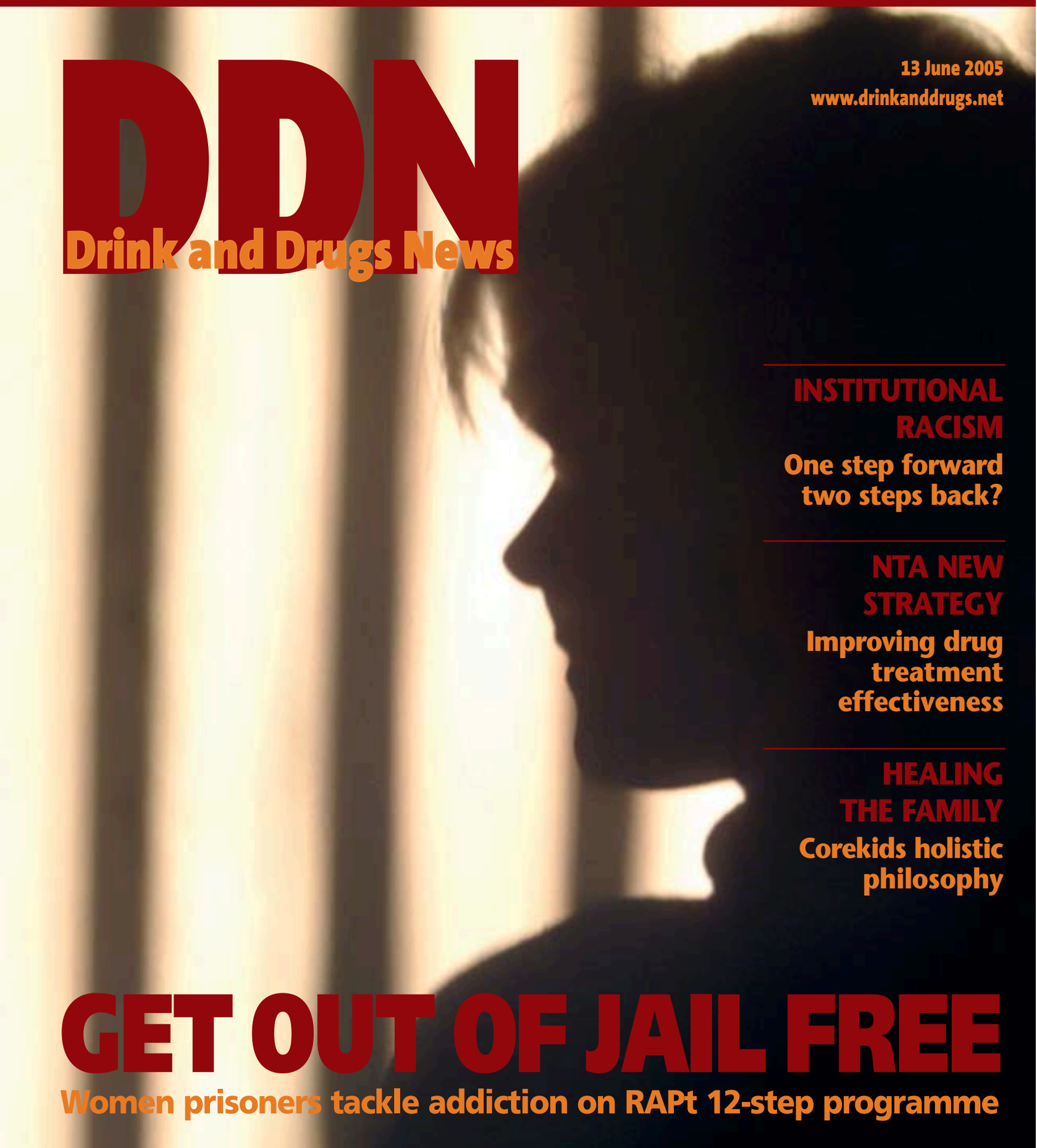
From FDAP in association with WIRED

DDN

Drink and Drugs News

13 June 2005
www.drinkanddrugs.net



INSTITUTIONAL RACISM
One step forward two steps back?

