HUG (Action for Mental Health) is part of SPIRIT ADVOCACY
Strengthening People In Raising Issues Together  SPIRIT Advocacy is a company
limited by guarantee. Registered in Scotland no. 404409 Scottish Charity no. SCO42513 Registered Office: Cromwell Villa,
23 Lotland Street, Inverness, IV3 8DX. Tel: 01463 719366
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT IS HUG (ACTION FOR MENTAL HEALTH)?</td>
<td>2</td>
</tr>
<tr>
<td>HUG’S AIMS</td>
<td>3</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>4</td>
</tr>
<tr>
<td>WHY DO PEOPLE USE TOBACCO, ALCOHOL AND RECREATIONAL DRUGS IN THE FIRST PLACE?</td>
<td>6</td>
</tr>
<tr>
<td>TOBACCO: The ban on smoking in public places – what do we think of it?</td>
<td>8</td>
</tr>
<tr>
<td>RESTRICTING SMOKING IN PSYCHIATRIC HOSPITALS</td>
<td>10</td>
</tr>
<tr>
<td>SMOKING CESSATION PROGRAMMES: Should people with mental health problems be given extra support to stop smoking in recognition of the large number of people with a mental illness who smoke?</td>
<td>13</td>
</tr>
<tr>
<td>IF WE SMOKE IN THE KNOWLEDGE THAT IT IS LIKELY TO MAKE US ILL SHOULD WE HAVE A LESSER PRIORITY FOR SERVICES OR BE CHARGED FOR THEM?</td>
<td>16</td>
</tr>
<tr>
<td>ALCOHOL: Is alcohol misuse a mental health problem?</td>
<td>17</td>
</tr>
<tr>
<td>SHOULD THERE BE A MINIMUM PRICE FOR ALCOHOL?</td>
<td>18</td>
</tr>
<tr>
<td>SHOULD WE BAN ADVERTISING FOR ALCOHOL?</td>
<td>20</td>
</tr>
<tr>
<td>THE CLOSURE OF THE DESIGNATED BEDS AT BEECHWOOD</td>
<td>21</td>
</tr>
<tr>
<td>IS TREATING PEOPLE WITH ADDICTIONS ALONGSIDE PEOPLE WITH A MENTAL ILLNESS A GOOD THING?</td>
<td>22</td>
</tr>
<tr>
<td>IS A ZERO TOLERANCE APPROACH TO DRUGS AND ALCOHOL IN NEW CRAIGS A GOOD IDEA?</td>
<td>24</td>
</tr>
<tr>
<td>SHOULD PEOPLE BE COMPELLED TO DEAL WITH ADDICTION ISSUES?</td>
<td>27</td>
</tr>
<tr>
<td>ASSESSMENT</td>
<td>29</td>
</tr>
<tr>
<td>SHOULD WE LEGALISE ILLEGAL DRUGS?</td>
<td>29</td>
</tr>
<tr>
<td>STIGMA</td>
<td>30</td>
</tr>
<tr>
<td>HOW DOES OUR ENVIRONMENT AFFECT US WHEN LOOKING AT ADDICTIONS?</td>
<td>31</td>
</tr>
<tr>
<td>WHAT HELPS AND WHAT DOESN’T HELP WITH ADDICTION PROBLEMS?</td>
<td>32</td>
</tr>
<tr>
<td>THE POLICE AND ALCOHOL</td>
<td>34</td>
</tr>
<tr>
<td>WHAT CAN SOCIETY DO ABOUT ADDICTIONS?</td>
<td>35</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>41</td>
</tr>
</tbody>
</table>
WHAT IS HUG (Action for Mental Health)?

HUG (Action for Mental Health) is a network of people who have experience of mental health problems.

At present, HUG has approximately 470 members and 14 branches across the Highlands. HUG has been in existence now for 15 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- Be proud of who we are
- Be valued
- Not be feared
- Live lives free from harassment
- Live the lives we choose
- Be accepted by friends and loved ones
- Not be ashamed of what we have experienced

We hope to achieve this by:

Speaking out about the services we need and the lives we want to lead.

Challenging stigma and raising awareness and understanding of mental health issues.
HUG’s AIMS:

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with mental health problems.
- To participate in the planning, development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people with mental health problems.
- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.
INTRODUCTION

For some time now members of HUG have been concerned about the smoking ban at New Craig’s psychiatric hospital and are keen to look at alcohol and drug misuse.

Many of our members have both addiction problems and mental health problems and they are keen that more work is done in this area. Many also see their addiction problem as primarily a mental health problem and a substantial number have been affected by other people’s addiction problems.

With many areas of government policy focusing on addiction we thought it would be a good idea to focus on this area at our meetings in 2012.

For example the UK Government says: “We want to reduce the number of people misusing illegal drugs and other harmful drugs and increase the number of people who successfully recover from dependence on these drugs. We also want to restrict the supply of drugs and identify and prosecute those involved in the drug trade.

We also have plans for reducing harmful drinking.”

More information can be found at: https://www.gov.uk/government/policies/reducing-drugs-misuse-and-dependence

And the Scottish Government says: “The Scottish Government’s national drug strategy, ‘The Road to Recovery’, was published in 2008 and continues to receive cross-party support from the Scottish Parliament. Central to the strategy is the concept of recovery. Recovery is a process through which a person is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society."
The Drugs Strategy Delivery Commission was established in 2009 by the Scottish Government. The Commission’s role is to assess independently the Scottish Government’s progress in delivering the Road to Recovery strategy. Further information can be found on the DSDC website."

