these frequencies to carry on the treatment away from the clinic.

Having looked at their website and studied their claims carefully, it seemed that many of the claims that they were making could not be substantiated, and that some of the rapid withdrawal methods they were suggesting were dangerous – such as detoxification from alcohol or benzodiazepines without any adjunct prescribing.

I contacted a number of organisations regarding this clinic. By the end of it, I was no less incensed by the New Ways Clinic. But I became more concerned at the inaction from a collection of organisations that should be concerned. FDAP and EATA didn't feel it was their concern as the clinic wasn't one of their members. The Advertising Standards Authority said that as the material on the website wasn't an advert as such, it didn't fall

under their jurisdiction. The Healthcare Commission said as the treatment didn't involve prescribing or lasers, they had no say over it, and the Department of Health said that the Department didn't have a regulatory role, or a role in investigating independent treatment providers. Trading Standards have, so far, said they don't have the expertise to explore the veracity of the claims made on the site, and so feel it is really a medical matter. I haven't heard back from NHS Directory or the GMC although both bodies have been contacted. FRANK sees fit to include the service as one of the helping agencies that they list.

In short, no-one seems to think that the regulation of this, or other treatment providers is their responsibility – which in turn allows providers to peddle a range of treatments to desperate and credulous individuals and their families. Of course New Ways Clinic are not the only providers offering scientifically dubious treatments. We could add the Scientology-infused Narconon to the list for example.

All this led to paradoxical conclusions. The first was what is the point of the standards and accreditation processes encapsulated by DANOS if the snake-oil sellers are allowed to practise unchecked outside the closed shop walls? It seems that the inward-looking process seeks to micro-manage the 'good guys' while outside, anyone can make claims for their treatment virtually unchecked.

This thought however, led to a more contentious second problem. How does one differentiate between an alternative therapy that may work – as

opposed to a charlatan selling quack therapies? Thamkrabok, New Ways, Ibogaine, Narconon, Nazaraliev Medical Centre: is any one of these modalities any more or less worthwhile? And in turn why are they any more or less 'worthy' than any other treatment modality? Is it solely based on scientific evidence of efficacy?

But while we struggle to answer these weighty questions, back to a more prosaic point: what is the point of professionalising and training the 'state's' drug-treatment providers whilst allowing an unregulated private market to co-exist, unwatched and unchallenged?

Kevin Flemen, KFx

Heavy on the law

I was surprised and saddened at the comment made last issue by Professor David Clark (DDN, 30 July, page 15) where he states that 'many heroin users do not call emergency services because they are concerned that they might be arrested by the police...'.

It may be of interest to your readers that here in Oxfordshire we have an agreed protocol between the police and ambulance service, that the police will not be routinely called to such incidents. I have copied the relevant parts of this protocol for information:

Emergency Services Response and attendance at Drug Overdose Incidents
All parties are in agreement that South East Central Ambulance NHS Trust will not contact Thames Valley Police in the

event of illegal drugs overdose unless one of the following exceptions occurs:

1. Ambulance personnel consider a child or other vulnerable person to be at risk.
2. Ambulance personnel perceive themselves to be at risk of violence.
3. Ambulance personnel are called to a known address or location considered to be unsafe.

All parties are in agreement that Thames Valley Police will not routinely attend drug overdose incidents unless requested by the ambulance service to do so, usually for one of the above three exceptions. This is in order that individuals are not put off reporting such incidents to the ambulance service for fear of police involvement or prosecution.

Should an emergency call be received and the nature of the incident is unclear there may be occasions when both police and ambulance personnel are called to the scene. In such circumstances it is appropriate for Police Officers to make an assessment as to cause of incident taking into consideration views of the ambulance personnel. It is appropriate for Police Officers to share with ambulance personnel any relevant information they may have on the individual as part of an officer safety assessment. If the incident is one of a drugs overdose Police Officers shall leave the patient in the care of the ambulance service unless specifically requested by the ambulance personnel to remain at the scene.

Emergency Services Response to Fatal Drug Overdose
All parties are in agreement that if there is a death at the scene or at any

time whilst the patient is in the care of South East Central Ambulance NHS Trust or whilst in accident and emergency departments, Thames Valley Police will be contacted. Officers from the CID department will attend the scene and commence an investigation in line with Thames Valley Police protocols for police attendance at incidents of sudden death.

We have evidence to show that people are phoning for an ambulance and staying with users who have overdosed. We also, thanks to training given by the ambulance service, have evidence that unconscious users are being resuscitated and put in to the recovery position prior to ambulance attendance, by fellow users – on at least one occasion in the past 12 months saving a life.

Bill Holman, communities partnership manager, Oxfordshire Drug and Alcohol Action Team

Homeless and addicted

Your cover story in the last issue (DDN, 30 July, page 6) might have made positive mention of the way in

which the social work of the West London Mission seeks to provide a modest network of services that encompass homelessness, addiction and criminal justice. I say seeks to, because this holistic approach has become increasingly difficult to sustain in an increasingly regulatory and competitive funding environment.

The requirements laid upon each individual, specialist service can militate against transferability, flexibility and a responsiveness tailored to the uniqueness of each individual service users aspirations and needs. Last year, we were forced to close our St Luke's Centre for addictions, as a result of combination of changes in supporting people, commissioning trends, and other social care market forces. The year before that, we had to close our Lambeth Walk-in for homeless people. We are committed to survive, not least because of our own unique approach, which goes against the trends outlined in your article. But survival can never be guaranteed and the anxieties on staff and clients in such an environment are colossal.

Paul Thompson, director of social work, West London Mission

Release the pressure

In April 2006 we were informed that the small amount of financial support Release has received from the Home Office, continuously since 1984, was to cease. The reason given was: 'The majority of funding is now devolved to local areas. The pressure on the remaining resources across central government departments means that we can only provide limited additional funding.' You can imagine our surprise when the new Home Secretary recently announced an additional £5 million for its own national drugs advice service, FRANK.

On a separate issue, Tim Wightman says in his letter (DDN, 30 July, page 9) commenting on coverage of the Release conference (DDN, 2 July, page 10) that 'Release and the editor have missed the point' – on what exactly was not clear to me.

He states that 'the best form of harm reduction is abstinence'. Quite right he is too – for the small minority who are able to achieve this. For the rest, needle exchange, maintenance and other evidence-based interventions must remain readily available.

It is time for the two treatment camps to recognise the tremendous success that they both bring to the table.

Sebastian Saville, executive director, Release

Editor's note: In his letter, Mr Wightman implies that DDN was commenting against abstinence – this was not the case. The feature reported speakers' contributions to the event and did not include any personal views of the editor. DDN is an entirely independent magazine, dedicated to providing a fair and open forum for debate on all forms of treatment.

We welcome your letters

Please email letters to the editor, claire@cjwellings.com or post them to the DDN address on page 3. Letters may be edited for reasons of space or clarity – please limit length to 350 words.

Drugs break hearts: a mural designed to highlight the effects of substance misuse on families, the community and health by young people at HM Young Offenders Institute (YOI) Wetherby. The work was guided by Carole Fletcher from Manchester College, with direction from the Young People's Substance Misuse Service (YPSMS) at Wetherby. Paul, Nathan, Danny, Alex, Mathew J, Aaron B and Aaron D produced designs for the mural, which were transferred to a board using acrylic paint. 'I hope people can understand what effects drugs can have on your life and how many people can get hurt,' commented Paul. See page 6 for a feature on the work of the YPSMS at Brinsford YOI in helping young people with substance misuse problems.