NTA NEW STRATEGY
Improving drug treatment effectiveness

HEALING THE FAMILY
Corekids holistic philosophy

GET OUT OF JAIL FREE

Women prisoners tackle addiction on RAPt 12-step programme

Kent Institute of Medicine and Health Sciences

Training for Drug & Alcohol Practitioners

Programmes in 2005/06

An exciting new range of award bearing, modular programmes to meet the requirements of the "Models of Care" framework, DANOS and QuADS has been developed at the University of Kent. They are particularly suitable for practitioners living at a distance from Canterbury - teaching is in five-day blocks rather than "day release" - and for those who are new to or returning to study.

Certificate in Substance Misuse Management

The Certificate in Addictive Behaviour provides a broad introduction for those people working with problem substance users, either currently or in the near future.

It is a recognised benchmark for those who seek an accredited qualification. The programme also benefits social, health and criminal justice professionals in all sectors whose work includes significant contact with problem substance users.

18 month programme, starts October 2005

Diploma in Substance Misuse Management/Counselling

The Diploma in Addictions provides a framework for understanding the nature of substance misuse and addiction processes from biological, psychological and social perspectives, and focuses on the settings and approaches within which treatment is provided.

The Diploma is appropriate for practitioners working in Tier 2, Tier 3 and Tier 4a services for drug users or people with alcohol problems.

2 year programme, starts October 2005

BSc in Substance Misuse Management/Counselling

The programme provides in-depth study of the psychological, environmental and biological aspects of addictive behaviours, complemented by training in research methods and the development of a research proposal. You are then able to choose a Management pathway with a focus on structured work-based learning related to client management, drugs and the criminal justice system and service management. A Counselling pathway option enables you to critically examine counselling approaches to substance misusers. You will be encouraged to develop a detailed understanding of client assessment and outcome monitoring, skills which are required by project workers, managers and commissioners.

The BSc is aimed at a wide range of professionals working in healthcare, counselling, criminal justice and social support agencies with access to clients with substance misuse problems.

2 year (top-up of Diploma) or 4 year programme, starts November 2005

For further information and an application form, please contact:

Teresa Shiel, Programme Co-ordinator
KIMHS, Research and Development Centre,
University of Kent, Canterbury, Kent CT2 7PD
Telephone: 01227 824330 Email: T.Shiel@kent.ac.uk

KENT
UNIVERSITY OF KENT

Published by

CJ Wellings

On behalf of

fdap
Federation of Drug and Alcohol Professionals

WIRED
The 21st Century approach to tackling substance misuse

Drink and Drugs News in partnership with:

Adfam

The Alliance

EATA
European Association for the Treatment of Addiction

LDCN

Mentor

drugsandalcohol today

RELEASE

SMMGP

Drink and Drugs News

13 June 2005

Editor's letter

Working with clients to break up a lifetime's relationship with substances can never be easy – but it's hard to imagine many more difficult circumstances to undergo detox than in prison.

There's everything to play for in giving up, but the conditions are made harsher by the absence of family support and the usual optional distractions of modern life. On the 12-step RAPt programme, inmates are brought face to face with the most painful acknowledgment that they have put family and friends in second place – see our feature on page 6.

Making a 'fearless moral inventory' of your life cannot be easy if you've spent much of your time blotting it out, and they are required to retrace a path that's taken them somewhere they really don't want to be. But despite the intense difficulty involved in doing the programme, those who come out the other side have a sense of achievement that inspires even their RAPt counsellors and prison staff, who have guided them through it. The results – and the accompanying economics – surely show that it's a worthwhile investment to treat those in prison.

Breaking the circle of drug addiction, crime and imprisonment isn't just about saving the economy; it's about changing the course of many families' history, breaking a pattern that was set to repeat itself through generations, and offering new horizons of a job and a home.