More information can be found at:
http://www.scotland.gov.uk/Topics/Justice/law/Drugs-Strategy

We visited 12 of our 14 branches and involved 146 people in these discussions. Most people involved were HUG members but we also consulted carers and service users in Argyll and residents of Beechwood: (a service helping people with addiction problems).

Addiction problems are common among people with mental health problems and it is probably useful to demonstrate the prevalence and harm that they cause within this report.

“It is suggested that 30-50% of people with mental health problems also have current substance use problems. One UK study carried out in a secure psychiatric unit, found a dual diagnosis rate of over 50% and another found the same was true amongst patients in acute psychiatric wards across London."

More information can be found at:
http://www.rbkc.gov.uk/PDF/osc_review_mental_health_drugs.pdf

The meetings we held were group discussions. The questions we asked were developed by the HUG Friday Forum, (a group of active HUG members) although there were so many suggestions for conversation points that not all were used. As the discussions were group-based there was less direct testimony about illegal drug use than we would have liked but there were people who were also very open in this area.
From the group discussions we developed this report, which was then agreed on by the HUG Advisory Group.

WHY DO PEOPLE USE TOBACCO, ALCOHOL AND RECREATIONAL DRUGS IN THE FIRST PLACE?

We had many reasons about why we use addictive substances:

They can be used to help us cope with feelings and situations that we find difficult to deal with, for instance if we have recently left somewhere like a psychiatric hospital and find life hard to deal with then drink or drugs can come to seem to be way of dealing with the anxiety and depression we may be feeling.

They can appear to be the ideal way of dealing with social situations. For those of us that are shy and awkward in company, they can ease the tension and make it easier to participate in such situations; lighting a cigarette can help us create a distraction or offer a gift, having a drink can seem to give us the courage to speak to other people or walk through the door of a pub.

They can be an integral part of our culture. A great many of us grew up around alcohol, tobacco and even drugs and they can become an everyday part of our lives.

Many of us experience intense loneliness and drink, drugs and tobacco can help us get through long days and evenings alone.

A large number of us feel worthless and depressed and for a time substances can take away that feeling.

We believe that for some of us there is such a thing as an addictive personality where it is very easy for people to get involved and trapped in destructive addictive behaviour, whether this be substance misuse, the misuse of food or gambling.
For many of us it is almost impossible to attend any social gathering where harmful substances are not used, particularly tobacco and alcohol as they are so much part of social life. Whilst there may not be an overt pressure to use them it can feel very difficult to have the confidence not to.

Once we use addictive substances it can become increasingly difficult to cope with daily life without them. The anxiety we experience when we can’t smoke, drink or take drugs can be almost impossible to cope with.

They can be a way of escaping. Some of us live lives that are hard to bear; the use of substances allows us to remove ourselves from these feelings.

Substance misuse can give us confidence when we don’t have it and can be a route to oblivion, when we can’t face ourselves or the world around us.

Some of us deliberately abuse substances in the same way that we might self-harm and some of us use it as a form of self-medication to deal with our problems.

Some of us can lose hope and motivation; we abuse substances because we cannot think of any reason not to. We can also use it to avoid pain and to dull pain and to get thoughts we don’t want, to go away. Some of us use it because we cannot acknowledge that we are mentally unhealthy. Substance misuse can be a way of avoiding some of the truths that we cannot face.

The use of drugs, tobacco and alcohol can all go hand in hand in some situations; some people cannot have a drink without a cigarette. It can be a way of being liked – in order to fit in.

Drink can be all there is to do. In some communities there appears to be almost nothing to do except drink or go to the pub and alcohol can be the hub we all revolve around.

Some of us believe that many people use such substances for the simple reason that they enjoy them. They bring them a great deal of pleasure and happiness and they are readily available. In moderation we feel that they are not always damaging and may indeed enhance people’s lives.
“It doesn’t take away the thumping in your head but it gives pleasure and helps you relax.”

“That fag in the morning is better than a tablet”

TOBACCO

The ban on smoking in public places—what do we think of it?

Most of us, including smokers, thought that the ban on smoking in public places was a good thing. It has improved the nation’s health, decreased the number of people who smoke and was less inconvenient than we had anticipated.

“It was good, even though I smoke, I smoke less, other people don’t breathe my smoke, it costs less.”

“A good thing—smoking is terrible, it is terrible for your health.”

However, we did have some worries and concerns:

If the restrictions on smoking are made more rigid, for instance by stopping smoking in cars or around our homes or in public parks, we feel this is going too far. Having said this, some of us are uncertain about this and can see that having smoke around our children could come to be seen as unacceptable.

We did think that although overall it was a good thing but that it could be very hard on some smokers.

Some of us talked about how much we had hated smoke inside public buildings before the smoke ban. We also like the fact that smokers and non-smokers are now more likely to mix in public places.

Some of us are angry about having to go outside to smoke and think choice should have been introduced through smoke-rooms and good ventilation, especially in pubs and clubs.

Some of us believe that there are many smokers who now don’t socialise. They stay at home and smoke and drink because it’s
cheaper and is more enjoyable than smoking in the street; we worry about their wellbeing as we feel that they will become more isolated and may smoke or drink more.

We think that an increasing number of pubs are closing and believe some rules are too restrictive– we can’t see why people can’t smoke at bus shelters.

We also think that some regulations are unacceptable. For instance, we think of older people, for whom smoking was an integral part of life and who had no idea, initially, that it was bad for them. It seems wrong that hospitals and care homes that they live in should be non-smoking, especially when some of the residents are not mobile enough to get outside.

We believe that hospital and care homes/nursing homes should be seen as people’s place of residence if not their home and that people should have facilities available to allow them to smoke if they wish.

Some of us feel that smoking and coping with our health or lack of health should be an individual choice or responsibility and that government should not interfere in such lifestyle choices.

