'David and his fellow scientists argue that the Home Secretary is sacking his science experts, but he was not sacked for his science... The ACMD advises the Home Office – surely this should have given David the clue that we are not just a science committee.'

ACMD losing the plot

As someone who has served the ACMD for the 9 years (1998-2007) I am very saddened to see its good name dragged through the mud. The council has been involved in some groundbreaking work, such as *Hidden harm*, *Reducing drug related deaths* and most recently its challenging report on hepatitis C. The issue of cannabis, although it dominated airtime, is of minimal importance given the considerable advice given and acted upon by the Home Office.

When David Nutt was appointed chair of the ACMD I was dismayed because I felt he did not have the skills to chair this group. He is a scientist and does not understand how policy can diverge from scientific evaluation. In his personal argument with the government he has got the publicity he craves but could bring down the role of experts from a variety of fields advising in this key area.

David and his fellow scientists argue that the Home Secretary is sacking his science experts, but he was not sacked for his science, he was sacked in his role as chairing a multi agency and expert group. The ACMD advises the Home Office – surely this should have given David the clue that we are not just a science committee.

As someone who works with drug users on a daily basis I valued the opportunity to debate and inform government. It should be noted that not all the recommendations from government are taken on, but the majority are.

Scientists view themselves as a new elite in society, the new popes in a secular society. But most, like David Nutt, do not spend any discernible time with the people suffering from drug misuse issues. To argue that horse riding is as dangerous as cannabis smoking shows his contempt for real debate. He picks up a stat and tries to make a political point. He fails to understand that horse riding is a physical activity, thus in itself more healthy than sitting in one's room smoking a joint and gradually becoming less fit. The point being that one has to look at the facts around an activity not just the activity itself.

I hope that ACMD members remember that David Nutt is not a martyr and that if one wants to resign it is better to do so in relation to true debate rather than personality clashes. I hope that members remember that they are there to provide help in a field that needs expertise and that over the years, with the right leadership, the committee has made a real difference. My anger is therefore at the government for their poor choice of chairman, and at David for proving me right that indeed he has not been up to the job.

Martin Blakebrough,
chief executive, Kaleidoscope

Bad lessons

A school metaphor helps make sense of the recent sacking of Professor Nutt by the home secretary for publicly stating that many illegal drugs are less harmful than alcohol and tobacco. In short, student Nutt was not expelled, as headmaster Johnson claims, for campaigning to change the school policy toward drug use – he was expelled for writing an essay about drugs which made points that the headmaster disagreed with.

Dr Russell Newcombe,
senior researcher, Lifeline Project

World gone mad

I would like to add a few of my own comments in relation to the 'Climate of negativity' (*DDN*, 2 November, page 9).

It seems that the world has gone completely mad. Despite the protests from service users, workers from other partner agencies and our own workers, the decision to withdraw from providing counselling has been made on the recommendation of the NICE guidelines.

It is well known (as well as common sense) that underlying problems more often than not lead us into using mood-altering substances. It takes time and expertise to establish the 'therapeutic relationship'.

What I see happening over and over again is people being discharged from treatment services due to non-compliance. In other words 'do it this way or not at all'. Services are becoming so driven by the 'tick box' approach that they are forgetting we are in the business of helping people recover or discover their lives.

Janice Hooper, via email

Strange bedfellows

The campaign to bash the NTA seems to be creating some new and startling allegiances. The old adage that 'the enemy of my enemy is my friend' would seem to hold true, especially at *Addiction Today*. They produced an online critique of the NTA under the headline 'Dodgy Dossiers of Addiction Non-Treatment' (at www.addictiontoday.org).

What was amazing was one of the sources quoted by *Addiction Today* – a Mr Tony Wilk of New Ways Clinic. This 'clinic' promotes the wholly unproven and highly implausible 'bioresonance' treatment to remove drugs of addiction from the body. Wilk wants to promote bioresonance and does so by knocking all other treatments, including 12-step groups, residential treatment and substitute prescribing.