As the women explained, the 12 steps don't necessarily mean becoming religious; 'god as we understand him' is about belief in a higher power. And if you believed before that your fate was to repeat your parents' or friends' pattern of dependency, how much of a relief must it be to realise you have options, and the chance of believing in something so much more positive?

Editor:
Claire Brown
t: 020 7463 2164
e: claire@cjwellings.com

Advertising Manager:
Ian Ralph
t: 020 7463 2081
e: ian@cjwellings.com

Designer:
Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

Website:
www.drinkanddrugs.net
Website maintained by wiredupwales.com

Published by CJ Wellings Ltd, Southbank House, Black Prince Road, London SE1 7SJ

Printed on environmentally friendly paper by the Manson Group Ltd

Cover:
David Crausby / Alamy

In this issue

Media watch

Yorkshire research scientist Dr Deborah Rathbone is developing a portable sensor device that can identify and trace tiny particles of heroin and cocaine by 'hoovering' the air around a suspect. Apart from hoovering people, Ms Rathbone said the device could also be used on cars at roadside checkpoints, suitcases at airports and container lorries. The detector will be much more sensitive than sniffer dogs, and since it is portable it could be used to catch drug smugglers at any border.
Yorkshire Evening Post, 8 June

Researchers have identified a critical gene that appears to control craving and relapse behaviour in heroin addicts. By examining the neurons of heroin-hooked rats, Ivan Diamond and colleagues at CV Therapeutics in California found that the AGS3 gene can increase the output of pleasure and addiction signals from a region of the brain known as the nucleus accumbens. This region was already known to be important for pleasure and reward, and central to heroin addiction. The research, published in Proceedings of the National Academy of Sciences, shows exactly which gene triggers the pleasurable response.
The Guardian, 2 June

Alcohol could overtake heart disease within five years as the biggest threat to Manchester women's lives. Research by a city health unit showed alcohol-related deaths were increasing and were expected to overtake chronic heart disease as the biggest contributor to reduced life expectancy in women by 2010.
Manchester Evening News, 6 June

A free-for-all in the opening hours of Scottish bars will result in booze wars across the country, pub bosses warned. Spokesman Paul Waterson said that new legislation going through the Scottish Parliament would lead to a flood of applications from pubs for 3am licences. The proposals are set to end restrictions on opening hours and could lead to 24-hour boozing in pubs and clubs. They are based on the Nicholson Report, which recommended: 'There would be no hours when there would be an absolute prohibition on the sale and supply of alcohol.'
The chairman of Glasgow's licensing board, Councillor Gordon Macdiarmid, insisted: 'I do not anticipate a rush of premises looking for all-night opening, or even extensions till 3am.
Daily Record, 1 June

Soccer legend Pele wept when he visited his son, who is in police custody in Brazil on suspicion of drug trafficking, and said he regretted he had failed to see Edinho was using narcotics.
The Independent, 8 June

Blears' new crime bill cracks down on binge drinking

A comprehensive package of measures to combat violent crime has been announced by Home Office Minister Hazel Blears.

The Violent Crime Reduction Bill includes proposals to address alcohol-related violence, by clamping down on binge and underage drinking.

Responsibility is divided between individuals who drink too much and the licensed premises who serve them. 'Drinking Banning Orders' could be imposed on individuals for up to two years, to ban them from areas and licensed premises where they have been responsible for alcohol-related disorder. The police would have additional powers to stop people that they deem to be at risk of carrying out alcohol-related disorder from entering a specific area for up to 48 hours.

Licensed premises would be required to contribute to the cost of alcohol-related disorder in specific areas, through the introduction of Alcohol Disorder Zones (ADZs). They could also be banned from selling alcohol for up to 48 hours if they are found by police to be selling it to under-18s.

The bill has been given a 'cautious welcome' by the British Retail Consortium. Director General Kevin Hawkins said that while the BRC was committed to working with government to promote sensible drinking and combat alcohol misuse, it was crucial that the strategy 'does not penalise well-conducted premises and sensible drinkers for the excesses of the minority'.