In some mental health facilities people gather outside to smoke and this can make them feel very exposed to other people. Some people stopped attending drop-in centers initially when the ban came into place, but few did so permanently. Many of us think that the separate smoking-rooms in drop-in-centers and other places should have been retained but a few of us are glad there aren’t because it forces us to smoke less.

Although we know tobacco is bad for us some of us also think that the misery we face when we don’t smoke is also very poor for our health.

We find that some psychiatric staff are more tolerant and accepting of our smoking habits and understand that we will be placed in vulnerable and risky situations if made to live smoke free. This is in contrast to many G.P.’s who are less accepting.
Many of us are very angry about the status smokers now face in society:

"I gave up 6 years ago but I still think there should be a place for smokers to smoke - its segregation: you're disgusting: you're a smoker."

We also sense a double standard, other forms of unhealthy behaviour are seen as acceptable such as drinking or lack of exercise but smoking is seen as beyond the pale.

Some of us are very cynical; we believe that the government should be up front and ban smoking completely or at least stop gaining a revenue from it – to preach at us not to smoke and yet gain an income from every cigarette sold seems hypocritical.

Some of us feel intimidated when we have to walk by crowds of smokers outside pubs. Sometimes we feel that streets are more violent when smokers who have been drinking gather outside.

RESTRICTING SMOKING IN PSYCHIATRIC HOSPITALS

Although it is not a legal necessity the government has issued guidance requiring psychiatric hospitals to either become smoke free or to introduce a partial smoke ban on the premises.

In New Craigs Hospital people were able to smoke in dedicated smoke rooms on the wards which have extractor fans.

These rooms are no longer to be used for smoking and instead people are expected to smoke in the open air courtyards of the wards or outside in the hospital grounds.

We asked people what they thought of this:

"It's a disgrace"
We do not agree with this situation. When we are in hospital we are usually in crisis and, whether it is good for us or not, when we are in crisis, we are much more likely to rely on cigarettes. We think that the smoking-rooms should be retained and made more attractive.

We can imagine that smoking in the courtyard would be deeply unpleasant; the thought of a person standing in the courtyard at 3.00 in the morning in the rain in their nightie is not acceptable to us.

If smoking is restricted to the courtyards then there should be shelters provided with seats and bins in which to put the tab ends into.

We think there should also be a porta-cabin in the grounds where smoking is allowed and think more consideration should be given to the social benefits of smoking in hospital.

The smoke rooms are busy places where people socialise, relax and generally get on well with each other.

In the context of mental health, especially when poor mental health is life threatening, this benefit may outweigh the negatives of smoking while a patient.

We worry about people who are not mobile who need to smoke and those who are on high observation levels or a section. If the courtyards stopped being available to smokers we would be even more alarmed, especially at night when the hospital is locked and people cannot get in and out.

We made the point that we use tobacco to self-medicate and do feel that it helps us when we are feeling vulnerable and anxious even if physically this is not the case.

We also said that smoking is an addiction and the most humane way to deal with addictions is to help people with them rather than punish them as we feel a restricted or full ban would do in psychiatric hospitals. Making people deal with their addictions at critical points in their lives does not feel humane to us.
We said that patches and other ways of dealing with lack of cigarettes, including smoking cessation assistance, should be supplied and advertised on the wards.

We said that when we are in New Craig’s that it is, for a time, our home and that we should be allowed to smoke in it.

However, some of us would not object to going outside to smoke and some of us already prefer not to use the smoking-rooms.

We worried that people would become more irritable and angry when it becomes harder for them to smoke.

We believe that people in prison are allowed to smoke and therefore can’t see why we are not be able to.

We think there should be heaters provided outside where people gather to smoke.

Some of us felt that the smoking-rooms were already a very unpleasant environment to sit and smoke in.

[Since the smoking ban in New Craigs has been implemented we have been told by the hospital that there have been no formal complaints about it and that it has been generally well accepted.]
SMOKING CESSATION PROGRAMMES

Should people with mental health problems be given extra support to stop smoking in recognition of the large number of people with a mental illness who smoke?

Many of us said that this was unnecessary, that there is already a huge amount of help available to people who want to give up smoking and that it was easy for us to access this if we wanted to.

However, some of us would very much like additional help targeted at us to help us quit, we want to stop but can’t alone.

Unfortunately, many of us have little faith in smoking cessation programs and although we may think some of their practitioners are good, feel that they will be of no use until we make a personal decision to quit.

"Smoking cessation is very good but I’m not willing to engage despite them being very good and having free products”

"Access to smoking cessation is no good, you can’t talk to them; they don’t know you.”

"The one I see is good - she motivates you and gives you willpower.”

Some of us haven’t had good experiences when we have decided to try to give up smoking:

"I asked for help to give up and they didn’t help then they sent off an appointment that I didn’t know about and struck me off their list when I didn’t give up.”

We also felt that the ways in which we are encouraged to give up take the wrong approach. Smoking is culturally engrained in
the mental health community and some of the economic communities we belong to. We need such communities to want to buy into the non-smoking message if it is to gain currency. Many of us feel that we live on the edges of society and that the messages about smoking only serve to alienate us.

The reasons we smoke need addressed also. We often smoke because we have nothing to do, because we are bored, because it helps us relax and chill and because it gives us access to friends and social networks.

We also feel that the issue of the misuse of drugs and alcohol is a more pressing issue in our community and has a higher need to be addressed.