NTA-knockers are manna to New Ways Clinic and Wilk produced a press release in October on the one-hand to knock the NTA and on the other to try to gain New Ways Clinic more credibility. The press release reached *Addiction Today*, and so they happily quoted 'Tony Wilks of London- and Manchester-based New Ways Clinic' to bolster their denigration of the NTA.

It seems that in their quest to demonstrate the inadequacies of the NTA, it just doesn't matter who you quote or cite or wheel out to support your argument. It seems it is OK to reference a banned company director, who markets a bogus treatment, as long as it has a dig at the NTA. It's somewhat akin to quoting Ponzi scheme fraudster Bernard Madoff to have a poke at Lloyds Bank.

Thanks to *Addiction Today*'s citing of the New Ways Press Release, this now appears third in a Google Search for the clinic. Good going!

Molly Zerowski, Halifax

Opening doors

I was interested to read 'Culture of innovation' (*DDN*, 5 October, page 14). I work within a GP surgery setting in Northampton and we deal with a high volume of clients that are mainly shunned from other GP surgeries for several reasons. We have a high volume of mental health, foreign nationals, substance misuse and violent clients – to name but a few.

We hold ourselves proud to deal with all clients in a holistic way, thinking in zigzags rather than straight lines. When treating addictions we find it is more successful when getting to the core problems and thus dealing with them, rather than leaving the client to immerse themselves in another substance, which does not diminish their problems. However once stable in treatment, we can start looking into their problems and help to get them into the benefit system and housed.

When these simple human needs are met we can then start the work of helping the client to repair the past. I would argue that it is not an expensive funding issue, but one of time. If keyworkers were trained in simple things like the benefit system and community housing, surely a simple phone call to a link person within that field would help the client.

As we are aware, certain clients do not have the ability to address such problems if they are socially isolated and psychosocially immature. Our ethos is to help clients to access health and social care, which ranges from substance,, to personality disorders to the socially unacceptable – and for both clients and us, it works well.

Sue Woodcock, clinical support coordinator, Maple Access Practice, Northampton

We welcome your letters... Please email them to the editor, claire@cjwellings.com or post them to the address on page 3.

Cross-party report

Recovery, ISA, and of course the ongoing crisis at the ACMD, dominated the latest meeting of the Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction

The latest meeting of the cross-party group took place on 3 November in the House of Commons. The original agenda involved discussing a briefing paper on the 'recovery movement', submitted by Paddy Costall from the Conference Consortium, and a discussion with Adrian McAllister, chief executive of the Independent Safeguarding Authority (ISA) on how the new legislation will affect employment in the drugs field. The recent news of Professor David Nutt's resignation as chair of the ACMD inevitably led to a late agenda item, to discuss its impact.

Paul Flynn MP started the discussion, saying that, with the honourable exception of the Liberal Democrats, it had been a 'day of shame for parliamentarians and that there had been no humility on the part of any politician that things have gone wrong'. Flynn was concerned that 'the irrational debate we have is being used to stoke up prejudice against the kind of rational debate we want'.

Lord Benjamin Mancroft commented: 'The home secretary is entitled to reject the evidence. While the ACMD does not make policy, it is entitled and obliged by law to offer advice. Politically and morally, if the home secretary rejects the advice, he has an obligation to tell us on what evidence he does so.'

Other members of the group were quick to voice their concern over the circumstances around Nutt's resignation. Andy Stonard from the Conference Consortium was worried that 'the shenanigans that have gone on in the last few days are harming treatment', while Kevin Malloy from KCA asked: 'If evidence can be dismissed so lightly, where does that leave the rest of drug policy?'

The recovery briefing paper looked at how harm reduction fits into the new drive towards a recovery agenda but warned against increased polarisation between abstinence and harm reduction. Kevin Malloy, who presented the paper, voiced the concern that a move back to a 'treatment system based on abstinence might increase drug related death, blood borne virus and drug related harm.' Malloy agreed that services should look beyond methadone maintenance treatment but warned that 'we should look for a rebalance but not a total move to abstinence'.