Businesses in 'Alcohol Disorder Zones' that paid their business rates for goods other than alcohol, should not be charged for the extra costs associated with such anti-social behaviour, he said.

Alcohol Concern also offered a cautious welcome, approving tougher proposals on those caught selling alcohol to children. But chief executive Srabani Sen said: 'If the government is serious about restoring "respect" to society, they must be more willing than they have been to take action on the underlying drinking culture which fuels this sort of anti-social behaviour.'

The Association of Chief Police Officers was optimistic the new measures were a major step forward in 'making the polluter pay'. Police officers who had been involved in policing pubs and clubs in major towns welcomed their proposed new powers to tackle binge drinkers.

Doctors attack government drug strategy for failures on drinking and smoking

Doctors have attacked the government's National Drug Strategy for failing to tackle drinking and smoking in early life.

'[The strategy] was set up with crime-reduction on mind – and for that reason it's designed to tackle illegal drug use only,' Dr Vasco Fernandes, consultant physician in alcohol and drug addiction, told public health doctors at a British Medical Association conference.

Delegates voted for the government to set up accessible addiction services for young people and to focus on smoking prevention.

Most drug addicts did not progress straight to heroin or crack cocaine, but began with the 'gateway drugs', smoking and drinking – problems which the government was leaving to other agencies, according to Dr Fernandes.

'If we are serious about preventing addiction to both legal and illegal drugs, we must have better services to tackle these problems among young people, and they must be co-ordinated into the national drug strategy,' he said.

To do otherwise was to spend time 'locking the door after the horse has well and truly bolted'.

The conference called for a review of 24-hour drinking, including public debate. Dr Noel Olsen, chair of the Education and Research Council, acknowledged that health-related problems from alcohol abuse outweighed those from illegal drugs, for the population as a whole.

Happy birthday Alcoholics Anonymous!

Alcohol Anonymous celebrated its birthday this week, 70 years after a New York doctor and a failed stockbroker joined forces to tackle their addiction.

The organisation now has more than 2 million members in 150 countries and holds 3,600 weekly meetings in England, Scotland and Wales.

AA trustee Carol Titley said the membership figures told only part of the life-changing stories: 'behind each alcoholic who stops drinking, there are untold numbers of families, friends, neighbours and employers, as well as healthcare, psychiatric, social and probation professionals who benefit.'

The face of AA was changing to reflect modern trends, according to Ms Titley. Latest anonymous member surveys showed half were women and three-quarters were under the age of 45. Recent initiatives had aimed to reach out to black and minority ethnic communities, 'underlining that AA is available to anyone who wants to stop drinking'.

AA helpline: 0845 769 7555; website: www.alcoholic-anonymous.org.uk

Meeting Drug Treatment Needs Conference

Plenty of scope for innovation, says Barnes

There is plenty of scope for innovative strategy at the moment, according to DrugScope's chief executive, Martin Barnes.

Strategy on young people and drugs, post election deliberations on cannabis, and the NTA's three-year strategy on drugs, to be announced later this month, all gave scope to contribute to future planning, he told the 'Meeting Drug Treatment Needs' conference in London.

Debate on criminal justice interventions should not cloud the fact the treatment does work, he said. While it had been estimated that £1 in treatment saved £3 in public costs, recent reviews suggested this could be as high as £9.

Focusing on the individual and not just the drug problem would lead to better core planning, according to Mr Barnes. But he emphasised the need to look at other needs related to wellbeing, particularly housing, which was 'crucial for success in treatment'.

While recognising the NTA's achievements through recent performance tables, Mr Barnes questioned the value of a target-driven approach, warning that 'quality and quantity don't necessarily go hand in hand'.

Much resource went into community treatment, compared to residential rehab, but Mr Barnes was concerned that there were too many people on scripts without other options.

'All treatment should be about fostering independence... are there enough options available?'

