

# Druglink

REPORTING ON DRUGS SINCE 1975

- banning legals
- family intervention
- power of the press
- science fiction

## Heroin hinterland

*The mysterious case of  
Shetland's young injectors*



STREET DRUG TRENDS  
SURVEY 2010:  
THE RESULTS

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Photo: Graeme Peacock



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# Druglink

## New threat: pan-Galactic Gargle Blaster

Well actually no it isn't, simply one of the many fictional drugs covered by Marcus Roberts in his article on drugs and science fiction. Pan-Galactic Gargle Blaster is actually not a bad description for some of the reporting on legal highs – as the less responsible sectors of the Fourth Estate announce another 'deadly drug' ravaging our land.

The latest – Ivory Wave – is already banned but it didn't stop clarion calls for the drug to be...er...banned. In fact the term 'legal high' could be approaching obsolescence. Much of what is currently abroad online and in retail outlets is probably covered already by the generic legislation brought in this year. And anything that isn't will be swept up by the temporary ban on new substances announced by the Home Office. And once a drug is subject to a 'temporary ban' it is highly unlikely that it will subsequently become freely available – although questions as to what the criteria would be for a ban and what 'evidence' would carry weight are raised by ex-Home Office official Jeremy Sare.

Our cover story takes us to the Shetland Isles, where drug use is anything but science fiction. Worryingly the relatively affluent community is bucking the UK trend by experiencing an increase in heroin use by young people – a neat segue to our annual *Druglink* survey of street drug trends. Normally a drug is banned long before it becomes popular – cannabis, cocaine and ecstasy being the obvious examples. Mephedrone was different – legal and popular – and then banned. But the impact of the ban has been varied across the country: prevalent in some areas, vanished from others – or being sold online under different trade names. So the jury is, so far, out on the impact of control.

**Harry Shapiro,**  
DrugScope's Director  
of Communications  
and Information

Cover photo: Murdo Macleod.

**Kristine Chapman, mother of Megan, who died after taking a heroin overdose see COVER STORY, p10.**



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*Druglink* is for all those with a professional or occupational interest in drug problems and responses to them – policymakers and researchers, health workers, teachers and other educators, social workers and counsellors, probation and police officers, and drug workers.

**DrugScope** is the UK's leading independent centre of expertise on drugs and the national membership organisation for those working to reduce drug harms. Our aim is to inform policy development and reduce drug-related risk. We provide quality drug information, promote effective responses to drug taking, undertake research, advise on policy-making, encourage informed debate and speak for our members working on the ground.

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### ■ Drinking divide

Researchers have revealed geographical divides in the toll alcohol takes on health and crime. Data collected by the North West Public Health Observatory shows two thirds of areas suffering the highest rates of alcohol-related harm were in the north of England, while areas in and around London registered the highest rate of alcohol-related crime.

### ■ Drug death city

Brighton and Hove has been named Britain's drug death capital for the seventh time in nine years. Fifty people – averaging nearly one week – died in the city as result of drugs in 2009, said a report from the National Programme on Substance Abuse Deaths (np-SAD).

### ■ Glasgow weekend

A weekend of events to promote journeys out of drug addiction will take place in Glasgow on September 24-25. The first ever Recovery Weekend, organised by the Scottish Drugs Recovery Consortium and the Recovery Academy, includes a conference, workshops, seminars and a mass walk.

### ■ Cell death anger

An inquest jury has condemned the “shocking failures” in medical treatment and care received by a long-term heroin user who died in a locked room on a healthcare wing. Jonny Riley, 28, was found hanged in HMP Norwich in 2008 after a series of fits and self harm incidents. The jury criticised the prison system for failing to provide opiate substitutes and adequate self-harm monitoring.

# Study: methadone saves lives, prolongs injecting

## EXCLUSIVE

Max Daly

Opiate substitution treatment for problem heroin users reduces the risk of death but does not shorten the time they inject street drugs, according to the largest ever study of its kind to be carried out in Britain.

The research, carried out over three decades among 655 injecting heroin users attending a primary care treatment service in Edinburgh, found that for each additional year people took heroin substitutes, chiefly oral methadone, the risk of death fell by 13 per cent, while the length of time they spent injecting drugs rose by 11 per cent.

Of those who did not take up heroin substitute treatment, a quarter died within 25 years of their first injection. This compared to six per cent of those with over five years of substitute treatment.

It found that the average time from first injection to death was 41 years for injecting heroin users without HIV and 24 years for those with the virus.

Of the 655 heroin users recruited to the study between 1980 and 2006 and followed up between 2005 and 2007, 277 had stopped injecting and 228 had died. Nearly a half of all deaths were caused by HIV (45 per cent), while overdose accounted for almost a quarter (24 per cent) and liver disease or injury for 16 per cent.

“Our results confirm the beneficial effects of opiate substitution treatment delivered in routine primary care over long periods. We found a dose-response relation between exposure to such treatment and survival before long-term cessation,” concluded the report, *Survival and cessation in injecting drug users: prospective observational study of outcomes and effect of opiate substitution treatment*. “Opiate substitution treatment might increase survival and reduce morbidity through improving social functioning, reducing criminal activity, and maintaining regular contact between individuals and primary care services.”

But the study, compiled by researchers in Bristol, Edinburgh, Cambridge, London and Australia, and published in the British Medical Journal, added: “The overall median duration of injecting, however, was longer for injecting drug users who were exposed to opiate substitution treatment. It is argued that this treatment confers its health benefit through promoting injection cessation.

“Our data did not support this hypothesis and suggest that it conferred health benefits irrespective of whether injecting drug users continued injecting, though users injected less often when receiving treatment, as consistently shown in clinical trials and observational studies.”

## OBITUARY

# Martin Plant

Professor Martin Plant, who died on 16th March 2010 aged 63, was a major contributor to our understanding of drug, alcohol and related problems. In a 40-year research career, his prodigious output of dozens of books and hundreds of scientific papers covered epidemiological and behavioural aspects of drug and alcohol misuse, and HIV/AIDS. Many readers will be familiar with a number of his books, from the early ones such as *Drugtakers in an English Town* (1975), or *Drinking Careers* (1979) to his more recent *Binge Britain: Alcohol & the National Response* (with Moira Plant, 2006). The day before he died he submitted the final draft of *Drug Nation*, patterns, problems, panics and policies (with Roy Robertson, Patrick

Miller and Moira Plant) which is due to be published by the end of this year.

Martin was one of nature's great enthusiasts, passionate and forthright, a great collaborator and facilitator of others. He organized the biannual Alcohol Problems Symposia and liked the 'cosy', informal meetings which were such a useful forum, particularly for new researchers, or new-to-alcohol-problems researchers. For this reason his wife and long-term academic collaborator Professor Moira Plant has decided to continue running them. Their continued success will be a fitting tribute to him. He is survived by Moira and their daughter, Emma.

**Douglas Cameron**

# Reducing stigma key to rehab, says inquiry

Re-housing recovering drug users away from the streets that fed their addiction and tackling the prejudice they face are key to improving drug treatment, an inquiry in a Midlands county has concluded.

A year-long investigation into drug rehabilitation in Northamptonshire, one of the most extensive analysis of its kind by a local authority in the last decade, found that returning people to their original circumstances often ended in them also returning to their drug habits.

The *Drugs Rehabilitation Scrutiny Review*, which drew on evidence from police, prisons, probation and specialist health, drug, housing and family services, said that tackling the stigma faced by recovering drug users was key to their rehabilitation. It warned that the wisdom behind prioritised re-housing for people leaving rehab would have to be explained clearly to the public, because it may provoke resentment and be seen as a form of 'queue-jumping'.

"There was a remarkable consistency as to the actions that would make the biggest difference to the success of rehabilitation," said the report, carried out by Northamptonshire County Council. "In particular, time and time again, the scrutiny review heard that returning individuals back to the same housing and personal circumstances that that had fed their previous addiction was a sure-fire recipe for failure."

The inquiry accepted that the knock-on effect of providing recovering drug users with alternative housing would be to prioritise them above "other law-abiding people" and "could be seen by the public of Northamptonshire as rewarding past illegal behaviour".

It said the problem could be avoided "if the long term net cost to the community" of drug abuse is properly explained and understood by the public. The report recommended "overcoming prejudice and harnessing the support of the community to support individuals to become decent citizens."

A suggestion by Northamptonshire Police to provide recovering drug users with bus passes, to make it easier for them to get to drug test and probation meetings, was also



Leaving rehab: singer Amy Winehouse, escorted by father Mitch, in 2008

mentioned in the report.

The review also called for a move towards 'rehabilitation' rather than maintenance, both in the community and inside prisons.

Councillor Mark Bullock, Chair of the review, told *Druglink* that the 25-page report described the "systemic failure" of drug rehabilitation in Northamptonshire. "Politicians have got to start being honest with their communities and not hide behind the fact that drug taking is illegal. Recovering drug addicts come from this community and we have to help them and that costs money.

"People have respect for recovering alcoholics going through AA, but recovering drug users are still regarded as junkies or smackheads. We need to get the message across that we are not rewarding illegality by giving recovering addicts a new home, we are doing what we can to stop them sliding back into addiction."

Cllr Bullock criticised the local press for giving former drug users a bad name. "I think it is time for some of the local papers to stop stigmatising recovering drug addicts and recognise that getting off drugs is a major achievement and something someone should be proud of."

He added that local authorities, as 'corporate parents' to people who have emerged from the care system, were often keen to fund those going to university, but should also "put their hands in their pockets" for those who end up needing a place at a rehab unit.

■ A report says drug users find it harder to shake off addiction because they are subjected to "extreme prejudice". The UK Drug Policy Commission said labels such as 'junkies' and 'addicts' echoed similar attitudes to gay people or people with mental health problems 30 years ago, and led to feelings of low self-worth among users or former users.

## DRUGS QUOTE

**"Should we be kinder to druggies and not call them junkies? The drug policy commission think so...."**

Was TV sports presenter Gabby Logan aware of the irony in her Twitter message?

**"It [Ivory Wave] contains a lot of salt and people have been dehydrated. It is important that users get liquids and some food into their system."**

The *Bournemouth Echo* erroneously puts Ivory Wave on a par with sea water.

**"A member of the public called 999 to report a Range Rover having crashed into a Snappy Snaps shop in Hampstead, north London."**

A court hears how singer George Michael crashed his car after smoking cannabis.

**"None of these do-gooding groups acknowledges either the dire state of the national finances or that every extra pound the government spends translates into a pound less for hard-pressed taxpayers to spend on themselves."**

The Sunday Express admonishes DrugScope and Addaction for arguing that there is no evidence to show that forcing people to undergo treatment by threatening benefit sanctions will work.

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## ■ PRISM

DrugScope has launched a new practice-sharing section of our website called PRISM. It stands for Practice Sharing Model and enables us to help you share with others your ideas for innovative practice from the drug or alcohol field. We often hear that people would like to share their ideas but have no mechanism for doing so. Conversely, we hear of workers who would like to find out if colleagues elsewhere have tried a particular activity and what their experience was. PRISM aims to fill that gap. Visit [www.drugscope.org.uk/prism](http://www.drugscope.org.uk/prism) and upload your good ideas using the form provided.

