

LAURA LOVES, LAURA LOATHES

Laura Graham gives a personal perspective on the news, trends, people and events she meets across the country. In favour this autumn are legacies of hope while out of favour is non-critical observation...

LAURA LOVES... positive legacies.

Since the last issue of *Addiction Today*, we mourn the loss of two special women, Betty Ford and Amy Winehouse who both leave important legacies to our field and to the people whom their legacies will help in getting well from addiction.

Betty Ford passed away on 8 July, aged 93. The former first lady bravely spoke about her treatment for long-term addiction only 15 months after leaving the White House. In 1978, following a family intervention, Betty Ford entered the Long Beach Naval Hospital where she underwent the addiction treatment that was to underpin the treatment model used at the Betty Ford Center, born out of her own experience and that of a friend.

Describing her recovery as “a second chance at life”, the Betty Ford Center has treated more than 90,000 people. On receipt of the news of her passing, President Obama said that “Mrs Ford helped to reduce the social stigma surrounding addiction and inspired thousands to seek much-needed treatment”. In her own words, “There is joy in recovery, and in helping others discover that joy”.

Amy Winehouse passed away on 23 July, aged 27. Her father Mitch’s beautiful and loving eulogy highlighted that Ms Winehouse had been the happiest he had seen her in years, that she had been drug-free for three years and was beginning to understand how alcohol was negatively impacting on her and her family’s lives.

Ms Winehouse, a five-times Grammy Award winner, leaves behind a catalogue of great music but also hope for others affected by addiction. In recent years, Mitch Winehouse has become a vocal campaigner for improvements in access to residential rehab. Within his eulogy was mention of the establishment of the Amy Winehouse Foundation which will support those “struggling with substance abuse”.

In the few weeks following Ms Winehouse’s passing, Mr Winehouse has kept himself busy

with his campaign... and people are listening. Already there is to be a review of access to residential rehab, there is talk of opening a teen rehab (having the lost the UK’s only teen rehab last year), and Mr Winehouse’s work will continue.

These two women shared addiction in life. Mrs Ford found recovery and supported others in her recovery advocacy. Ms Winehouse was just beginning to understand what she needed to do for her own recovery. Her father in his recovery will ensure that her legacy, a similar legacy to Mrs Ford, will be to help others affected by addiction.

May both women rest in peace. Our thoughts are with their families and we thank them for what they leave behind.

LAURA LOATHES... the *Interim report of Recovery-Oriented Drug Treatment* produced by John Strang. In August 2010, the National Treatment Agency for Substance Misuse asked long-term associate Strang to chair a group “to provide advice to the drug treatment field on the proper use of medications to aid recovery and how the care for those most in need of evidence-based drug treatment is more fully orientated to optimise recovery”.

The report claims that this work would address the “critical observation” highlighted in the 2010 Drug Strategy that “for too many people currently on a substitute prescription, what should be *the* first step on the journey to recovery risks ending there”. Aside from the leading language as highlighted in my italics and which peppers the report, there is an assumption here that a prescription is “the” first step when for many it is unnecessary.

However, in conflict with this statement, it does posit this later in the report but fails to identify what the options are.

The report goes on “The group’s task would be to provide guidance to clinicians about more

effective provision of recovery-orientated opioid substitution and other drug treatment...” effectively setting the tone of the review as substitution as a primary path followed by the nebulous other treatment options.

While this report is aimed at clinicians, the expert group was top heavy with those “whose working practice include prescribing medications for addiction treatments in primary and secondary care settings”.

However, “experts also came from a range of other clinical and rehabilitative settings, often bringing a breadth of knowledge and experience of recovery-orientated programmes”. Is this an acknowledgement that prescribing clinicians are separate from organisations and professionals with knowledge and experience of recovery-orientated programmes?

“The group included colleagues who have voiced criticisms of the current system, and others who brought experience of driving improvements in the recovery focus of addictions...” – are these not the same? And were the invited critics with a voice different from the aforementioned critical observers of the current system?

As noted in *Addiction Today* recently (*March/April, vol 21 no 129*), the expert groups were run in a way which made them poorly attended. Those who did come were told not to mention abstinence, and members including psychiatrists have complained that all discussion was about medication. In particular, the group headed by Strang reported that he urged them to consider abstinence as “being on a script” which links to the debate around the NDTMS definition of drug-free as being on drugs.

The report goes on that the group “noted the remarkably strong body of research evidence for the effectiveness of opioid substitution treatment, albeit from other countries”. Yet there seems to have been very little discussion about the negatives of the same treatment.

Surely a review of this type should consider all the research?

The report claims that “We have listened and heard evidence from drug users and colleagues from around the country that, too often, people with addiction problems could be better supported in their recovery, and that there could be greater ambition for and focus on their potential to make further progress”. So, the “critics” are also “drug users” – although it’s not clear whether the report means people actively using drugs, people who are in drug treatment, people with experience of the drug treatment system, or people in recovery – and colleagues.

There’s no mention of rehab and very little demonstration of an understanding of addiction but there is mention of future medications: ie, those not even on the market. People who have been stuck on a prescription for years beyond which they found it useful are now described as part of a “drift” rather than outrageous poor practice and neglect!

I could go on... but I will stop. The report prompts more questions than it answers. I appreciate that it is an interim report and thankfully not a final one that might require action (or not!).

The biggest questions, and I know that I am not alone in asking, are... Why is the NTA leading this review and why did it choose Strang to chair (and did he declare his interests this time?) when they were architects of the system under review? Also, what role does this “central plank of the NTA’s business plan for 2010-11” play in its transition to Public Health England?

Images Velora



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