We do think that smoking is decreasing with younger people, that smoking is much more common with older people with mental health problems. According to the website mentalhealth.org.uk smoking is more common in adult with mental health issues:

"Many people with mental health problems smoke because they find it helps alleviate symptoms“

http://www.mentalhealth.org.uk/help-information/mental-health-a-z/S/smoking/

And according to the Ash organisation website:

“The proportion of children who have ever smoked continues to decline”


Although many of us think it would be good to give up smoking many of us also have no intention of doing so. It is a way of life
and although we know it may kill us we are not particularly concerned about this.

We also said that there are all sorts of other unhealthy ways of living where help is not offered, risky behaviours such as driving fast or unhealthy life styles such as diet could just as easily be priorities for assistance.

“We need education but it has to be up to us – we shouldn’t be targeted. A little bit of encouragement would be good but we shouldn’t be blaming people. Most smokers are victims and would prefer not to smoke but it needs to be done positively.”

Some of us think that the taxes raised from smoking should be put directly into the NHS.

Some of us have given up smoking but when we are re-admitted to hospital take it up again and some of us have been advised not to give up smoking because it is so bad for our mental health.

If we are to be helped to stop smoking most of us feel that this help should be encouraging rather than carried out in a pressurised way. Equally many of us start smoking again when we are stressed or dealing with trauma. It is important that we can find ways of overcoming this if we are not to start smoking again.

Many of us think that dealing with smoking is a relatively trivial issue when we look at it in the context of what we go through with mental illness.

Some of us think direct, hands-on support could be very helpful while others feel that a key way to reduce smoking is to reduce the impact of mental ill health.

Combining help with smoking with the regular MOT’s that we often get would be very helpful – if they were expanded to other people and looked at healthy lifestyles this would be good.

We thought some targeted work at young people with mental health problems could avoid them getting used to smoking but
we also felt that targeting our community could feel patronising and judgmental.

**IF WE SMOKE IN THE KNOWLEDGE THAT IT IS LIKELY TO MAKE US ILL SHOULD WE HAVE A LESSER PRIORITY FOR SERVICES OR BE CHARGED FOR THEM?**

We didn’t think this was a good idea. We pay taxes for the NHS and everyone should be able to get help free from the NHS if they get ill.

We felt that there are so many lifestyle choices that are unhealthy that being given a lower priority or paying for help would be very wrong – would having a poor diet, breaking a leg playing football, going walking in the hills and getting overtired also have this principle applied?

We are aware that some people are told that they will not get an operation if they don’t cut down on their smoking. If this is a value-based decision rather than a medical one, we would be alarmed at this.

Some of us also said that some of us smoke because we have addictive personalities and that the decision is not completely under our control and therefore we shouldn’t be judged for it.

Our background and past can explain why we smoke:

"If they were to provide me with a different childhood it might help."
ALCOHOL

IS ALCOHOL MISUSE A MENTAL HEALTH PROBLEM?

Most of us think that alcohol misuse is clearly a mental health problem; it either masks underlying mental illness or, by its misuse, causes mental ill health or illness.

In contrast, there are some of us who, whilst agreeing that many people with a mental illness misuse alcohol, think that the misuse of alcohol is not in itself a symptom of mental illness. Some of us think that alcohol use is more a cultural phenomenon than a mental health problem and some of us think that anyone who uses alcohol has to face addiction issues to some extent.

Some of us would go as far as saying addiction is in itself a mental illness.

“If anyone drinks to excess there is damage in their life somewhere”

“Is part of mental illness, a lack of moderation - an inability to be moderate in all forms of living?”

Many of the ways of treating addiction problems have strong parallels with mental illness treatment and therefore similarities can seem self-evident.

“There is no logic to it, people think they will be alright, people don’t tend to think that they are addicted”

Some of us use alcohol to deal with social situations and some of us use alcohol so much that not having a drink causes us huge anxiety and an overwhelming need for another drink.

Some of us have had alcohol problems and now do our best to make sure that there is no alcohol in the house.
Many of us use alcohol to blot things out or to avoid facing the world we are in:

"I don’t have enough money to survive on; worrying about benefits and bills or the Sherriff officer at your door – it makes you feel better."

**SHOULD THERE BE A MINIMUM PRICE FOR ALCOHOL?**

Most of us thought that putting a minimum price on alcohol was either a bad idea or that it wouldn’t reduce alcohol consumption by those that need to reduce their drinking or wouldn’t have a big enough effect.

However, some of us were in favour of the idea and hoped it could have an effect on the drinking culture in Scotland.

We thought it would have the greatest impact on people who drink a little too much but have a limited income. We also thought it would have an impact on the middle classes but not on people who are on the streets:

"I can buy a bottle of whisky easy, if I want to buy one I will – if its 20 pence or a pound dearer, I will buy it if I want it."

We thought that it may cause an increase in the black market selling of alcohol or the use of unhealthy alternatives to alcohol.

Some of us thought we should restrict pub opening hours as a way of managing the consumption of alcohol.

We also thought that putting up the minimum age at which people could drink to 21 might also have an effect on alcohol consumption.
“The age of drinking should be increased to 21 – when I was a student in America, it was so much healthier. People engaged in healthy activities because they couldn’t drink, instead of here where we all go out and get drunk.”

We thought there should be a ban on special offers for alcohol and even on certain drinks:

“Cheap gut rot cider should be banned. But then where do you start and stop?”

We also wondered about the beneficiaries of this policy:

“Who makes the profit on minimum pricing - could it be a way of raising revenue/profit for no ultimate gain? Whatever you do to the price, it won’t make a difference - you will find the money or engage in antisocial behaviour.”

We thought it may have an effect on young people:

“Yes. Young people wouldn’t get it and may stop buying really cheap cider - it won’t stop an alcoholic but may make people think twice”

However we are now aware that there is evidence from other countries that minimum pricing does reduce alcohol consumption. There is evidence on the Alcohol Focus Scotland website that:
“Increases in minimum prices of alcoholic beverages can substantially reduce alcohol consumption.”