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## ■ Funding Watch

Over the coming months we want to hear from you about what is happening in your area or to your project or service. Tell us about anything to do with changes in funding arrangements, performance measurements, reductions in service provision – anything linked to the impending squeeze on public funding. All information we receive will be confidential and anonymous, unless you give your explicit consent. Email us at: [fundingwatch@drugscope.org.uk](mailto:fundingwatch@drugscope.org.uk)

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## ■ New staff

We are pleased to welcome two new members of staff. **Emma Ward** is our new Policy and Membership Development Officer: [emmaw@drugscope.org.uk](mailto:emmaw@drugscope.org.uk); **Michael Simpson** is our new Communications and Information Officer: [michaels@drugscope.org.uk](mailto:michaels@drugscope.org.uk)

# The other coalition

Through the summer, DrugScope has been taking the temperature of the new political climate and, while mobilising our members and partners behind the imperative to influence government thinking in the forthcoming spending review and the development of the new strategy. Inevitably, as the public funds for treatment have increased, prompting the growth in the drug treatment industry – there has been a consequential increase in the competitive nature of service development, as agencies vie with each other for contracts.

More recently however, there has been an unfortunate attempt to promulgate an ideological split between treatment services, which is not only divisive, but completely belies the treatment experience of most users. Only a cursory examination of the treatment journey of most clients is needed to reveal that, while on paper, services are structured in tiers, the reality is that the majority of clients would have experienced most, if not all, the modalities, moving ‘up and down’ the tiers until hopefully their breakthrough moment occurs. Nobody can claim to possess the magic bullet that stops addiction in its tracks.

Encouragingly, there seems to be a real willingness on the part of the sector to put aside such differences in pursuit of preserving the gains made in treatment and facing the challenges to come.

The touchstone of this work is the consensus statement produced jointly by the Drug Sector Partnership comprising DrugScope, Adfam, The Alliance and eATA. This calls on all politicians and those in a position to influence public policy to commit to an evidence-based and non-partisan approach to drug and alcohol policy that respects the views of such bodies as the ACMD and NICE.

The statement has already garnered an impressive array of signatories, to which we would like to add many more. Go to the DrugScope home page where you will find a link to the statement.

We followed the statement’s launch with a meeting of drug and alcohol treatment service chief executives and senior managers under the heading, *A Cold Climate*. This drilled down into some of the more detailed concerns that many of our members have about how services are likely to be affected by change, in particular the proposals concerning ‘payment by results’. Significant too, were the points made about making current arrangements around commissioning and tendering processes more efficient and cost effective.

All the views and opinions of our wide constituency of members and partners have been brought together in our submission to the Comprehensive Spending Review, the point at which general political warnings about ‘tough times ahead’ take shape and substance.

What we attempt to do in the document is not only to make the case for continued investment in drug and alcohol treatment services, but point to all the ways in which this investment passes the government’s test for expenditure in relation to priorities, value for money, targeting the most needy, effectiveness and the involvement of non-state providers. Again the link on our home page will take you straight to the document.

By the time the next *Druglink* appears, we should have the results of the Spending Review, our consultative work on the new drug strategy will have ended and we will be awaiting the government’s response. All in all, a critical time to be speaking with one voice and telling truth to power.

# AN UNCHARTERED COURSE

Plans to introduce a temporary ban on new legal highs seem a logical step, but will navigate our drugs laws into unknown waters, claims **Jeremy Sare**

A proposal to establish a ‘temporary ban’ category which would fast-track so-called legal highs into the Misuse of Drugs Act 1971 was announced by Home Office drugs minister James Brokenshire in August.

The purpose of the new law would be to “allow us to act straight away to stop new substances gaining a foothold in the market and help us tackle unscrupulous drug dealers trying to get round the law by peddling dangerous chemicals to young people”.

A spokesman for the Home Office said that, following a consultation period, the legislation is expected “to go through Parliament in the autumn”, but it will not be fully functional until the end of 2011. The government may use the antediluvian language of ‘dope peddlers’, but this proposal is a certainly an innovative way of controlling drugs.

Under these measures, there would be an amendment to the Misuse of Drugs Act 1971, creating a new class in Schedule 2 of the Act. Drugs could be added to it for a maximum period of 12 months by the laying of a Statutory Instrument. So, unlike current changes to the list of prohibited substances, there would be no vote in Parliament sanctioning it and no ‘Order in Council’ signed by Her Majesty. The Advisory Council on the Misuse of Drugs (ACMD) would have a guaranteed role in assessing the drug’s harms.

The most surprising aspect of the plans is the exclusion of any possession offence – penalties will be restricted to possession with intent to supply, offer to supply, supply, importation, exportation and production and will equate to a Class B supply offence (maximum 14-year jail sentence and an unlimited fine.) But possession for personal use would not be deemed a criminal offence, “to prevent the unnecessary

criminalisation of young people”.

In reality, a possession offence could also have been highly problematic. These future, perhaps not yet synthesised substances, will be judged pre-emptively as dangerous as Class B drugs, like amphetamines. But when the ACMD produce its definitive assessment at a later date, that class may be wholly disproportionate to the actual level of measured harm.

Let’s consider the process a bit more. Let’s assume, some time in the future, a new drug, Megaprone, is gaining in popularity in UK and the government is being urged to place it in the new temporary class of banned substances. Although the Advisory Council would have some still, as yet, undefined role in giving advice to ministers, the government would still be free to base their decision on ‘evidence’ from various partial sources, including government officials, police and inevitably the media.

Each party would see the threat from Megaprone slightly differently, although history shows officials and ACMD members would be likely to recognise objective evidence more easily than some police forces or the media – for example, the misplaced certainty over mephedrone ‘deaths’.

The Misuse of Drugs Act exists to categorise substances based on their “harmful effects”. It is far from clear how the Advisory Council could make meaningful harm assessments effectively on the spot: their recent reports on new substances have been arguably mute on this point as there has been practically no data on which to base that judgement.

The ACMD could cite ‘potential harm’ but couldn’t we all? In those circumstances Jacqui Smith’s ‘precautionary principle’ – that it’s always better to err on the side of

caution when considering the legal status of drugs – could become the central tenet of controlling drugs.

It is entirely possible our new drug could, after several months of scrutiny, appear relatively benign. If the Advisory Council’s advice opposed the government’s initial view to ban Megaprone temporarily, would the minister have the political guts to accept that advice and withdraw it from control? There must be considerable doubt here – controls on drugs are generally only strengthened, not weakened. The only significant reclassification of a drug, cannabis, was reversed five years later.

Some of the questions were raised when James Brokenshire had a ‘getting-to-know-you’ session with ACMD recently. But they are intractable issues and the coalition government’s solutions may struggle to satisfy members’ anxieties. They will be working together on a protocol in the ensuing weeks and much of their future relationship hinges on a satisfactory outcome.

If the government uses the legislation as a mechanism to ban any substances appearing on the media’s radar, then they will be stacking up masses of work for the ACMD. If their advice is conflicting consistently with the politics then familiar tensions will re-emerge.

For future users of drugs like Megaprone, they can expect drug law to be reacting faster than ever before. Despite some thorny practical difficulties, the government is clearly determined that any legal high is not legal for very long.

■ **Jeremy Sare** is a freelance journalist and government consultant. He is a former secretary to the Advisory Council on the Misuse of Drugs and head of drug legislation at the Home Office.

# Booze, bans and bite-size bags

The ban on mephedrone, the recession and Britain's rising alcohol problems have all left their imprints on the UK drug market over the last year, according to Druglink Street Drug Trends 2010.

Max Daly reports

- **mixed impact of mephedrone ban**
- **recession effects sales tactics**
- **alcohol increasingly in the mix**

Feedback from frontline drug services, police forces, drug action teams and user groups in 20 towns and cities across the UK revealed the mephedrone ban has had a mixed impact around the country, that dealers are selling drugs in smaller quantities and that alcohol is becoming an increasingly dominant player in drug scenes across the board – from homeless heroin injectors to powder-snorting clubbers.

In what is the first analysis following the move by the government in April to make the synthetic stimulant mephedrone a Class B drug, the survey found that half of the 20 areas investigated revealed a significant drop in use.

One young persons' drug service in Manchester described mephedrone as "hitting us out of the blue" but along with other agencies in the city agreed that the drug experienced a rapid fall in popularity after being outlawed. Prices since the ban have generally leapt from

around £5 a gram to around £20 a gram.

However, in seven of the towns and cities questioned, most markedly in London, Portsmouth, Cardiff and Belfast, the ban has reportedly had little effect on use – despite the shift into criminality. One frontline drug worker said stockpiling of the drug before the ban meant that the price and availability of the substance remained steady, while another said mephedrone has actually become more prevalent in their area since April.

Irrespective of the effect on the ground of mephedrone becoming a Class B drug, most respondents agreed that the most prolific consumers of the drug, also known as meph, meow meow, m-cat and drone, were young people. Yet some areas reported that they thought the ban had "driven use underground" resulting in less people coming in to services for help until their use had spiralled out of control.

Bruce Arnott, manager of Cornwall's Drug Action Team, said: "If you worked in an under-25s drug service in Penzance then mephedrone would have taken up most of your time, while if you worked in an adult service you would have hardly seen it. The ban in April meant we had

less people coming in for help and more arriving in a state of crisis. It appears now that people are less willing to come for help because of the drug's illegality."

Mephedrone users, according to the findings, have not uniformly settled for a replacement legal high. In some areas, a product called NRG1 – which in some cases was mephedrone in disguise – had

## THE SURVEY

Druglink Street Drug Trends is an annual survey, started in 2005, which aims to capture emerging drug trends by speaking to a range of organisations and experts in 20 towns and cities in the UK

## TOWNS AND CITIES COVERED

Belfast, Birmingham, Blackpool, Bristol, Cardiff, Glasgow, Gloucester, Ipswich, Liverpool, London, Luton, Manchester, Middlesbrough, Nottingham, Penzance, Portsmouth, Sheffield, Torquay, York.



been taken up, while in others, users had returned to the illegal highs they used prior to mephedrone, such as cocaine.

In three quarters of the areas covered in the survey, drug sellers had adapted their methods of operating in response to the fact that, for most of the UK population, money is getting tighter. Sellers across the UK have downsized deals to compensate for the fact that their customers have less spending power and are increasingly likely to have small bags of cocaine, heroin or cannabis for £5 and £10. In Belfast, some are selling cocaine at £10 a line.

The downsized deals have become most apparent with herbal cannabis, of which the market leader is still skunk in a variety of forms and potencies. Dealers have largely ditched traditional purchase weights – such as eighths and quarters of an ounce – and are now selling gram bags for £10.

But smaller deals and the transition from ounces to grams have effectively increased the price of cannabis, especially skunk, across the country. As with the sale of any commodity, the smaller quantities in which goods are sold, the more expensive they become.

Users are having to pay more per

gram than they were paying for the equivalent in ounces. In Ipswich for example, skunk is now most commonly sold in £10 'gram' bags (they typically contain 0.7g), which work out to around the equivalent of £50 per eighth of an ounce. By way of comparison, skunk was being sold in Ipswich last year at £150 for an entire ounce.

It is likely that street sellers have a motive for bumping up the price of herbal cannabis: it is now more expensive for them because police are becoming more successful in tracking down Britain's vast network of cannabis farms.

In some areas, the gangs who supply street sellers have had to adjust their tactics due to increased awareness among suburban home owners of the potential for the 'cannabis farm next door' and a subsequent rise in police busts. Police say that changes include importing larger amounts of more expensive marijuana from abroad and spreading the risk of cannabis farming from production lines that take up entire suburban houses to smaller 'grows' in people's lofts and cellars.

