

English translation

BBC radio about drug-free services in Norway

BBC radio recently published a radio program about the development of drug-free offers in Norway, which included Mette Ellingsdalen from WSO.

<https://www.bbc.co.uk/sounds/play/w3csz6mg>

The program was followed by a longer news article, it must be said that the news article is much more nuanced than the radio program itself, and it is recommended to read this!

<https://www.bbc.com/news/stories-56097028>

«And it's kind of been the same thing over and over. I've sought help and what they can give me is medication. And nothing really got any better.»

Malin, patient in the drug-free unit in Tromsø, BBC Radio «Drug-free in Norway»

The program provides a good presentation of the drug-free offers (in Tromsø and BET by Vestre Viken) by Magnus Hald and Didrik Heggdal. The two patients Malin and Vivian who tell their story, provide important insight into why it is important to be able to get support without psychotropic drugs, and how neuroleptics have made recovery more difficult, not easier for them. Their stories are a very good example of the importance of having the opportunity to try drug-free treatment, and how much it can mean to be able to get in touch with your own inner self and find hope for another path than drugs that have not worked positively for them.

«I feel like for the first time ever I'm starting to find myself. I'm starting to build up my self-esteem and I can dare to feel some hope for the future, and that is pretty amazing.»

Malin, BBC-radio «Drug-free in Norway»

The third patient who is interviewed "Claudia" says that for her the medication is important and helps her. Her story is also part of the picture of reality. She currently receives voluntary treatment in traditional psychiatry, not in drug-free service (which is also a voluntary service). What perhaps should have emerged is that approximately 99.5% of the 24-hour services in mental health care have medication as their main treatment, while perhaps as much as 0.5% are drug-free services. It is therefore not a realistic issue that patients who want it should not have access to medication in the foreseeable future.

«You have to tell the truth to the patient about how the medication works and what you know about it. And it seems that in co-operation with the

pharmaceutical industry, they've told people things that are not completely correct about how medications work and what the risks are. For instance, there is a myth that there is some kind of chemical imbalance in the brains of people with serious mental problems [and] there is actually no research that really supports this. »

Magnus Hald, Psychiatrist in the medication-free unit in Tromsø. BBC radio «drug-free in Norway»

Unfortunately, the result in the radio program was a distorted representation of the reality of issues raising from drug-free treatment. That the opposition have a place in such a program is predictable and obvious, and two well-known critics of drug-free services were interviewed, the psychiatrists Røssberg and T.K. Larsen. They made several erroneous statements in a familiar style, including that drug-free treatment lacks evidence and that only 10-15% of patients do not get the effect of neuroleptics. It is a pity that these statements were not heeded, as it could have been done quite simply. It is a weakness of the radio program that there was no dialogue between us who were interviewed, which could have contributed to a more informative program.

While many of the counter-perceptions presented by Røssberg and T.K. Larsen are part of the ongoing discourse on drug-free treatment, it is much more problematic that they were allowed to shift the focus to a completely different issue that is not at all related to drug-free services.

A story about a tragic murder, which is in no way related to the drug-free offers, and which when you look at it more closely is rather an example of a system that has gravely failed, is allowed to dominate in parts of the program.

According to the media, the person, who has been sentenced to compulsory mental health care for the murder, had a history of well over 30 years with substance abuse problems, and over 20 previous criminal convictions. He had clearly not received either help or proper follow-up, neither from the criminal system, drug treatment or from mental health care.

Placing responsibility for this tragic incident on the change in the law with the introduction of competence to consent from 2017, is a failed and tragic attempt at disclaimer from the established psychiatry.

To bring this up in the debate about drug-free offers is even worse, and an example of strawman argumentation when there is no connection at all between this incident and the development of new services. The group described as worrying by Hugesund police chief Edgar Mannes, does not even overlap with those who are given the opportunity for drug-free treatment. It must be said, however, that the police chief had a more nuanced presentation of who it regards and what the problem is than what we have heard from the police in recent times.

It is problematic that the BBC did not address this in an orderly manner, so it became clear that this is not a result of drug-free services, but a result of the dominant and failed system in mental health care and substance abuse treatment.

«Psychiatrists and patients around the world are watching what happens in Norway, where the government has taken decisive action to try and improve the lives of psychotic people by giving them more power over their lives. Globally, there's a reassessment of the way people with mental illness are treated and a will to reduce coercion. »

BBC radio «Drug-free in Norway»

The program and the article can hopefully inspire further debate, and is an important contribution to getting the spotlight on the need for change in the understanding and treatment of mental crises, so we can get something that actually helps and does not harm people. The development of drug-free services in Norway is ground-breaking, and is attracting international interest. For us who know how difficult it actually is to access this offer in Norway and how much is missing before it is a real offer to those who want and need it, we may have to console ourselves with the fact that the very existence of such an offer within the state Psychiatry, however, is a gigantic advance in the bigger picture.

"Medication-free treatment could be just another therapeutic fad - or it could have the power to change psychiatry for good."

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