This can be found in the ‘Does minimum pricing reduce alcohol consumption? The experience of a Canadian province’ research paper listed at the bottom of the page.

http://www.alcohol-focus-scotland.org.uk/minimum-pricing

**SHOULD WE BAN ADVERTISING FOR ALCOHOL?**

The majority of us thought that there should be a ban on advertising for alcohol. We thought that advertising glamorised drinking and was often aimed at younger people. We noticed that even adverts that weren’t about alcohol often featured alcohol. We felt that an advertising ban had been effective with smoking and could be with alcohol.

“Tobacco and drink are still glamorised. How can they ban cigs and not drink when people are fighting and vomiting and dying?”

“It’s put in your face – if you are trying to abstain it can be hard”.

We felt that there was no need to advertise for alcohol and were aware that many of the ‘Soaps’ based much of their story lines around pubs and drinking. We thought this was unnecessary and didn’t reflect the way that society currently works.

If there is no ban on advertising then there should be a threshold at which adverts about it are placed if there isn’t already.
Some of us who have had problems with alcohol can find the adverts very hard to deal with. They can be very tempting.

**THE CLOSURE OF THE DESIGNATED BEDS AT BEECHWOOD**

We were very sad that the beds at Beechwood, that were provided as an alternative to the police cells for people who are intoxicated, had been closed and thought this was an unwise decision. We felt that it placed more pressure on public services and resulted in people getting a poorer service.

"People end up in the cells or Raigmore which is wrong, so for a start, you get a charge, the police do not have much training and are not very sympathetic – they can be authoritarian and arrogant."

We thought that people do sometimes need to be contained in police cells when drunk but that on other occasions the use of somewhere like Beechwood would be very helpful.

We also felt the designated beds could often be the first step on the road to recovery.

Those of us who had been to Beechwood had a lot of praise for it and felt that it is a very valuable facility:

"Beechwood was scary: when I was in it…. but in another sense they were really nice, as long as they didn’t preach at me."

"We need more places like Beechwood and more places of safety."

We did wonder if they had enough expertise to deal with people with both a mental illness and an addiction.
IS TREATING PEOPLE WITH ADDICTIONS ALONGSIDE PEOPLE
WITH A MENTAL ILLNESS A GOOD THING?

We had mixed views on this. Many people, both those primarily
with addiction problems and those primarily with a mental
illness, thought that we should be treated separately, but a lot
of us felt that this shouldn’t be an issue.

We felt that we could find each other’s conditions and ways of
behaving hard to deal with and often felt that this was damaging
to our own recovery.

"I felt awkward and out of place."

However, on reflection, some of us also thought that treatment
together held a lot of merit. We felt addiction problems and
mental health problems were often related and felt that the vast
majority of people with an addiction have a mental health
problem, if not a mental illness.

Equally we were aware that many people with a mental illness
also misuse substances and so separating the two groups could
be sometimes be counter-productive.

Overall though, we felt that rather than using a mixed ward
such as ‘Ruthven’ to help both people with addictions and people
with a mental illness, that people needing ‘in patient’ or
residential treatment should be treated separately.

We felt that the experiences, for instance of heroin addiction
and psychosis were very different and needed different sorts of
environment and treatment.

"If I get admitted to hospital I go to ‘Ruthven’ not ‘Maree’ –
going into there – that would be difficult. I would be seeing
people dealing with addictions and may run into people I have seen
in my past but because they go hand in hand, it is unavoidable."
"I never had a problem when on ‘Ruthven’ but it’s still an issue that needs treated."

Some of us felt that having separate ‘in patient’ facilities would cost too much and some of us felt that people with addictions were seen as undeserving and that a separate in patient facility might reflect this in the level of service offered to them.

We felt that people with a mental illness who use drugs or alcohol in a minor way may have a damaging effect on people recovering from addictions and also felt that people with addictions who were desperate for a drink or drug could likewise damage people made vulnerable by mental illness.

However, we also made the point that whatever our experience or label we are all people and need to respect this fact and that excluding us from each other ignores this.

Some of us who have had past addictions worried that being exposed to people who are still addicted could be damaging to us.
IS A ZERO TOLERANCE APPROACH TO DRUGS AND ALCOHOL IN NEW CRAIGS A GOOD IDEA?

Most of us agreed quite strongly that this is a good approach.

We felt the existence of drugs and alcohol in the hospital was a bad thing and being exposed to people under their influence was also damaging.

We thought people trying to recover from addictions need to be in as substance-free an environment as possible.

“There were minor riots because of drug addicts and alcoholics. It made me quite scared.”

“Being discharged is acceptable and being searched for drugs is acceptable.”

“When I was in New Craigs, a person came in paralytic; it was so scary and took all the time of the staff.”

“I think it’s right – people had access to drink and came back drunk and were breathalysed and there were consequences to that.”

“It’s not so good if you’re addicted – should you not be given a chance and it may be part of your mental illness; part of your treatment may be taking it into account.” “New Craigs was very good – I was happy not to get drink there and be given the drugs to help me with it. When allowed out to the shop I got breathalysed each time; that was fine.”

Some of us felt that the policy should apply to different groups of people. It might be more appropriate for people admitted because of substance misuse problems and not for other people.

However, we felt that there needs to be flexibility. Some people are already so addicted that to expect them to manage this, when admitted, is unlikely to work.
Equally there need to be a constant series of points at which people can try again to deal with their addiction, despite having failed many times before.

We also felt that there should be a separate drug and alcohol unit in the hospital to which different policies might apply.