The move away from Vietnamese-style, high yield farms, which generally

produce low potency skunk, to importing more cannabis may also be the reason that many parts of the UK said that the strength of skunk had increased in the past year.

Meanwhile, the illicit drug-taking scene is becoming increasingly awash with alcohol. Of the 20 town and cities investigated, 18 reported rises in problem alcohol use within drug using communities, affecting young and old, rich and poor alike.

The increasing links between drugs and alcohol were spotted in many towns and cities among young people, the homeless, the unemployed, pub goers, blue collar workers and football fans.

Most commonly reported were the mixing of stimulants such as cocaine and mephedrone in pubs, bars and clubs and the mixing of super strength lager and cider with heroin and valium by people receiving drug treatment.

A drug worker at a young people's service in Nottingham summed up a typical night out for the average young polydrug user in the city. "They'll meet at someone's house for a few beers and a few spliffs, followed by a trip to a pub or bar for some more alcohol and a few lines of coke in the toilet to get buzzing.

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Then they'll go to a club for more alcohol and take some party drugs such as MDMA or mephedrone, before heading home for another spliff and some more booze."

A frontline drug worker from a day programme project in south London said she had seen a "definite increase" in the amount of clients presenting with problems with alcohol, in addition to their drug misuse.

"Over the last year we found that more and more clients, initially referred to us with crack and heroin problems, are problem drinkers or, more often than not, physically dependent on alcohol."

People had substituted crack and heroin addiction for an alcohol addiction for a variety of financial and social reasons.

Frontline agencies said that the falling price of alcohol available in supermarkets, such as cheap vodka or bulk-buy lager, has been a driving force in making the drug accessible to both young people and drinkers. The rise in problem drinking within the illegal drug landscape reflects a rise on problem drinking in wider society.

Crystal methamphetamine, restricted to a very low presence in our previous five surveys – despite repeated declarations in the national press that Britain is on the verge of an epidemic –

does appear to be slowly gaining ground within the UK drug scene.

Observers in five of the 20 town and cities said they had noticed a rise in use and police seizures of the drug, although this is mainly still limited to certain gay micro-communities, including some clubbing and escort scenes in London and some other big cities. However, an extensive survey carried out by Safer Portsmouth Partnership among 155 drug service users in the south coast city found that crystal meth or methamphetamine was the drug most people thought was becoming more popular.

As with previous survey feedback, black market diazepam and cocaine continue to be on the rise, despite low purity. Meanwhile the popularity of ecstasy pills continues to wane, chiefly because they contain so little MDMA, and several services reported that fewer young people were getting into problems with crack and heroin. Ketamine continues to gain popularity in some areas, although in others its use has receded. Drug prices have remained fairly steady, with the only significant increase being the rising cost of cannabis.

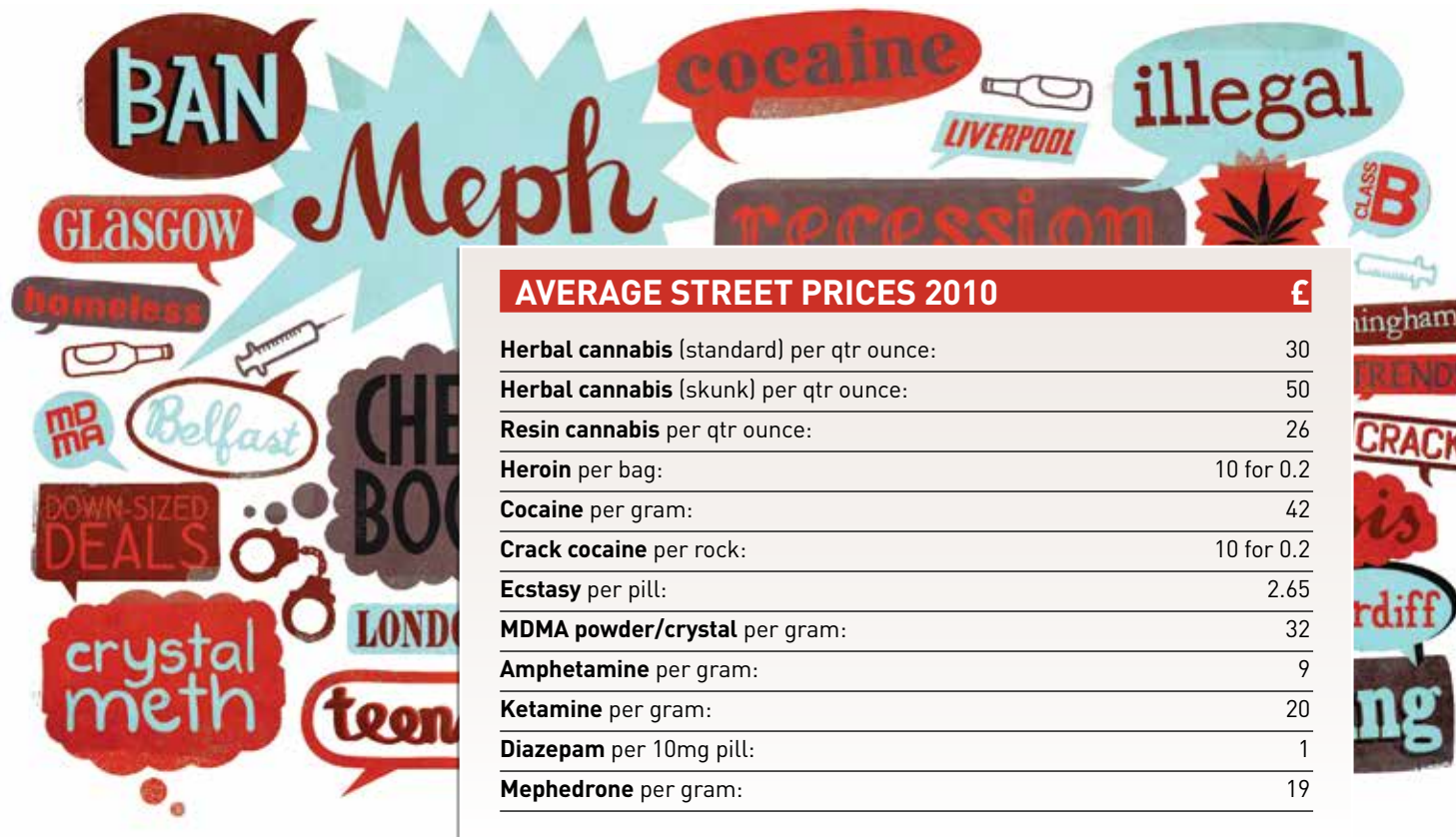
As far as drug sellers are concerned, most areas reported that, with the aid of

mobile phones, much of the local street trade had moved to people's homes. As with previous years, interviewees stressed that police enforcement had short-lived, limited effects on local trade. Three areas reported an increase in the use of sniffer dogs outside train stations to catch people carrying drugs.

One of the more bizarre substances to have experienced a rise in use has been Melanotan – the injectable tanning-slimming-sexual aid which first came to the attention of needle exchange workers in the North East in 2008. This year's survey found that the substance, a peptide which triggers the production of melanin in the skin, had now also become popular in Cardiff.

One needle exchange worker in the Welsh capital said she was seeing lots of young men "who look like they've been Tangoed" coming into the exchange, while a Middlesbrough drug worker said Melanotan has become fashionable with some mothers and their daughters. She said: "Most of these women are totally naïve about the risks associated with injecting – and they lose any concept of how tanned they look."

■ **Additional research** carried out by Marcus Oste Riberg and Gerard Starkey



Shetland's remote but affluent island communities are facing up to the reality that, unlike the rest of Britain, rising numbers of young people are taking up heroin. Andy McNicoll investigates

# High tide



Three years ago, the 22,000 members of Shetland's close-knit community – who inhabit a string of 15 islands isolated at the apex of the North Sea and North Atlantic, 150 miles north-east of mainland Scotland – faced an uncomfortable truth.

Everyone had heard of heroin users from Glasgow and Edinburgh migrating to the remote Scottish isle. But the death of Megan Chapman, a 17-year-old who grew up in Lerwick, Shetland's main town, was different. With the support of her parents she appeared to have shaken off her year-long battle against heroin addiction. Yet in July 2007, weeks before Megan was due to start a dream job working at a local stables, she died of a heroin overdose at a friend's home.

"I always thought this was a brilliant spot to bring up kids because you can give them much more leeway than if you were down south," Megan's father, Phil, told a reporter at the time. "But I find it very difficult to say that now."

Megan's death stunned the islanders and marked a watershed moment in

their attitudes to drug use. Despite Shetland's prosperity, fuelled by the oil boom in the seventies, and its remoteness from Britain's major cities, heroin has a grip in the community. Drugs could no longer be dismissed as a problem confined to 'south folk' from the mainland.

Figures from Community Alcohol and Drug Services Shetland (CADSS), the isles' main treatment agency, highlight the extent of heroin's penetration. In 2001, CADSS treated a small pocket of heroin users, around three-quarters of whom were incomers from elsewhere. Nine years on, around 70-80 per cent of its heroin-using clients have been born or brought up in Shetland.

Contrary to sensationalist headlines slamming Shetland for having 'Scotland's worst heroin problem', the numbers are relatively low. CADSS now treats around 100 heroin users, a fraction of most urban caseloads. Yet worryingly, while treatment agencies across Britain are witnessing an ageing heroin-using population, Shetland is bucking the

trend. Under-25s now account for around half of CADSS drug treatment clients, compared to a quarter in 2006.

So how and why has heroin gained a foothold in Britain's remotest community, not to mention one where the usual drivers of drug addiction are absent? Homelessness isn't an issue and Shetland has the enviable situation of boasting the highest employment levels in Scotland, along with one of the nation's lowest crime rates.

A key driver of Shetland's expanding heroin trade lies in the isles' affluence. Made rich by its share of the North Sea oil revenues pumped ashore at Sullum Voe oil depot, and its successful fishing industry, Shetland offers a captive and lucrative market for dealers. In the mid-2000s, gangs from Britain's major drug hubs, chiefly Liverpool, got wise to the islanders' spending power and targeted Shetland.

Prior to setting-up CADSS in 2001, Gill Hession, the service manager, spent the majority of her career working for London drug agencies, including the

Hungerford Project. She stresses that CADSS is dealing with similar issues to mainland drug services but recognises that the profile of Shetland's heroin use is unique.

"It's a very different culture of substance misuse. Most don't develop drug problems here because they're unemployed or homeless," Hession tells *Druglink*. "They mostly start using drugs because they can. The community as a whole is quite well off and dealers know that."

Yet the difference with the mainland lies in the fact that heroin is by far and away the most available drug. Coupled with the fact that Shetland's small community means that recreational users, non users and problematic users are more likely to mix, it means people are more likely to come into contact with heroin, particularly when alternatives are in short supply.

"A lot of young folk are taking gear because that's what's available. There are so little soft drugs about, they are going to take the harder stuff," a young heroin user told a study into young people's drug use carried out by CADSS last year.

Many of the triggers for people using drugs on the island echo any other drug-using context. The study found that the majority of young islanders cited 'to be cool' and 'escaping from problems and boredom' as the main reasons underpinning their drug use. "After a while you've played all the games on the computer, it's just something to do", one young heroin user told the research team.