Professor Gerry Stimson, executive director of IHRA, made the point that 'It's dangerous if you're going to put all money and focus into recovery and abstinence. Harm reduction often involves low cost high impact interventions.' Steve Hamer, chief executive of Compass, said he believed that the polarised debate did not stem from any great ideological differences but 'incompetent implementation of a good policy. People don't know how to access tier 4, and tier 4 is left crying about its lot,' he said.

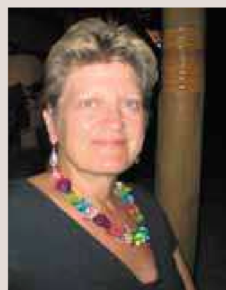
Adrian McAlister, chief executive of the Independent Safeguarding Authority (ISA) mapped out the exact process the ISA will take when assessing individuals under the new scheme. He sought to allay fears that the new legislation would impact heavily on employment within the drug field, as many volunteers and staff held previous criminal convictions. McAlister explained that, apart from serious sexual offences, there was no instant barring, and each case would be open to appeal. A person's offence could be mitigated by several factors including time since it occurred, and their employment record. There were still specific issues faced by the substance misuse field, especially around volunteers and employees who were not long out of treatment, and McAlister agreed to meet members of the group at a later date to discuss their concerns in more detail.

Recovery paper at http://tinyurl.com/crossparty

Post-its from Practice

Eat, drink and be wary

Drinking and obesity is fuelling a liver disease crisis among the middle-aged, warns Dr Chris Ford



I have known Mrs Brown for over 20 years, having been her GP through her children's illnesses, the collapse of her first marriage and her delight in meeting the love of her life in her forties. She rarely visited me for her own health reasons until her acrimonious divorce, which resulted in high anxiety and insomnia.

She had always liked a drink but the amount she consumed increased during that period. However much we talked about it, she remained convinced that alcohol helped. Her food consumption also increased during that time but she decided she would address both when the divorce was over.

But of course that didn't happen, and she continued to eat and drink when she was happy. She declined counselling, suggestions to try AA and other self-help groups and her weight continued to increase. After a break of about six months she came to see me, concerned about the weight she had put on around her middle. Her friends had also begun asking her when the baby was due – at the age of 59!

Examination showed not only further weight gain, but a swollen liver as well. I asked her again about her drinking and she admitted to half a bottle of vodka three or four times per week, equivalent to 45-60 units a week along with cakes and chocolate bars daily. I suspected fatty liver disease which was confirmed on ultrasound.

Fatty liver disease is not a benign condition and can be caused by either drinking or obesity or both. It is fuelling the liver disease crisis among middle aged people in the UK. The average age of those dying of liver disease has fallen to 60 for women and 58 for men – four years lower for both sexes than 25 years ago.

Liver disease is the only major cause of death that is increasing year on year, with the rate doubling in the last decade. It is already the fifth biggest killer, after cancer, respiratory disease, heart disease and stroke – and it is set to overtake the latter two in as little as two years. It is also a much bigger threat to people in middle age, compared with heart disease and stroke, where the average ages of death are currently 82 and 84 respectively.

The Department of Health is so concerned that they have appointed a liver disease 'tsar' to introduce a national strategy to combat the crisis. The tsar will decide whether to support liver screening blood tests for all over-40s and a call for more specialist liver doctors.

The impact of alcohol intake on the liver is well known. Last year, 105 people a day were admitted to hospital with a primary or secondary diagnosis of alcoholic liver disease, but many do not realise that obesity is increasingly a cause of liver disease. As many as one in five people now have evidence of non-alcoholic 'fatty liver' disease. More than half a million people in England could end up with obesity-related cirrhosis of the liver, with many of today's obese adults dying in their 60s and 70s with liver failure.

Mrs Brown has managed to stop drinking and her liver function tests have improved, but her weight continues to rise. As such, the risk remains of her dying from liver disease.

Dr Chris Ford is a GP at Lonsdale Medical Centre and clinical lead for SMMGP

To become a member of SMMGP, receive bi-monthly clinical and policy updates, and be consulted on important topics in the field, visit www.smmgp.org.uk.