Some of us felt that it didn’t work and some of us felt that it didn’t allow for the inevitable lapses that people might make, that need to be dealt with, with compassion and understanding. We felt that zero tolerance also needs tempered by a response to the unique situation an individual is facing.

Some of us who have no addiction issues felt that, especially when we are recovering and out and about in town, that we should be allowed to have a drink without consequences.

“Should be able to have a couple of drinks, it’s different if you come back blazing, then there might be consequences.”

“If people lapse, they are there to get treatment, you have to take people’s lives into account.”

But what about someone in crisis, who uses alcohol or drugs as a coping mechanism – Should they be kicked out for this? But then we need to look at the effect on other people.”

We said however, that it is easy to get drink and drugs into the hospital and a few of us felt that a small drink in the evening should not be seen as harmful and may help us with our recovery.

Some of us who have had addiction issues were strongly opposed to a zero tolerance policy:

“Wrong – it’s a form of fascism, these things are a part of society, they are a part of what we are. It shows a complete lack of understanding of our lives”

And in the name of safety for other patients and staff:
“It can make people more aggressive [not being able to drink]”

And in the name of safety for the person concerned:

“*Shouldn’t be discharged. It would be awful to discharge some people if they were drunk.*”

We also felt that if someone has been admitted for treatment for their mental illness that they shouldn’t be denied that treatment if they struggled to cope with an existing addiction problem.

In addition we felt that it was easy to get hold of drugs and alcohol in hospital. People either brought them in with them on admission or were able to go down into town to get supplies which they brought back with them. We felt there should be tighter restrictions and measures taken to prevent access to these substances in New Craig’s; these could include visits by the police to the hospital.

Some of us first found out about and were offered drugs when admitted to New Craig’s and some of us who had gone in to New Craig’s as non-smokers came out as smokers or started smoking again.
SHOULD PEOPLE BE COMPELLED TO DEAL WITH ADDICTION ISSUES?

We asked this question because sometime this has been suggested in the media, and sometimes draft legislation has suggested benefits penalties for people with addiction issues if they do not agree to treatment programs.

We feel that people with addiction issues can have judgment that is just as impaired as someone with a mental illness and are also engaging in behaviour that is destructive of themselves and others. If compulsory treatment can be applied to people with a mental illness, then why not to someone with serious addiction issues?

However, generally, we were against the idea of compulsory treatment. This was for two main reasons; it might be a breach of people’s human rights and we didn’t think it would work.

"Those with severe addictions; their life is wrecked and a mess with no way out, they need looked after to."

"If I had been taken in and treated against my will it wouldn’t have worked in the long term; the only reason it worked was because I was helped to make the choice." "You can’t compel people this way; it is ineffective – people need to see something more to life and see getting better as an option. This is better than being made to stop. Need education in good way."

"We tried it with my nephew and it didn’t work."

"It would need so many controls -it’s not an easy answer, forced treatment is hard but do we need to take responsibility for people if they have lost responsibility.

No-one should be forced to do anything but how much choice do you have if you are addicted? The only way my relative got off was by making the choice – but they need choice and they need that choice to be open to get."
“No – you can’t force someone – they need to want it. Even though it will kill you, you need the choice.”

However, some of us did feel tempted by such ideas, having witnessed the desperate places either we or other people had got into.

“Half of me wants to say yes, addictions can lead to serious massive problems and crime”

“We should compel; drugs damage the brain. I smoked cannabis for 16 years. It did me no good. It made me ill. I knew but took it anyway.”

Some of us felt that there might be some points where it might be justified to intervene against someone’s will:

Many of us felt that there should be some very assertive advice given to people to deal with addiction issues.

Overall we felt that the route to success lay in being able to take decisions and make choices about our addictions ourselves and that often the key lay in providing access to help rather than trying to impose help.

We felt that trying to control people would lead to more crime and more bad behaviour.

We also felt that the societal causes of addiction need to be addressed just as much as individual approaches:

“Government has to look at the social reasons for addition – it goes back to too much pressure and too much stress and too much poverty.”
ASSESSMENT IN CRISIS

Some of our members can get into crisis and use alcohol or drugs to cope with this. However, when they are found in an intoxicated state, but possibly also very unwell, we know that they can be refused assessment or admission to hospital.

Whilst this may be understandable it doesn’t help deal with the fact that such people need a safe and protective place to go for help and support during these times.

SHOULD WE LEGALISE ILLEGAL DRUGS?

Many of us were against the legalisation of drugs. We thought they would become as widely used as tobacco and alcohol with negative consequences.

However, some were also in favour of legalisation. Some of us thought that some drugs, such as cannabis should be legalised and talked about the beneficial effect it had had on some MS sufferers.

"If they did like Amsterdam and only allowed smoking in cafes …….never once in my life have I seen aggression and cannabis. Should legalise cannabis."

"Decriminalising it is not a good idea. It will lead to bigger problems. Cannabis leads to psychosis. But it would stop the big dealers and unhealthy stuff, it would take it out of streets and gangs by decriminalising."

Some of us felt any legalisation would lead to a corresponding increase in costs to the NHS.

Some of us felt that the real problem with drugs was the response of ‘authority’ to them rather than the drugs
themselves. We felt that legalisation would lead to the safer use of drugs and the safer supply of drugs and monitoring of people who use drugs.

We felt that many people were ignorant of the effect of cannabis use on psychosis and that might be a reason not to legalise it.

We also felt that examples in other countries had shown the advantages of legalisation:

"Having access to heroin in Switzerland allows people to work and be useful rather than being criminal and also, the drug is 'safe'."