Shetland's remote location limits drug supply, allowing dealers to peddle substances at inflated prices and exploit a 'use whatever's available' drug culture. The most profitable drug is heroin. Smuggled in on ferries, yachts, fishing boats and even through the post, the drug fetches £100 a gram on Shetland, more than double its mainland price.

"Dealers are focusing on heroin purely for the profit margin," says Hession. "They're exploiting the naivety of young adults here. A lot of them haven't grown up knowing anything about heroin, as it was never an issue in Shetland, so there's a real risk that they don't initially appreciate what they're getting into."

The dealers' tactics have transformed Shetland's drug market. In the early 2000s amphetamine and cocaine use was prevalent, particularly among workers in the oil and fishing trades, while cannabis was a popular and available recreational drug. Thankfully, fears that Aberdeen's burgeoning crack cocaine trade would flood Shetland, have never materialised.

Until recent years, the opiate market was never big business in Shetland. Instead it serviced a small group of users, most of who fled to the isles from mainland cities in an attempt to escape their drug using pasts.

According to Hession the availability of most drugs has been curbed in recent years as dealers focus on heroin. While cannabis is apparently scarce on the island at the moment, heroin remains widely available despite Shetland police seizing record amounts of the drug in 2008/09.

Singer-songwriter and journalist Malachy Tallack, grew up on the isles and edits Shetland Life magazine. Tallack recognises that heroin's emergence in Shetland over the last decade and says that the "impression that it's only folk from elsewhere" who use the drug no longer rings true.

## A LOT OF YOUNG FOLK ARE TAKING GEAR BECAUSE THAT'S WHAT'S AVAILABLE. THERE ARE SO LITTLE SOFT DRUGS ABOUT, THEY ARE GOING TO TAKE THE HARDER STUFF

"When I was at school there were pockets of people using cannabis or ecstasy and that sort of thing. Heroin just wasn't around," he tells *Druglink*. "But it's rapidly increased and some young people have started using. In terms of actual numbers it's probably not high but the penetration into the community has been quite dramatic."

Support agencies have been proactive in adapting to Shetland's growing heroin problem. In the wake of Megan Chapman's death in 2007, CADSS introduced specialist drug education to the isles' schools to ensure that pupils are aware of the risks attached to using heroin and other drugs, including alcohol.

Closer ties between drug and alcohol services have also been established as links between heavy drinking and heroin use have emerged. Two years ago Shetland's specialist drug service and alcohol service merged to form CADSS.

"It's only in the last few years that we've seen young folk who are drinking too much, starting to combine their drinking with harder drugs," says Hession. "Now when we ask how someone has made the leap and

started using heroin, they often say that they were drunk. Now, very clearly the community is saying we need to confront our alcohol and drug use culture as one thing, not separate issues."

Strong joint working between Shetland's health, enforcement and specialist agencies underpins its response. Since 2001, CADSS has worked with partners to develop a range of treatment options including substitute prescribing, needle exchange, counselling and aftercare services. The agency's close relationship with social services has been instrumental in getting some heroin-using clients into mainland residential rehab centres, with three-quarters completing programmes first time, a success rate above the UK average.

Shetland Area Command Chief Inspector Dave Bushell acknowledges that the police's strong relationship between police and treatment services, housing agencies and Dogs Against Drugs, a charity that provides sniffer dog support, has been invaluable. "In 24 years policing, I've worked in inner-city London and throughout the North of Scotland. The joint working done in Shetland is the best that I've seen, especially around drugs and alcohol," he tells *Druglink*.

As Shetland's heroin using profile shifts, some challenges facing treatment providers remain constant. Limited public transport, particularly in Shetland's outer reaches, makes outreach work difficult and means some users have trouble reaching the Lerwick-based services. Yet the major barrier remains a lack of anonymity for service users. For some, the fear of being seen even visiting a drug service and 'outed' is a step too far given the stigma attached to being a known drug user in such a close-knit community.

Nevertheless, three years on from Megan Chapman's death, there are signs that a growing recognition of heroin's impact on Shetland's own is shifting islanders' attitudes towards addiction and recovery.

"Shetlanders are naturally very forgiving but in the past someone identified as a drug user would be viewed as one long after they have stopped using," Hession tells *Druglink*. "Now that people realise that users might be a family member or a friend, folk are more willing to give people second chances. That's a big step forward."

■ **Andy McNicoll** is a freelance journalist and was previously DrugScope's Communications Officer



# In the thick of it

A controversial scheme that tackles parental drug abuse by parachuting key workers into family homes is proving successful. But the flagship Labour policy is under threat from dwindling resources. **Sam Hart** reports

After a heavy night of drinking vodka and smoking spliffs, Jen finds it difficult to get the kids up for school. Left to their own devices, her two boys, aged 10 and 12, often spend much of the day with a group of older teenagers, some of who are suspected of drug dealing. Neighbours complain of anti-social behaviour and the youngest has already started smoking cannabis.

Police and education welfare officers have been involved with limited success and the family have now been referred to Brighton and Hove Council's Family Intervention Project – a 'tough love' approach which has been lauded as an effective way of dealing with the most chaotic families.

FIPs were launched in 2006 as part of a flagship Labour policy to tackle anti-social behaviour, prevent cycles of homelessness and help children achieve the *Every Child Matters* outcomes. Reducing the substance misuse of parents and children is a key focus of the programme.

Families are given eight hours of support a week and allocated a key worker to 'project manage' their problems. The workers co-ordinate support services and motivate families to change through a combination of support and sanctions. After an initial assessment, families and key workers draw up a 'contract', identifying realistic goals.

One of the first jobs of a key worker is to help families identify important relationships as sources of support. “For example there might be a family friend who was able come in and get the kids ready for school,” explains Ros McLean, a key worker from Brighton and Hove Council.

Recognition that family members do not operate in isolation is one of the key tenets of the project. “Problems are not individualised and no-one is on their own,” says Mat Thomas the FIP’s operational manager in Brighton. “And people don’t get to make excuses. It’s brilliant, but it’s also very obvious.”

Key workers are hands-on from the start, helping families establish routines, getting them to appointments and referring them to outside agencies such as substance misuse teams, parenting groups or education.

“I wouldn’t just make an appointment for somebody, I’d make sure someone was organised to look after the kids and I’d maybe pick them up and take them myself,” says McLean. “Families seem to really appreciate that kind of practical support.”

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Negative influences are also identified and in Jen’s case, her partner was found to be a significant obstacle on the family’s road to recovery. He was sporadically violent and refused to engage in any attempts to address his own substance misuse. This was severely affecting Jen’s ability to deal with her own problems and so she eventually asked him to leave. She also enrolled on a course of self-esteem classes whilst her boys were referred to young people’s drug services. Her substance misuse is decreasing and she has been referred to counselling.

Nationwide, FIPs have been largely successful and research published by the then Department for Children, Schools and Families in March this year found that there was a 70 per cent reduction in substance misuse among families who had completed a FIP by October 2009 and that families involved in anti-social behaviour had decreased from 89 per cent to 32 per cent.

Thomas believes that the tenacity of key workers is a crucial factor in the FIPs’ success: “The main reason the project is so good is because the key workers are very assertive in their work.”

“These are often families that services have been trying to engage with for years,” says McLean. “I’ve been round to a house 10-12 times, I’ve rung and I’ve texted if they are trying to avoid me.”

Research by the National Institute for Social Research (NISR) in 2008, suggests that families appreciate this kind of approach:

‘[FIP staff would] be there hammering on your door... and they’d come in, they’d say: ‘Right. Have you got the kids up? Are they washed? Have they brushed their teeth? Have they done their hair?’” said one family interviewed by NISR: “By the time they threw all that at you, you’re thinking to yourself, my God, what’s going on here, you know? But they pushed, they do push

you quite hard to get it done.”

But the project has not met with approval from all quarters. *Family Intervention Projects: A Classic Case of Policy-Based Evidence* – a report by the Centre for Crime and Justice Studies earlier this year – stated that there was little hard evidence to support the reported success of the FIPs and that the wrong families are being targeted.

The report’s author, Professor David Gregg said: “At root, the FIP remains enforcement-led and sanctions-oriented, where someone must be blamed and punished for bad behaviour. This ethos justifies forcing very vulnerable families with mental health problems into projects under threat of eviction, loss of benefits and removal of children into care.”

The report also accused FIPs of failing to challenge the true sources of anti-social behaviour:

“The apparent balance of sanctions and ‘tough love’ support has wide appeal for politicians and the uninformed electorate. Unfortunately, in practice, FIPs fail in multiple ways: by targeting the wrong people for the wrong reasons; by targeting false ‘causes of ASB’ while failing to tackle the real underlying causes in those targeted.”

FIP advocates disagree, arguing that it is precisely their ability to get to the root causes that make them so successful.

“Because we are around so much, we can see why people might not be attending appointments, for example,” says McLean. “We can get more of a handle on the underlying issues.”

They also argue that their unique position at the heart of the family means they are able to notice issues that may go undetected by traditional workers.

“If you are a stand alone drug worker, you get to see the client once a week and not in their own home,” says McLean. “You are only getting what they tell you. Because we are around so much we get to notice things that may otherwise have gone unnoticed. For example, there was one young girl who was suffering horrific abuse at the hands of her brother who was a substance misuser. The girl was just getting her head down and doing well at school, so unless we had been working with the family as a whole, that girl’s problems may never have been highlighted.”

And the NISR research highlighted ways in which key workers can support drug and alcohol users come to terms with underlying causes of substance misuse: “One key worker said that after continually talking to a parent about the amount she was drinking, she finally admitted to having a drink problem. Key workers would then refer parents to a specialist support service in order that parents might address this issue. This resulted in parents reducing or stopping drinking and using drugs, and starting to deal with the causes of depression, such as facing up to issues from the past.”

But funding for the projects runs out in March next year and there has been no clear steer from the coalition government as to their future. The only nod to FIPs so far by the coalition government was contained in a leaked memo sent by Education Secretary Michael Gove to civil servants which called for a ban on 30 phrases he disliked. One of them was FIPs.

Ministers have pledged to ‘investigate a new approach to helping families with multiple problems,’ but despite their reported successes, the outlook for FIPs is uncertain.

**Names of family members in this article have been changed.**

■ **Sam Hart** is a freelance journalist

Set up by the Labour government in 2001, the National Treatment Agency will be abolished in 2012. So what does this mean for the drug field? **Baroness Doreen Massey**, Chair of the NTA, maps out the road ahead.

# END OF AN ERA?

In the run up to the summer recess, the parliamentary announcements came thick and fast. The significance of change should not be underestimated, from the radical transformation of commissioning within the NHS to the 'rehabilitation revolution' proposed in criminal justice.

The news that the functions of the National Treatment Agency for Substance Misuse (which I am proud to have chaired since 2001) will be merged into the new Public Health Service in 2012 is amongst the government's first moves on drug policy.

This was not a verdict on drug treatment but the consequence of a Department of Health review of arms length bodies, part of a cross-government drive to reduce the number of quangos. Health ministers saw this as an opportunity to bring drug treatment under a wider public health umbrella that will be directly accountable to them. It provides a platform to work collaboratively on tackling substance misuse beyond illicit drugs, and safeguard ring-fenced funds for public health at national and local level.

