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The government, however, has distanced itself from these recommendations, prompting WDP’s practitioners to question what evidence the government is using to formulate drug policy.

WDP employs 300 substance misuse practitioners, including nurses, social workers and other key workers and nurses. These practitioners are becoming frustrated with the disjoint between evidence and policy, and want to know why the government has a simplistic view of a complex issue.

Causes and symptoms

The consensus seems to be that no politician wants to be seen to be ‘soft on drugs’. But there is also a realisation that tackling the causes of addiction – including education, welfare, housing, family and employment – is an impossible task. In that context, the path of least resistance is to treat the symptoms of addiction, but even then the government does not appear to be supporting initiatives where there is a strong evidence base.

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Listening to the experts

Continually overlooking the evidence is detrimental to national drug policy, writes Yasmin Batiwala

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Logging off

Security questions are too hard for Jane Bates

Thanks to the new computer system at my GP surgery, no one has been able to apply for repeat prescriptions for a while. Orders over the phone are not allowed, so patients have to drop into the surgery to request their medication.

We had plenty of warning, so anyone with any sense would have ordered them well in advance. Needless to say, this patient forgot.

After running out of my hypotensives, as soon as the new system was up and running I was at my PC, ready to log in. But even filling in my personal details was a challenge. Before you could say ‘data protection’ I was beginning to lose my rag – you would have thought I was applying for a position with MI5.

Then came the security questions. It was like a test for dementia, and I am not being flippant when I say that. The name of your first pet? I’m not sure. Cuddles? Widdles? How am I supposed to know? I was three at the time and, because Cuddles or Widdles behaved in a rather uncivilised way in polite company, we only had goldfish after that.

Where did your parents first meet? Well, I was even younger than three at the time so have no idea, and there is no point in making it up because I will only
exchanges and injecting rooms, not only reduce the health, economic and social costs of drug misuse, but also attract more people into treatment services. Despite achieving successes, our practitioners have seen budgets pulled and replaced with pharmacy visits, which do not provide the same level of information or act as an entry point into drug treatment programmes.

According to the 2010 drug strategy, far too many people on a substitute prescription are stuck on what should be the first step of the recovery journey, implying that abstinence-based recovery is the only measure of success.

But success is different for each person. For some clients, success may mean reconnecting with their families or holding down a tenancy while on opiate replacement therapy; for others it will be reducing the risks of blood-borne virus infections through safer injecting practices. Adopting an abstinence-only approach risks increasing the number of people who fall out of the treatment system, returning to potentially chaotic lives.

Living on the street, in hostels, or in substandard accommodation can be detrimental to recovery. This is a major area of concern because up to 40 per cent of WDP’s clients lack appropriate accommodation. Unfortunately, housing is another area where the government overlooks evidence. A cap in housing benefit was recently announced, and the supporting people budget – introduced in 2003 to provide housing-related support to vulnerable people – has also been slashed.

So why does the government appear to be putting politics before policy? The government approach is blinkered, focused on narrowing the treatment options available to our clients and defining what ‘success’ should mean for them.

Prime minister David Cameron insisted that the government was sticking to its priorities. However, if national drug policy continues to ignore the evidence, much of the progress made over the past two decades will count for nothing.

Yasmin Batliwala is chair of the Westminster Drug Project
www.wdp-drugs.org.uk

We want to hear your comments, views and experiences.
Please send your articles to clare.lomas@rcnpublishing.co.uk

NURSING STANDARD

Loaf and death
Staying healthy just got harder for David Newnham

I have a problem with bread. Not because I have a gluten intolerance but because, as family and friends will tell you, I am a fussy eater.

To my taste, the vinegar-scented cotton wool that masquerades for bread in most shops is just a cunning way of marketing air. So for the past few years I have baked my own.

The trouble is – despite what cookery writers say – baking bread is a faff. Not hard work exactly, but a great deal of bother, spread over an entire day. Which is why I went out last week and bought a bread maker.

As I was unpacking my new toy, a piece of paper dropped out. It was one of those last-minute instructions that never made it into the manual. ‘Wheat flour varies in strength from season to season,’ it warned. ‘If possible, use hard Canadian or North American flour.’

Now these machines can produce excellent results, but only with the right ingredients. The flour must be ‘hard’, which means it must have a high protein content to develop elasticity.

Has the machine’s manufacturer been getting complaints about soft British flour? Is there a spate of flat, listless loaves and rolls that refuse to rise? As chance would have it, the answers were waiting for me in the next day’s news.

An expert from the University of Reading warned that too little sunshine and too much rain last summer meant that fruit and vegetables grown in the UK were nutritionally inferior. He added that cereal crops were also affected, since less sun meant less protein in the grain.

So not only is a healthy diet not quite as healthy as it was (for ‘five-a-day’ we should probably read ‘six-a-day’), but even our daily bread has to be flown in from the other side of the world. It seems to be getting harder to stay healthy in rip-off Britain. But then no one said 2013 was going to be easy.

David Newnham is a freelance journalist

forget it. My first phone number? Oddly enough I can remember it, but do not trust myself to remember it next time.

The security questions continued in that vein, and we had to choose five to ensure that the system was watertight. Only a razor-sharp brain like mine would be able to cope with this, I thought. Pity those whose memory is a bit dodgy.

So, with soaring blood pressure, I got to the end and successfully made my details secure. But when I went to order the pills, I was informed that this particular facility was not yet available. A kind receptionist had to offer me counselling.

Jane Bates works in outpatients in Hampshire

David Newnham is a freelance journalist

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