STIGMA

We felt that the stigma associated with addiction problems is bad, getting worse and probably worse than that associated with mental illness.

The reactions of friends and family to this can be of shock and worry:

"The next door neighbour, a drug dealer, talked me into cannabis but I didn't like it, I bought up my kids to keep away from drugs. My kids were horrified"

Some of us experience extreme stigma but also believe that it is very understandable:

"Having been a heroin addict, I know what it is like to rattle for a fix- it's horrendous. It feels as if your bones are pressing through your muscles, the desperation.

There is not much you wouldn't do to get a fix and so you do bad stuff and therefore there is loads of stigma."

"It will always happen; we need to accept this and deal with it from this viewpoint, rather than excluding people - who should sit in judgement of us? Why is mental illness ok and not addiction?"
HOW DOES OUR ENVIRONMENT AFFECT US WHEN LOOKING AT ADDICTIONS?

While some of us saw addiction as a genetically inherited condition or a form of mental health problem we also felt that the environment we lived in and were brought up in was a huge influence on our likelihood to fall into addiction. Generally we felt that addiction was a combination of both nature and nurture.

We felt that people experiencing deprivation and poverty, in whatever form, were more likely to suffer from addiction problems.

We also felt that some areas had a culture that encouraged drug or alcohol use. One of these areas being the west coast, which, we believed, had a culture where drinking excessively was accepted and in rural areas where, for lack of anything else to do, young people often turned to alcohol.

Some areas, such as major population centers, were places we were more likely to encounter drugs and therefore more likely to take them.

"The men all smoked and drank, it was a macho environment – my way of thinking about it has influenced how I see it."

How our family deal with drugs and alcohol also can affect how we cope with it. If our parents and their parents had addiction problems then we feel we are more likely to have similar problems:

"We can get into it because everyone is doing it when we are growing up – it’s a way of being accepted or alleviating unhappiness."
We felt that trauma, whether in childhood or adult life, can lead to addiction problems and, as mentioned elsewhere, so can mental ill health.

WHAT HELPS AND WHAT DOESN'T HELP WITH ADDICTION PROBLEMS?

Many of us, despite knowing personally about the cost of addictions had little idea about what might help with addictions. However, we did have some thoughts:

“Ultimately help people to feel self-respect. Unless they can feel good about themselves they probably can’t deal with it.”

“We need compassion in society; people who get drunk have reasons for this, they are not necessarily bad.”

“A place to go and get help on a Friday night for young people.”

“When I started with HUG and support groups it encouraged me to come off liquor - I trained myself to go out and work and now look where I am now. The people supporting me helped me encourage myself to give up.”

We felt we need

- Love and compassion
- Meditation
- Hypnosis
- Ways of adapting to an addictive personality
- Support, empathy and understanding
- We felt there should be less emphasis on the medical model
- Access to peer support
- Access to basic services
- Access to people who will treat us with respect
- Good friends
- Good doctors
We felt there was a great need for walk in facilities where people can get help with addictions and for self-help projects such as AA and SMART recovery.

The way we are treated by professionals can have a big effect on our willingness to engage with treatment and try to cope:

“Guidance is necessary; it's the way people rest the power away from you and decide on the best course of action without consulting you instead of listening to your views and giving you autonomy. It’s your life, the decisions you want to make about how you want to be treated are important to you.”

“Help with activity to get our minds off drugs”

Many of us think that the only sure solution to addiction problems is our own motivation and will power to deal with them.

Some of us think Methadone can be a good form of treatment whilst others feel that it doesn’t deal with the addiction itself.

“If I get exercise I feel terrific – but it’s very easy to feel holier than thou with people who use less helpful ways of dealing with it.”

“Boredom was a lot of the reason; being introduced to The Haven helped. I didn’t think I could go there; it was for people with a mental illness; nobody understands except people in an AA room.”

Some of the problems we do face is when rehabilitation facilities cannot deal with the mental health problems we have or when we are expected to stop taking drugs or drinking before we can engage in any psychological therapies.

“Very few rehab centres for addictions accept people on antipsychotic medication - It can be a big problem across the UK.”

“When you can’t stop a lot of practitioners will not work with
you if you are still addicted - you need help then when you are at your worst, not when you are well and better and able to face it.”

“When you stop drinking you need mental support, you need to change your entire way of living and outlook on life.”

“Portree has a five day a week walk in clinic – it was very good. And can reveal the need for more help and the need for psychiatric help. I got a place on the ‘steps’ program from it.”

“People can avoid places like Beechwood for fear of who they will meet and that they might be known – some treatment should be out of your area.”
THE POLICE AND ALCOHOL

We had both positive and negative stories about our treatment by the police and felt that sometimes the involvement of the police, even if necessary, could aggravate the situation.

"My son is a police officer. He saw a young guy, drunk and mouthy. The boy was going to jump off the train. He sat with him for hours and helped him to get through it. He knew there was a reason for it. He ran into guy later, who thanked him for saving his life."

"Sometimes the way the police handle people who are drunk, just aggravates the situation.

"Sometimes people just need to be left alone when they are drunk."

WHAT CAN SOCIETY DO ABOUT ADDICTIONS?

EDUCATION

Many of us thought that education was key to this but we want a form of education that we can respond to; not necessarily the current awareness campaigns that many of us pay little attention to. This education should target young people and would ideally be provided by people with personal experience of addiction:

"It’s a country wide social problem, diet, alcohol, drugs – we need education at the grass roots but we need it to be the right education not education that gives the thrill of doing wrong or which is patronising."

"When shifting culture we must realise this is a hard thing to do. When buying a lemonade in a pub we will still get people ‘slagged off’.... we know we have a long way to go."