Nonetheless, drug treatment is under review, not least from a new drug strategy to be published in December. David Cameron signalled a change of direction towards getting users off drugs for good at a PM Direct session in August. In calling for more residential treatment programmes, he referred to methadone prescribing as "just another form of opium." Meanwhile the Home Office has launched a public consultation on the

themes of the strategy to which many involved in the treatment field will want to contribute.

The NTA has sought to anticipate the direction of travel in our Business Plan for 2010-11, which was signed off by ministers shortly after the announcement that we would join the Public Health Service. Payment by results, a renewed focus on outcomes, reviewing the time users spend on substitutes, and improving access to abstinence-focused treatment, will be key issues for providers and users to engage with in the near future.

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In a more competitive funding context, where drug treatment is part of a wider public health arena, it is a good sign that the coalition has maintained the high profile of treatment. However no-one should be in any doubt that

this government has a different set of expectations from its predecessors.

This means getting more users off drugs and requires more than tinkering with a system that has been good at retaining users safely but less successful at sustaining their recovery from addiction.

The NTA will be leading that change, as a separate organisation until April 2012, and from then on within the new Public Health Service. We want to work with the field, so that together we can shape how the next phase of treatment can build on the gains we have made while delivering the change that is required.

I believe the NTA has overseen a positive transformation of the drug treatment system in England. The fact that drug users who need help can get it, and quickly, from a system that is raising its game all the time, is a shared success we should not take for granted. As the announcement about our future was made, it was very encouraging that a number of leaders in the drug treatment field publicly recognised the considerable achievements of the last few years. For example, Substance Misuse Management in General Practice recently described the UK as having "one of the best treatment systems in the world."

That success is a credit to the sector collectively, but is not assured unless we continue to focus on our common goals and make the case for drug treatment at every level.

# FLUID POLICY

The provision of methadone, if some politicians and newspapers are to be believed, is no better than handing out illegal drugs. Paul Hayes, Chief Executive of the National Treatment Agency, clarifies the changes afoot for the substitute drug.

Most people who come into treatment for drug addiction want to get off drugs. For many, achieving that goal will take time. Many will take several attempts before they get there. Some will need a period of stabilisation in treatment before reaching their goal.

In England, 210,000 adults are currently in treatment. Of those, 147,000 receive prescribing treatment for heroin addiction. Each year, around 25,000 leave the system having successfully completed their treatment. We also know that of the 15,000 who drop out, many do not come back to treatment or enter the criminal justice system, and our expectation is that they are successfully getting on with their lives.

25,000 people completing treatment successfully each year is a huge improvement from the situation ten years ago, and every one represents an individual's journey from the moment they decided to get themselves sorted out.

But we have to ask ourselves: is 25,000 people recovering from drug addiction every year the most we can hope for? My strong view is that we can, and should, aim higher: staff, providers, partnerships, the NTA and users themselves.

The suggestion that methadone prescribing should not be open ended, contained in the NTA's Business Plan for the year ahead, has sparked an important debate in the drug treatment field. For too long that debate has been dominated by opponents of methadone and I am not about to join its critics.

Methadone has helped thousands to gain control over chaos, given their families and loved ones stability and given communities a respite from the harms of untreated drug addiction. It has the strongest evidence for its benefits and is recommended by the National Institute for Health and Clinical Excellence as the front-line treatment for opiate dependency. It will remain a core part of treating addiction, available to all those who need it for as long as they need it.

But how many need long-term stabilisation, and how often is their progress reviewed? Too many people in treatment find themselves unquestioningly maintained for a long time on opiate substitutes. It should be clear to the majority at the outset of their treatment that substitute prescribing is planned to be a time-limited intervention that stabilises them as part of a process of recovery, not an end in itself.

This approach has already been introduced into prisons in England. Revised guidance published earlier this year makes clear that prisoners sentenced to more than six months should be expected to work towards becoming drug-free. Reviews should be held every three months to consider alternative options for treatment.

Despite the reaction from some commentators in the media and within the drug field, the NTA is not proposing crude, arbitrary time limits set at national level. This is a far cry from the

short-lived New York experiment of 1998, when then Mayor Rudolph Giuliani required clinics to terminate their use of methadone within 90 days. We have always argued on the basis of the evidence and continue to do so. The NTA will set up an expert group to explore how to make the treatment system more dynamic and to stop users being allowed to drift into long-term maintenance.

THIS IS A FAR CRY FROM THE SHORT-LIVED NEW YORK EXPERIMENT OF 1998, WHEN THEN MAYOR RUDOLPH GIULIANI REQUIRED CLINICS TO TERMINATE THEIR USE OF METHADONE WITHIN 90 DAYS

There is a clear expectation from the government that users should get off drugs for good. It wants the drug treatment system to be rehabilitative, and providers to encourage users to take ownership of their own future, to achieve independence and recovery from addiction.

Improving the quality of psychosocial interventions, supported by effective reintegration into work and social stability, is the key to an integrated, evidence-based, outcomes-orientated drug treatment system. Treatment needs to be tailored to progressing each individual's journey, rather than providing a 'one size fits all' solution.

The sector is being presented with a call for radical change from a government which recognises what has been achieved for users and communities and is challenging us to go to the next level. The future success of drug treatment depends on how intelligently and quickly the sector can respond.

# NEWS VALUES

What messages do young people get from media reporting on illegal drugs? Does it make them attracted to drugs, fear them, or just confused? A ground breaking Australian study has come up with some answers. By **Caitlin Hughes, Kari Lancaster, Francis Mathew-Simmons and Paul Dillon**

Young people's attitude to drugs is often associated with factors such as family upbringing, socio-economic status, the influence of peers and whether or not someone has a propensity to addiction. Meanwhile, the impact of the innocuous and ever present news media is somewhat down played.

In 2001 the editors of the respected journal, *Addiction*, identified the media as a "new battleground" for the drug and alcohol sector. Evidence from numerous fields has found that the media has the power to sway public opinion and affect individual perceptions of risks and norms. Research has also shown that young people are using a variety of multimedia sources for news and current affairs, such as newspapers, magazines, the TV, the internet and mobile phones. They are becoming more selective media consumers – but remain exposed to high levels of news reporting.

Given high levels of media exposure, the pervasiveness of messages around illicit drugs and the fact that young adulthood is the time at which people are most susceptible to taking up drug use, we need to know what the impact

of news media reporting is on young people's attitudes to illicit drugs? Can news media make them more likely to use drugs? Conversely, can it discourage them from trying drugs? And do the effects depend on prior drug experience or knowledge?

Yet, almost ten years on from *Addiction's* declaration, knowledge remains scant as to what extent and in what way the media affects young people's attitudes towards, or demand for, drugs. That is why the National Drug And Alcohol Research Centre, based at the University of New South Wales undertook to explore this area by conducting a national survey to investigate how the media can influence young people's attitudes to illicit substances.

To begin to answer these questions we mimicked the experimental approaches used to determine the impacts of media messages on smoking, and devising an online survey that depicted newspaper clips of the two most commonly used illicit drugs in Australia: cannabis and ecstasy.

For each drug we selected a cross-

section of media messages or portrayals of the likely consequences of using each drug. For cannabis this included portrayals of a mental health problem (psychosis), social problem (educational failure), legal problem (getting arrested) and a portrayal of the acceptability of use (a celebrity behaving badly).

A series of questions were then devised to assess impacts on attitudes to drugs: perceptions of the risks of using illicit drugs, the acceptability of drug use and the likelihood of future use. The survey was launched in early 2010 and with the help of many young people and government agencies, online forums and even the assistance of the Australian media, a total of 2,296 young people aged 16-24 took part. The study, published later this month (September), also analysed 42,000 references to drugs in 11 Australian newspapers over six years.

So what were the key findings? We discovered young people's attitudes to drugs *were* influenced by news media. Particular groups of young people were more influenced than others, namely females and non-users. But attitudes of the general population of 16-24 year olds were also highly affected – more so than previous studies have shown around the media and smoking.

We found the media could both increase or decrease intentions to use illicit drugs. The type of effect was based on the explicit or implied message about drugs: portrayals that endorsed acceptability of drugs (such as celebrities behaving badly) or low risk (such as ecstasy is safer than binge drinking) increased intentions of using illicit drugs. Conversely, portrayals that suggested potential problems from drug use (such as being arrested or having mental health problems) reduced stated intentions to use.

But perhaps the most interesting finding was that portrayals depicting health and social problems were more effective at reducing intentions to use than those depicting problems with the law.

Even recent users who tended to be much less affected by media portrayals were in some cases also affected by portrayals of health and social problems. This was because the health and social messages were more persuasive – young people perceived health and social problems as both the more probable and the more severe risk of illicit drug use. While for many users the probability of overdose was known to be low, the risks were high enough that they could not be completely discounted.

The same could not be said about the risk of arrest: "They're like '80 people

were arrested on drugs charges' and young people are like, 'it's ridiculous, I'll take that risk (cos) there are so many people that are taking drugs.' Yet in Australia, health and social problem messages (such as messages of marginalisation or damage to educational or employment prospects) made up the smallest proportion of news media messages on drugs.

Focus groups with 52 young people provided more insight into how and why media has an impact. They were highly aware that most media messages may not represent the truth. Yet in spite of that, they were still aware that it affects them and their peers.

## PORTRAYALS DEPICTING HEALTH AND SOCIAL PROBLEMS WERE MORE EFFECTIVE AT REDUCING INTENTIONS TO USE THAN THOSE DEPICTING PROBLEMS WITH THE LAW

Media influences were shaped by a number of factors including message construction. That is, to what extent messages were deemed believable and meaningful to young people. Messages that fit their perceptions could be accepted and shape decisions to use or not use illicit drugs, and to use or not use in harmful ways. But, as shown by two young people, some messages that over-inflated risks were rejected outright: "That's just propaganda", "Cannabis doesn't kill people. It's not lethal, so that's a straight out lie."

Other stories were rejected, or interpreted in different ways, because they did not accord with their direct or indirect knowledge about drugs. An article about an ecstasy overdose provided an example of this. The article mentioned the victim died after consuming three ecstasy pills. For many this was sad and a convincing argument about the dangers of ecstasy use. But youth with greater knowledge about drugs actively rejected the message that 'ecstasy inevitably leads to overdose'. One interviewee said: "I don't think this makes people go 'I'm going to die after a small amount of ecstasy', or like, 'ecstasy is going to kill me full stop'. I think it goes, 'a lot of ecstasy at once is going to kill you'."

Much more research is needed to examine the impacts of media on youth



Hold the front page: Stories depicting health and social problems warned young people off drug use more than stories depicting problems with the law

attitudes and youth demand for drugs. This study needs to be replicated in other nations, such as the UK. We also need further studies that examine impacts of other news media, drug types and media portrayals. A big unknown remains about how other styles of media, particularly entertainment media, impact on youth attitudes and demand.

Yet even based on this initial research there are a number of policy implications. There is a need to recognise that the seemingly innocuous news media is one of the many factors that affects demand for drugs. And given we've shown most messages reduce pro-drug attitudes, news media should be embraced by governments, research centres and non-government agencies as a tool to aid future prevention efforts. We suggest that increasing investment in advocacy and public relations capabilities and more strategic messaging on short and long term harms is likely to pay dividends, because as

summed up by one young Australian: "Media is probably one of the few ways that prevention messages can keep being pushed."

