



trained and experienced full-time advocacy worker, Cally, who attends all the different drug agencies and treatment centres on a weekly basis, offering his knowledge and support across the entire county.

Through monthly meetings and visiting all the agencies across the drug service spectrum, SUST is able to empower service users to contribute to their treatment and helps services to adapt, modernise and become more user friendly.

Another reason SUST is so successful and well organised is the ongoing funding and support of the top man Steve O'Neill, joint commissioning manager for Gloucestershire DAAT, whose faith in service user involvement is inspirational. He has attended SUST meetings and responded brilliantly to the views of the service users.

With part of their funding last year, SUST provided service users with the Edge Project, a course of outdoor activities with the aim of raising confidence and self esteem that enabled the service users to bond as a group to help them negotiate with drug treatment agencies (DDN, 14 July 2008, page 6) culminating in a three-day expedition of the Snowdonian mountain range – a project repeated with new sets of service users.

Another recent project has been for SUST to be trained in administering naloxone for overdose – and in turn for us to teach other service users in Gloucestershire.

Recognition for SUST's work and the tireless efforts of Dave Stork came at the end of last year, when Dave won the *Tackling drugs changing lives* South West drug worker of the year title. This felt like a remarkable achievement, showing the profile and recognition given to service user groups.

Because the powers that be seem willing to listen, Gloucestershire has an awful lot to offer in terms of drug treatment services, and service users' rights are fully protected thanks to SUST.

Jason King is a SUST volunteer

# Recipes for recovery

## TONIC OR POISON?

**Nutritionist Helen Sandwell examines the highs and lows of our favourite drug, caffeine**



**Caffeine continues to be a subject of much debate** when I run workshops for drug treatment services – among client groups and staff alike. Along with nicotine, it tends to be seen as one of the last remaining permitted vices of those having undergone treatment. For those in recovery, caffeine intake may well be excessive, as a compensation for abstaining from their first drug of choice. I frequently hear stories of individuals who, while abstaining from drugs or alcohol, down can after can of Red Bull or drink cups of coffee well into double figures every day.

Caffeine tends to be viewed by some who give nutrition advice as a universal poison that should be banned and replaced with compulsory chamomile tea. But is it really so bad – and should we be encouraging all clients to go caffeine-free as well as drug-free?

It is the stimulant effects on the central nervous system that tend to be of main concern with regard to mood and mental health. However, on the plus side, caffeine can maintain alertness and improve cognitive performance, which is why so many of us reach for it so often over the working day. It also has natural pain-killing effects as it stimulates the release of  $\beta$ -endorphin. But in the anxiety prone, it can decrease cognitive performance and trigger anxiety. Abstinence from caffeine, together with nicotine and alcohol has been shown to be an effective lifestyle intervention for anxiety disorders. Caffeine itself can contribute to depressed mood and, being addictive, caffeine withdrawal can also result in symptoms of anxiety and dysphoria.

Caffeine can cause sleep disturbances, again not good for the anxiety prone or those with depression, but it doesn't affect everyone in this way. It very much depends on when the caffeine is drunk, how long it hangs around in the body and an individual's genetic make-up. The half-life of caffeine (the time for half to be eliminated from the body) can be anything from three to seven hours, but in those with liver disease, it can be as much as 60 hours!

More worryingly, caffeine has been associated with inducing and exacerbating psychosis and at high intakes has been shown to increase symptoms of schizophrenia. This is not surprising since at intakes of 1,000mg, anxiety, flashes of light, ringing in the ears and other sensory disturbances can occur (a can of coke is around 40mg of caffeine, Red Bull 80mg, but ground coffee can vary from 40mg up to 260mg/cup, depending on brand and personal strength preference). This need not worry most low level caffeine consumers, but may be a concern for those in drug treatment who may already have, or are at risk of, psychosis and have a heavy coffee habit. Furthermore, caffeine can interact with a wide range of psychiatric medications, including antidepressants, antipsychotics, anxiolytics and sedatives, which may lead to caffeine-related or medication-related side effects.

Research has shown that caffeine can reduce symptoms of hyperactivity and impulsivity (although some argue it has the opposite effect). Taking into account the number of young people with ADHD who go on to misuse drugs, it may be that a significant proportion of people in drug treatment find caffeine therapeutic in this way. However, it may also increase side effects of stimulant medication such as jitteriness. Since anxiety, depression and bipolar disorder can be co-morbidities of ADHD, high dose caffeine does not really seem a wise recommendation for self-medication.

All in all, taking into consideration the frequency of liver damage and the likelihood of existing anxiety, depression or other mental illness amongst those in treatment, together with their propensity towards addiction, it seems justified to discourage clients at least from drinking excessive caffeine, perhaps much more so than the general population. Who volunteers to deliver the news at coffee break today?

*Helen Sandwell is a freelance nutritionist. Her website is at [www.goodfoodandhealth.co.uk](http://www.goodfoodandhealth.co.uk) Helen's nutrition toolkit, giving healthy eating advice relating to substance use, is published by DDN on CD-rom – email [charlotte@cjwellings.com](mailto:charlotte@cjwellings.com) for details.*