35
ACTIVITY

Some of us think that community facilities where we can find things to do are vital:

"Or in areas of deprivation - feeling your life is over and that this is the only solution or a mask for it. In areas such as this, places like the 'Bike Shed' are vital things that offer a sense of community and places to go and meet people."

RESPONSIBILITY AND CHANGE

Some of us do not see a need for society to try to decrease all addictions:

"If people are funding drugs out of their own pocket and causing no harm then why shouldn’t they?"

However, many of us think that we should create a culture where it is unacceptable to be intoxicated and that if we are, we should bear some of the burden of this:

"If they are blind drunk in the gutter they should have to pay for treatment."

"We do know the risks, we should take responsibility for it"

But on the other hand we felt that in our culture and many others, the use of alcohol is such a part of everyday life that we cannot be held completely responsible for our addictions.
DRINK DRIVING

Some of us think that there should be a zero tolerance limit to alcohol and driving and others think technology should be invented that prevents a person from driving if they have been drinking.

PARTICIPATION IN TREATMENT

Some of us feel that we have little autonomy and control when we go for help and that we should be able to see changes in the services that help us. We want to be treated as equal and have services that are answerable to us.

“... you're at the mercy of a doctor, you have no control and no say. They are not democratic.”

YOUNG PEOPLE

Many of us feel that addiction problems are occurring at a younger and younger age and that policy should be targeted to reflect this.

We worried about our perception that there is a high number of suicides among young people with addiction problems and thought interventions should be targeted at them.

WHO SHOULD PROVIDE HELP

We hoped that the help that is put into addiction services could be separate to political and religious organisations.

REHABILITATION

We felt that there should be more training programs to help people with addictions get back into employment.
RESEARCH

We thought there should be more research into what helps with addiction.

PENALTIES

We wanted major illegal drugs suppliers to be targeted with harsher penalties.

TAXING LEGAL DRUGS

We felt that the money earned by taxing addictive substances should be put back into the health service but also felt cynical about a government that gained a lot of its income from this while telling us not to take these substances.

PEER SUPPORT

We thought peer support initiatives should be set up across the country and that key to all policy development should be the witness and testimony of people who have been through addiction and the celebration of stories of success.
EFFICIENCY

We wondered whether combining local authority and NHS budgets for addiction might produce savings that could enhance the overall service.

DEALING WITH THE CAUSES

We thought that the trauma and mental illness issues that so many people with an addiction face need dealt with to secure longer term hopes of recovery.

We felt that government should address the societal factors that lead to addiction:

"Government should look at people’s huge need to escape and at poverty and deprivation and the isolation of young ones and lack of work for young people. We need to look at the route of addiction; deal with the problems –for instance; homelessness that leads to peer pressure for addiction”

ENCOURAGING ACCESS TO HELP

If we could produce a shift in how people go about seeking help this may produce results:

"Teach that it is ok to go to someone and say “This is how I feel” and then get help and not be judged”.

“If I had had someone to go to all those years ago –I tried to kill myself at 12; if I had had someone to talk to who was not a parent”..
CONTINUING SUPPORT

We need to continue to provide support for those services that we know work.

“There are so many good things like befriending and smart recovery but they seem to be disappearing.”

DOMESTIC ABUSE AND ADDICTION

We felt that progress in the area of addiction would lead to a decrease in domestic abuse.

PRESCRIBED MEDICATION

We felt that problems of addiction to prescription medication also need addressed.

INCENTIVES

Some people may benefit from a system that rewards people who do well in defeating addiction.

“There should be a reward system for when we give up things”

ACCESS TO ALCOHOL

We felt alcohol should be less readily available at the times people traditionally go out to binge drink.
CONTINUITY OF SUPPORT

We also need a service culture that recognises that some people with addictions won’t get better but that, as a caring society, we have a duty of care to them to make their life as good as possible.

CONCLUSION

Addiction issues are faced by a considerable number of people who also have a mental illness and can lead to mental health problems themselves.

In HUG we have mixed views about how to deal with these issues. We recognise that people with addictions problems often have clearly understandable reasons for their addictions and that they can have a desperate need for help with these issues.

These can range from dealing with mental illness, trauma, isolation and loneliness to helping with communities that live in deprivation or families and communities that have developed a culture that see addiction as a normal issue.

Some of us would take a very assertive approach to dealing with addictions issues which would go so far as imposing compulsory treatment on people with addictions and being as far as is humane, intolerant of the behaviours and activities that lead to addiction. Others would see an approach aimed at empowering and giving choice to people as being the route to recovery.

We feel that society should play a major role in dealing with addiction, both by providing services specifically targeted at addictions and by education and action on advertising for alcohol.

We have found that the restrictions on smoking have been less difficult than we anticipated but worry that some smokers are dealt with unfairly and do not think smoking bans in psychiatric hospitals are a good idea.
We are keen that the shared humanity we all possess should be respected but would prefer people with addictions to be helped in facilities specific to them.

We feel that there is a huge stigma attached to addiction and that this can make it harder to help people.

One of the roots we believe would help is increased support for facilities known to be effective and for peer support activities to be enhanced.

WITH THANKS TO ALL WHO CONTRIBUTED TO THIS REPORT
Please feel free to photocopy this report. However if you use this report or quote from it or use it to inform your practice or planning please tell us about this first. This helps us know what is being done on our behalf and helps us inform our members of the effect their voice is having.

For more information on HUG call:

Graham Morgan
HUG (Action for Mental Health)
SPIRIT Advocacy
Cromwell Villa
23 Lotland Street
Inverness
IV1 1ST

Telephone: (01463) 719366
E-mail: gmorgan@spiritadvocacy.org.uk
www.hug.uk.net