**This work has arisen from the forthcoming report: Hughes, C., Spicer, B., Lancaster, K., Matthew-Simmons, F. And Dillon, P. (forthcoming) Media reporting on illicit drugs in Australia: Trends and impacts on youth attitudes to illicit drug use, DPMP Monograph Series: Sydney: NDARC. The project was funded by the Commonwealth Department of Health and Ageing, under the National Psychostimulant Initiative.**

■ Caitlin Hughes, Kari Lancaster, Bridget Spicer, Francis Mathew-Simmons are from the Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales and Paul Dillon is from the Drug and Alcohol Research and Training Australia, Sydney.

# You getting personal?

In the current climate of political austerity, the personalisation agenda needs to be handled with care.

By Sara McGrail.

You'd have to have been living as a hermit on South Uist or paddling up the Amazon in a coracle to have missed the fact that personalisation has been big news for some time now, promising to radically shift the relationship between the service user and the services used.

For some in the drugs field, personalisation has become about developing individual budgets – a way of cutting up the pie that ensures resources are allocated according to need and directly managed by the individual or their representative. For others, personalisation has come to mean developing more effective mechanisms for care management, placing a client-directed care plan at the centre of the treatment experience.

For many the most critical aspect of personalisation is about moving away from one-size-fits-all and the restricted menu of options that have in many areas become the backbone of our modern treatment systems. In this, the personalisation agenda has become aligned with the recovery agenda in a way that enhances both.

Critical to the working of both a more recovery-oriented and a personalised treatment system is the creation of opportunities for service users to access a much wider range of specialist and mainstream interventions. Both also require a significant shift in our culture away from 'we know best' (whether that 'we' is the NTA, the local commissioner, a clinician or a drugs worker) to instead

place the service user in the driving seat of their own treatment experience

You have to go a long way to find people critical of the personalisation agenda. In some quarters, to question personalisation and the application of individual budgets or direct payments is akin to a form of blasphemy. Across the country, the personalisation approach has been credited with delivering some real improvements in people's quality of life. However, difficult issues are beginning to emerge, chiefly around the inherent tensions of an approach that marries the social rights perspective of the disability movement to the modernisation and market consumer perspectives of successive governments. For some, personalisation is simply piecemeal privatisation by the back door.

So should we accept this approach as the best and most appropriate way to organize service delivery in this new time of austerity in public funding?

In his commentary on personalisation across the social care sector, Iain Fergusson, Senior Lecturer in Social Work at Stirling University, has suggested the way ahead may not be plain sailing. "We have often been seduced by very progressive language," says Fergusson, "and I think we have to be a little bit careful about the different agendas which are involved in personalization."

Through the work of people like Charles Leadbetter at Demos, personalisation has become closely associated with new ways of arranging

and managing local government. Its successful implementation not only requires a shift in the culture of service delivery, but also a belief in the ability of the market to provide choice, and assure quality. People will choose the best and most appropriate services, it is argued, and as investment shifts, poor quality services will close. Choice requires a plural market – one that offers a genuine range of providers and interventions. However, as the cuts in the public sector bite, it's likely that some, particularly smaller, voluntary sector providers, will become financially unviable, way before the market, and consumer choice, is able to arbitrate on their service offerings.

As the Equality and Human Rights Commission (EHRC), in their 2009 report "From Safety Net to Springboard" observed: "The business models of many service providers are based on the certainty provided by block-purchasing by local authorities, often through long-term contracts. Without such certainty, some providers may not survive, leaving individuals with few if any options to choose from."

Reducing budgets may not simply restrict choice, but could also make it more likely that decisions about service provision will be based on cost – rather than value for money.

For people with complex – and expensive – needs, the difficulties of managing care from a limited and economically strangled field of provision may prove very challenging indeed.

Some commentators have suggested that during the current period of economic austerity, far from enabling people to enhance their experience of treatment, personalisation and individual budgets may simply provide a way for commissioners to require people to cut their own services.

## PERSONALISATION DURING AN ERA OF REDUCTIONS IN PUBLIC SPENDING MAY BECOME A DANGEROUS BEAST

There are further challenges. The tendency in some areas has been for the brokerage role – that of enabling people to spend their budgets – to become the main work of professionals. This leaves them as little more than resource managers, rather than care managers. For the most stable, articulate and creative service users this may be of little concern. However for those who struggle to manage their own recovery, or who are simply bewildered by a range of providers and services, this could cause real problems. Without significant investment in advocacy, any shift to personal budgets would simply widen health inequalities.

The coalition government commitment to personalisation is clear. Not only through its decision not to cut back on development money for local authorities for this area of work, but also through its promotion of solution to some of our most intractable and expensive social problems, the ‘Big Society’.

Mike Freer – whose leadership of Barnet Council led to it being dubbed the EasyCouncil – following his widely publicised comparison of public service provision to running a budget airline – has proposed that personalisation is fundamental to the idea of a no frills council, with its cut down, top-up-yourself services. He said: “We need to develop more personalised services, potentially with a greater intensity for those who need it – but with an end date.”

For personalisation to deliver on its promises to those who use drugs services, we in the drugs field need to be careful to ensure that some key



safeguards are not forgotten. We must ensure that service users are not forced into systems of care they do not want or understand and that those who do not wish to – or who cannot manage their own budgets – do not suffer because of this. We must support our smaller voluntary sector providers, and lobby for additional support for them.

Commissioners must renew their commitment to funding effective advocacy services and government must be reminded of the necessity of a strong user informed voice in decision making. We should learn the lessons from our own pilots – and those in other sectors – and not simply be seduced by the progressive language.

Quality must not simply be left to the market. It remains the commissioners job to decommission bad services and support good ones. The inspectorates

must be given the resources to do their jobs properly. Perhaps most importantly of all, we need to ensure that the different agendas of government, service users, commissioners and services all align around a model of working which focuses meaningfully on individually defined outcomes.

Personalisation during an era of reductions in public spending may become a dangerous beast. Without losing our commitment to improving user control of service provision, we should be cautious about establishing mechanisms for funding and commissioning which could reduce quality and choice and leave users less in control of their own care, and simply more in control of their own rationing.

■ **Sara McGrail** is a freelance consultant working in the drugs field



# DREAM-DUST FROM MARS

Psychoactive substances have a long history in science fiction. **Marcus Roberts** takes us on a journey through space and time to sample the likes of marak, LSD-Gas, the pan-Galactic Gargle Blaster, Nuke, soma and Can-D.



Out of this world: books such as Robert A. Heinlein's *The Puppet Masters* and (overleaf) by sci-fi hero Philip K. Dick and short story magazines such as *Thrilling Wonder* treated generations to some spaced-out escapism



A husband and wife are lighthouse keepers on a lonely asteroid between Earth and Mars. The husband has become addicted to marak, a euphoric drug that keeps him in a constant state of good nature and wellbeing. This makes meaningful conversation between him and his wife impossible, since he is so agreeable that all discussions trail off immediately, and she is growing irritable for lack of stimulating company. Husband therefore decides secretly to give his wife addictive dose of drug.

This is the plot synopsis for a short story called *The Addicts* that appeared in *Galaxy* science fiction magazine in 1952. It is one of nearly 70 synopses in *Drug Themes in Science Fiction*, a detailed briefing produced by sci-fi writer Robert Silverberg for the largest drug research body in the US, the National Institute on Drug Abuse (NIDA), in 1974.

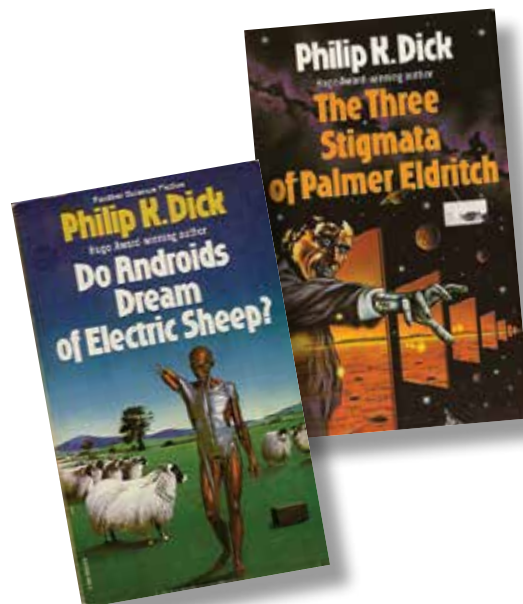
It is picked more or less at random, and is not especially bizarre. However, sticking with the role of drugs in relationship

management, a few pages earlier in Silverberg's document you will find the following synopsis of a novel by Robert Heinlein called *The Puppet Masters* (1951):

The Earth has been invaded by slug-like parasitic beings that attach themselves to men's backs and dominate their minds and bodies. The protagonists, Sam and Mary, are members of a secret security agency fighting the invaders. In the middle of the struggle they decide to get married; but because they can only spare 24 hours for their honeymoon, they inject themselves with tempus, a drug analogous to speed, which stretches subjective time for them so that they feel they are experiencing a month long honeymoon.

Even going as far back as 1938, Manly Wade Wellman's short story, *Dream-dust from Mars*, published in the journal, *Thrilling Wonder Stories*, sounds well worth a flick-through:

The spores of a Martian lichen are an agreeable stimulant to Martians of the 28th century but throw earthmen into deep trances in which they experience prolonged ecstatic dreams. The dream-dust becomes immensely popular on Earth and is outlawed when everyone seems headed for the oblivion it provides.



What is striking is the variety of drugs that have been imagined by sci-fi writers. In *The Final Programme*, Michael Moorcock invents an LSD-Gas that is used for home security (it muddles the minds of burglars) and in *Stoned Counsel*, HH Hollis gives hallucinogenic drugs a role within the legal process (lawyers are required to take them to enter into a kind of direct association with the evidence). Kurt Vonnegut, in *Welcome to the Monkey House*, earns a special mention for a contraceptive pill which does not interfere with reproduction, but simply makes people numb from the waist down (it's compulsory to take it three times a day as the world's population has hit 17 billion).

Sci-fi did not finish with drug themes in 1974. In cinema, *Robocop 2* saw 'Nuke', a powerful, synthetic, blood-red liquid which is injected for a cocaine type high. A synopsis of an episode from the US space station series *Babylon 5*, reads: 'Begins after Nann ambassador G'kar uses the drug 'Dust' to telepathically assault Ambassador Mollari, Psi Cop Bester is sent to Babylon 5 to find the dealer' (words courtesy of 'The 10 greatest mind-altering drugs and drinks in science fiction' reproduced on the *Topless Robot* website). And then there is the alcopop to end alcopops, the pan-Galactic Gargle Blaster from Douglas Adam's *Hitchhikers Guide to the Galaxy*.

The work continues: one of the most innovative US novels of the 1990s, David Foster Wallace's *Infinite Jest*, explores addiction and 'the hollowness of contemporary American pleasure'. It is loosely held together by 'the search for the master copy of *Infinite Jest*, a movie said to be so dangerously entertaining its viewers become entranced and expire in a state of catatonic bliss'.

*Infinite Jest* is in a tradition of books and movies that consider mind-alteration in dystopian settings. Others include Aldous Huxley's *Brave New World*, Anthony Burgess's *A Clockwork Orange*, and some of the work of Philip K Dick, best known for *Do Androids Dream of Electric Sheep?*, on which the 1982 film *Bladerunner* was based.

In Philip K Dick's *The three stigmata of Palmer Eldritch*, people living on inhospitable planets use a drug called Can-D to escape the tedium of their day-to-day existence. Can-D is used in combination with 'layouts' – miniaturised worlds (a little bit like dolls houses or Subbuteo) offering something like the American Dream and which users can inhabit collectively by taking the drug (assuming the personas of miniaturised characters such as 'Perky Pat'). A new drug called Chew-Z promises a more permanent form of escape to an alternative

reality under the control of the shadowy Eldritch.

Another writer well known, like Philip K Dick, for his own drug use is William Burroughs, whose work includes dystopian visions of drugs as instruments of control. In *Nova Express*, first published in 1966, the emerging hippy drug culture is acidly (pun noted) derided for offering 'love, love, love in slop buckets'. Burroughs here portrays drug culture not as counter-cultural, but as an instrument of shadowy 'Nova Criminals', working behind the scenes to control and destroy the planet. 'It will fall apart before you can get out of the Big Store', Inspector J Lee of the Nova Police warns. 'Flush their drug kicks down the drain ... All that they offer is a screen to cover retreat from the colony that they have so disgracefully mismanaged ... souls rotten from their orgasm drugs ... prisoners of the earth come out. With your help we can occupy The Reality Studio and retake their universe of Fear Death and Monopoly'. Inspector Lee's was a discordant voice in a year that saw the release of Lovin' Spoonful's 'Summer in the City' and the Mamas and Papas 'California dreaming'.

On the other side of the Iron Curtain, in *Prisoners of Power*, a 1969 work by the Soviet sci-fi writers, Arkady and Boris Strugatsky, the protagonist – Maxim Kammerer – is stranded on a planet where 'The Unknown Fathers' use broadcasts from radio towers to control the population, suppressing the evaluation of information and relieving the mental tension caused by the gap between propaganda and reality. It is people who are not susceptible to this form of intoxication who are outcasts, branded as degenerates or 'degens' and hunted down by the state. (The *Topless Robot* website observes that in sci fi 'sometimes the dealers are young kids or members of resistance movements, but most of the time it's the suits in seats of power manufacturing the goods').

Sometimes the use of drugs for state purposes is more direct and open. In *Barefoot in the Head* (1970), Brian Aldiss imagines that Kuwait has bombed Europe with psychedelic weapons – the affects prove irreversible, order and reason collapse and there is permanent insanity. At the risk of sounding like I've suffered contamination through close exposure to internet conspiracy theory, this could prove chillingly prescient as new approaches to conflict and interrogation emerge in the context of 'terror' and the 'war on terror'.

In his paper, Robert Silverberg notes that more positive visions of the potential of mind-altering drugs were emerging in sci-fi in the early 1970s. A tantalising one-line curtain twitcher to Robert Silverman's own story *Downward to Earth*



reads 'protagonist, expiating old guilts, goes among elephant beings and eventually is admitted into ecstatic communion with them through use of the drug'. And a characteristically sixties take on the visionary potential of hallucinogenics is provided in Frank Herbert's *The Santaroga Barrier*, where the drug 'Jaspers' fosters 'a sense of community through its ability to allow takers to perceive the ultimate relationship linking all aspects of the universe'.

Silverberg draws out some wider issues and themes. He argues that the interest in both science fiction and experimental drug use among young people in the 1960s and 1970s was a product of 'a period of social upheaval', including the death of President John F Kennedy and the escalation of the Vietnamese War. In these circumstances, he argued, 'conventional modes of behaviour lose their appeal, and fascination with the bizarre, the alien, the unfamiliar, the strange, with all sorts of stimulation that provide escape from the realities of the moment, increases at a greater rate'.

Silverberg identifies two broad approaches to drug use in science fiction, one 'cautionary', and the other 'visionary and utopian', and traces a shift from the former to the latter in the mid-sixties to mid-seventies. Reflecting on the earlier development of science fiction, he discerns 'a strong ... bias in favour of capitalism, the work ethic, Puritan sexual morality, and other pillars of western industrial society'. In these stories, he notes, the 'prototypes for the imaginary drugs ... are alcohol and heroin – drugs which blur the mind and lower consciousness', adding that the early authors themselves 'typically had no experience with drugs other than alcohol'. More recently, he identifies an increase in 'visionary and utopian' themes (including in his own work), with a greater focus on 'such newly popular drugs as LSD, marijuana and mescaline', by authors who had often 'sampled' them.

The hallucinogenics tend to figure in the more positive stories. In retrospect, this is itself a reflection of the times. A lot of more recent science fiction tends to a more negative portrayal. In William Gibson's *Necromancer* (1984), which helped to launch the cyberpunk movement, the central character – Case – is addicted to stimulant drugs, marginalised and suicidal. Hallucinogenic drugs figure in China Mieville's *Perdido Street Station* (2000), but less in their 'turn on, tune in, drop out' mode, and more as foodstuff for giant malevolent insects. The drug 'dreamshit' is fed to a caterpillar 'stimulating its metamorphosis into an incredibly dangerous, hypnotic and monstrously large butterfly-like insect ... that feeds off the dreams of sentient beings, leaving them as catatonic vegetables' (description courtesy of Wikipedia).

Some key works elude the 'cautionary'/visionary dichotomy as set up by Silverman. In particular, he observes that Huxley's *Brave New World* portrays 'soma' as 'an opiate, a mind-luller, and instrument of repression', not from the standpoint of 'work-oriented puritan morality', but 'a classic liberal-humanitarian distrust of technology'. Similarly, the work of William Burroughs or Philip K Dick – or for that matter David Foster Wallace's *Infinite Jest* – take a 'cautionary' view that is highly critical of western industrial society. The themes of these

books bring to mind another best-seller from the mid-sixties, Herbert Marcuse's classic – if dated – work of popular political theory, *One-Dimensional Man* (1964).

Consider, for example, Marcuse's discussion of 'false needs': 'their satisfaction might be most gratifying to the individual, but this happiness is not a condition which has to be maintained and protected if it serves to arrest the development of the ability (his own and others) to recognise the disease as a whole and grasp the chances of curing the disease. The result is euphoria in unhappiness.' Euphoria in unhappiness would be an apt description for drug experiences in some of the more dystopian science fiction novels of that period.

At its best, science fiction can encourage us to look at 'drugs' in radically different, 'mind-expanding' ways. By viewing 'drugs' as a form of technology, we can envisage new and different forms of drug experience, function, cultural meaning and control. And these stories suggest a range of functions that drugs might serve, which do not always fit neatly into familiar divisions between legal and illegal, therapeutic and recreational, benevolent and destructive.

There seems to be a sci-fi drugs synopsis available for every occasion, so here is one for nearing the completion of an article, about a short story *The literary corkscrew* by David Keller, published in *Wonder Stories* (1934):

**Satiric story. A professional writer discovers he can write only when in physical pain, and requires his wife to drive a corkscrew into his back to get him started. But the pain of the corkscrew is impossible to sustain for long, and they seek medical help. The doctor they consult discovers that it isn't the pain itself but rather certain hormones secreted as a response to the pain that encourages literary production, and synthesizes a drug that makes writing easier. Doctor takes his own drug and writes a best seller.**

You couldn't make it up ... or could you?

■ **Marcus Roberts** is Director of Policy and Membership at DrugScope

**This article has borrowed from Robert Silverman's 'Drug Themes in Science Fiction' published by the US National Institute on Drug Abuse in 1974. This document is available online at <http://www.eric.ed.gov/PDFS/ED112299.pdf> The Topless Robot website ('Nerd news, humor and self-loathing') is at <http://www.toplessrobot.com/>**

# Role model

When we were invited to review this resource, a CD-Rom and book, we decided to do it as a whole school and to involve pupils as much as possible. We also decided not to fast-track it, but to use it when we came to this part of our PSHE programme in our long-term plan.

## Reviews

### BBC ACTIVE: DRUG EDUCATION: PSHE AGE 9 – 11

Lesley Michele de Meza  
& Stephen de Silva  
CD rom:  
ISBN  
978-1-4066-4145-5  
Teacher's book:  
ISBN  
978-1-4066-4148-6  
BBC/Pearson Education:  
£ 99.99

We thought that this was a really helpful pack, with the printable sheets providing a balanced mix of practical activities with interesting facts. The information was age appropriate for both year five and six pupils and this was shown by the high level of pupils' retention of facts and understanding in class. There was no need to radically alter the lesson content.

The lessons themselves were graphically well-presented, logically sequenced, understandable and included excellent practical ideas for the classes. This greatly assisted our planning of individual lessons and the wider programme. The students listened attentively to the facts – and were surprised by some of them. They really enjoyed doing the role plays and demonstrated that they understood the workings of persuasion and peer pressure as a result.

We asked children what they thought about the PSHE drug education lessons and their comments included:

**K, year five boy:** "I learnt that if you take drugs you can get addicted to them. Drinking tea and having a shower doesn't make your liver break the alcohol down faster."

**D, year six boy:** "Taking drugs ruins your life because cigarettes become a habit and if you keep drinking you can die because your liver can't handle it. I liked acting the Robbo part because it helped me know what to do if someone was trying to peer pressure me."

**S, year five girl:** "It was good discussing this topic with the whole class. No one was being silly and everyone was listening because it was talking about your future. It's quite serious. And even if friends or family do it (drugs), you don't have to do it – you can just walk away."

**S, year five boy:** "I now know that drugs are harmful and can kill me. Even if my mates try to get me to try them I won't. It was good because the facts made us change our minds and I think they (drugs) are really bad now."

**D, year five girl:** "I liked it. When I'm older, if someone tries to persuade me to take drugs I know what to say and not care because they're not friends. I liked doing the acting ('Robbo' & 'Beefy' role play) and it would be good to see what the drugs do to the brain and bring them in."

## DRINKING TEA AND HAVING A SHOWER DOESN'T MAKE YOUR LIVER BREAK THE ALCOHOL DOWN FASTER

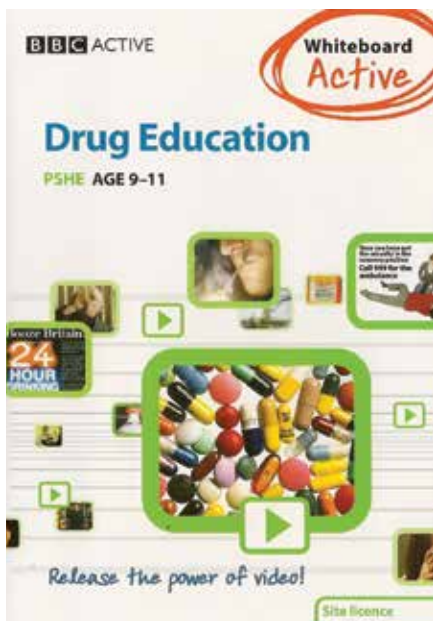
It is interesting to see the emphasis in these comments on alcohol and tobacco. We do realise that some of these attitudes and intentions may change as children go through adolescence, but we did notice both the involvement of the children and the views they developed from the programme.

Use of these lessons brought about an improvement in the children's knowledge. As ever with work on behaviours and attitudes, we learnt more about children's own situations and lives, reinforcing some of the practices and procedures we try to have in place at our school to respond to individual and family needs where we become aware of them.

There is no doubt in our minds that programmes which look at substance use are an important part of school life and that this issue should not be side-stepped or passed on to others. It is also – but not only – a school concern and responsibility.

This resource definitely provides all the key information that we feel needs to be discussed and taught at this age, and supports the National Curriculum Science and PSHE requirements and recommendations. We would not hesitate to recommend that other schools buy this resource.

■ **Sarah Gray**, year five teacher and Faye Worthy, PSHE & Healthy School Co-ordinator, Chisenhale Primary School, Tower Hamlets.



# The muscle marvel

The author, Dr Ameisen, is a cardiologist who has worked in prestigious hospitals in New York and Paris, and received a French honour, the Legion d'Honneur, for his early medical work. In this autobiographical account, he describes his tendency since boyhood to severe anxiety, which by and by he learnt to manage by drinking alcohol. This is a common route to addiction to alcohol that I have heard many times in my years of working in an alcohol treatment service.

He gives a moving account of one man's struggle with addiction to alcohol, to the point where he was humiliated to be brought into the very hospital where he himself was a senior teacher, suffering the degradations of an alcoholic bout and alcohol-related seizures.

He had sought treatment from several specialists, several residential clinics, and succeeded in recognising many of the wise principles of Alcoholics Anonymous. But his relapses, of increasing severity, kept occurring.

As a physician, he knew how to access and understand relevant scientific developments both in animal laboratories and university clinics exploring the brain chemistry of alcohol dependence, and eventually hit upon some newly emerging work suggesting a compound called baclofen might reduce craving for alcohol and modulate the brain cell triggers which can cause alcoholic relapse. Baclofen has been used widely for many years to treat muscle spasm.

After treating himself with baclofen, Dr Ameisen experienced what he was to describe in a medical journal as "complete and prolonged suppression of symptoms and consequences of alcohol dependence". He describes the changes that alcoholics feel once they begin to recover and no longer crave alcohol. He gives a readable summary

## Reviews

### THE END OF MY ADDICTION: HOW ONE MAN CURED HIMSELF OF ALCOHOLISM?

Dr Olivier Ameisen  
Little Brown Book  
Group, 2010  
Paperback, 352 pages  
ISBN-10: 0749942207  
ISBN-13:  
978-0749942205

■ **Jonathan Chick**, Honorary Professor, Health Sciences, Queen Margaret University, Edinburgh and Consultant Psychiatrist

in this book of how baclofen modifies some nerve cells.

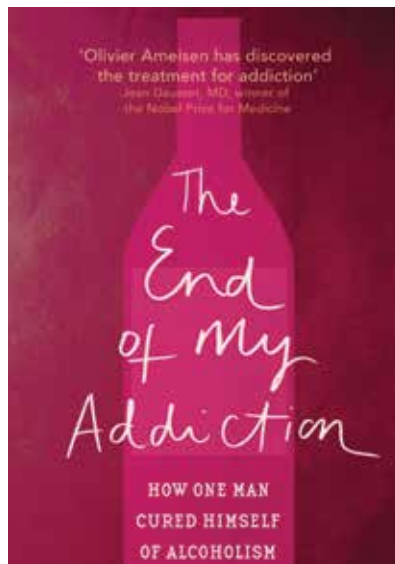
Baclofen is a medication without a patent, and is thus already widely available and inexpensive. This may be one reason why no pharmaceutical company has come forward to investigate Dr Ameisen's particular hypothesis, which is as follows: that while small doses of baclofen might have some benefit in alcoholism, it is only large doses, above the current recommended doses, that might result in the 'switch' he describes to 'complete and prolonged suppression' of the alcohol dependence syndrome. He points out that these large doses have been given by some neurologists to patients with severely spastic limbs for many years.

DR AMEISEN EXPERIENCED WHAT HE WAS TO DESCRIBE IN A MEDICAL JOURNAL AS "COMPLETE AND PROLONGED SUPPRESSION OF SYMPTOMS AND CONSEQUENCES OF ALCOHOL-DEPENDENCE"

This book does not claim to be the definitive, complete review of the safety and efficacy of baclofen. It does not claim to meet the standards

of a review paper in a modern scientific journal, with all the caveats and cautions that such reviews now must include. On the other hand, he manages to make the science very readable for the non-specialist.

Researchers wishing to investigate the importance of the higher dose regimen, and the ethics committees reviewing their proposals, will have to balance the risks of possible unwanted and perhaps unknown effects of high doses against the advantages of gaining more knowledge, and perhaps establishing a much needed treatment for this potentially devastating condition with full research credentials.



# 36 factsheet

## Naphyrone



### What is it?

Naphyrone (naphthylpyrovalerone) is a white crystalline powder often sold under the brand name NRG-1 / Energy-1. It is a stimulant drug which has a close structural resemblance to the cathinones (for example, mephedrone and methylenedioxypropylvalerone or MDPV).

Pyrovalerone, a Class C drug to which naphyrone is related, used to be prescribed in the UK to treat lethargy and fatigue, but its use was discontinued after concerns over the potential for misuse. Naphyrone is consumed either by sniffing or 'bombing' (swallowing the drug in a cigarette paper).

The drug has been sold variously as 'plant food' or 'pond cleaner' as a way of hiding its use as a psychoactive drug to circumvent medicines and consumer legislation. NRG1, which may or may not have contained naphyrone, retailed online at around £12 – £15 per gram prior to the drug's classification.

### Legal status

Despite the generic definition used to bring mephedrone and related cathinones under the control of the Misuse of Drugs Act in April 2010, naphyrone remained outside the scope of the legislation. Recognising that vendors previously selling mephedrone had either switched or were claiming to have switched to selling naphyrone, the Advisory Council on the Misuse of Drugs (ACMD) made a recommendation on 16 July 2010 that naphyrone should be classified as a Class B drug. On 23 July, legislation was passed in Parliament to that effect. As a Class B drug, maximum penalties for possession are 5 years imprisonment plus a fine and for supply are 14 years imprisonment and a fine.

### Prevalence

We do not know how many people are using naphyrone but internet searches for the drug did appear to rise following the classification of mephedrone and the cathinones in April.

Another complicating factor in understanding the scale of naphyrone use is that, prior to naphyrone's classification in July, vendors were passing off surplus, pre-ban stock of the classified cathinones as 'new' and 'legal' naphyrone. Before July, many of the samples of the supposed 'legal high' NRG1 tested by forensics experts were in fact revealed to be illegal drugs such as mephedrone or MDPV.

### Effects/risks

Although toxicity or safety data is scarce, the ACMD described naphyrone in its report to government as having "high potency by comparison with previous cathinones or MDMA", suggesting that its use was therefore "likely to be associated with a higher risk of accidental overdose." The ACMD report that a dose of 25mg is all that is needed for users to feel an effect; with such a tiny quantity, it would be difficult for a user to measure the drug out with any degree of accuracy.

Potency aside, the physical and mental health risks of using naphyrone are broadly comparable to those of the cathinones i.e. strain on the heart and cardiac system, hyperthermia, risk of psychosis or anxiety and the potential for dependence to develop. In extreme cases, amphetamine-like drugs can kill due to cardiovascular collapse.

In the long term, it appears as though naphyrone does have a dependency potential.

**Ruth Goldsmith**  
Communications  
Manager  
DrugScope

# drugworld DIARIES

## JOAN SMITH

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Drug arrest referral worker

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Drug Intervention Programme (DIP)

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West Midlands Police

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I see people in custody every day who have turned to alcohol after or during drug treatment. It becomes an alternative and a more a social drug for them.

My day can start at 5.15am if I'm covering the early shift, or the more sociable time of 2pm. As I am based within a police station my first job is to check whether there is anyone in custody for acquisitive crimes, if there are any positive drug tests and whether there is anyone going to court.

Assessments vary depending on the person arrested: are they in treatment, are they going to court, can Restriction on Bail be requested? If the client is about to be bailed we can make sure they have somewhere to go. Over the last couple of months, I have worked with approximately 100 clients.

Overall, my brief is to get people out of crime and into treatment. This covers a very wide area and on a daily basis I can be in contact with police officers from other stations, probation officers, courts, treatment agencies, hospitals, prisons and several different departments within the police station.

The training I receive is ongoing and second to none. It covers not only drug issues, but alcohol issues, as we now refer people with alcohol problems into treatment. I have dealt with and referred clients with alcohol issues over the years but it is now incorporated within our role – and not a moment too soon. Alcohol is a big problem and I see people in custody every day who have turned to alcohol after or during drug treatment. It becomes an alternative and a more a social drug for them.

On occasions we have to collect the clients from their home addresses and take them to the first appointment to reassure them all is well and offer that extra support to encourage them into treatment. Recently I have worked with local beat officers to get street drinkers referred to treatment. This was a positive operation and worked well.

I went out on a night shift to speak with sex workers and get them help if needed, referrals to treatment or just safe advice – this again was a successful operation. I have also been to schools and given pupils some advice on the effects of drugs and how they can destroy lives. However most councils have their own agencies to cover this.

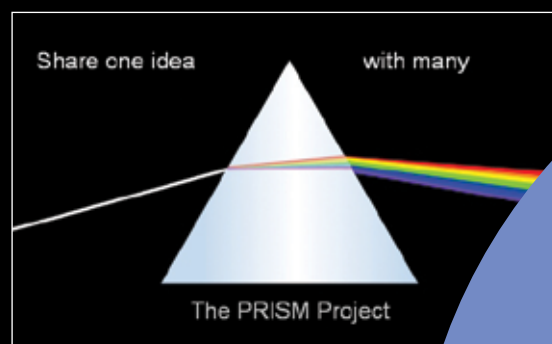
An important part of my job is called 'brief interventions'. Arrestees come back and see me over a four week period and I give harm reduction advice on subjects such as safer injecting, avoiding overdose, welfare issues and continued support.

The Birmingham Alcohol Referral Scheme now includes the 'PND' – Penalty Notice Disorder. If alcohol is identified as being an issue when somebody is arrested, the person is given the option of either paying the £80 fine or attending two treatment appointments with an alcohol agency. I speak to the client, discuss their issues and, if appropriate, a referral into treatment. I worked on the pilot and from my own experience this has been productive.

Overall the job is varied and a thoroughly enjoyable one I enjoy coming to work and hope I can continue to help the people who need help into treatment. But it is sad that the public perceive drug and alcohol users as 'bad people'. From my experience the majority are people in need. As long as agencies and people in similar roles to mine are there working to achieve a better life for our clients, there should be a light at the end of the tunnel. Drug addiction will never go away, but I am here to help – and if I can't, I can find a man who does!

# PRISM: upload good ideas...and get inspiration from the work of others!

DrugScope has just launched a web-based practice-sharing initiative called PRISM. PRISM stands for PRACTICE Sharing Model and it aims to help you share ideas for innovative practice from the drug or alcohol field with colleagues around the UK. Although the website does not exclude projects which have not yet been rigorously evaluated, there are quality controls on the information that will be posted onto the site. Visit the website <http://www.drugscope.org.uk/prism> and upload your good ideas using the form provided.



## FundingWatch

FundingWatch is a new project from DrugScope set up to monitor the impact on the drug and alcohol sector of new government policies and changes and cuts in spending. The more information we have about what is happening to frontline services and projects, the better placed we will be to represent our members, stakeholders and – crucially – service users and those affected by drugs and alcohol.

Please help keep us informed by completing the online form on this page of our website: <http://www.drugscope.org.uk/POLICY+TOPICS/FundingWatch.htm> or emailing [fundingwatch@drugscope.org.uk](mailto:fundingwatch@drugscope.org.uk). Information we receive will be confidential and anonymous, unless you give your explicit consent.



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## FACING THE FUTURE: Tackling drugs in the new decade



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