He also wanted to see more investment in peer-led support. Service users highlighted negative attitudes from staff during treatment, which could be compounded by feelings of stigma. Peer supporters had 'an understanding of what it is to have a bad day'.

The challenges ahead for the drug treatment field were 'massive', said Mr Barnes, and it was important to keep lines of communication open with the NTA to see where investment would be going.

MP urges more community support for service users

The British system on classifying drugs 'isn't working, and hasn't been working for some time', according to John Mann, MP for Bassetlaw, who told delegates that there was no logical split based on drugs that caused acquisitive crime.

Getting a clear picture of treatment statistics was equally unsatisfactory, with the drop-out rate hard to calculate, and difficult to monitor by GPs: 'Most people drop out voluntarily – they feel they don't need to see their GP if they are back at work'.

Mr Mann had a mission to 'redefine rehabilitation' in his own constituency, and believed in 'people being able to live in their own community, go in the door of the their own doctor, and go to their own job'. This would ensure there was no break in earning – which would in turn keep them in housing, and bring positive effects to their family.

The benefits in reducing acquisitive crime through this approach had also been tangible in his constituency, according to Mr Mann.

A realistic and flexible approach was essential to returning to work people who had been in treatment.

Mr Mann suggested an employment agency model, which could include drug testing, to take the risk off the employer and make them more willing to give an employee with a substance misuse history a try.

Getting people back into employment was essential, he said, as 'they will not complete any successful rehab if they are not in work'.

Lord Victor Adebowale, chairing the conference, gave his support to this proposal:

'It's not just about getting a job, it's about meaningful engagement. It could be about a college course,' he added.

BBC wants your views on cannabis

DDN readers are being asked for their views by BBC's Panorama programme.

Cannabis: what teenagers need to know will explore the latest scientific research on the effects of cannabis on the human mind and links between cannabis and psychosis. It will meet young people for whom cannabis use is a way of life, and speak to scientists who are examining how cannabis may alter young minds.

According to producers, 'our children are smoking cannabis earlier and smoking more of it than any previous generation. Britain has the highest proportion of young people using cannabis of any European country – 38 per cent will have tried the drug by the time they are sixteen.

'Most don't even think of it as a drug, and the popular perception is that it has no serious long-term effects. The truth is, until recently, very little was known about how cannabis actually affects the adolescent brain.'

The programme will explore this in detail, and DDN readers are invited to contribute comments and experiences on the issue to a site being developed on the BBC's website www.bbc.co.uk

Cannabis: What teenagers need to know is on Panorama, BBC One, 19 June at 10.15pm

In brief

Pregnancy guide

A pioneering guide on caring for drug-using pregnant women has been launched by DrugScope. Professionals in the field have contributed to the 'framework of care', which includes information on pre-conceptual care, the management of substance misuse in pregnancy, substitute prescribing and breastfeeding. A consultant midwide called the guide a fantastic resource for drug workers, health visitors, nurses, GPs, midwives, social workers and students. Visit www.drugscope.org

Heroin scripts

Heroin prescribing treatment has gained new backing by a research team from the University of Amsterdam. Revealing their findings in the *British Medical Journal*, researchers said the treatment was expensive – but that the cost to health services was offset by savings linked to reduced levels of crime. The study was based on 430 heroin addicts on methadone maintenance in the Netherlands.

Drug lessons

Personal and social health education should be made a statutory subject in schools, according to the Drug Education Forum. The Forum was responding to the School Health Education Unit's new survey of young people's attitudes and experience of illegal drugs. Andrew Brown, forum co-ordinator, said that while the number of young people being offered illegal drugs continued to rise, education played an integral part in keeping young people safe and healthy.

Peasants' gold

Swaziland is losing its battle to weed out marijuana, according to the head of criminal investigation in the north. Reuters reports that crops of 'Swazi Gold', prized for its potency across the world, are being produced by desperately poor peasant farmers in defiance of all controls.

Smoke hazard

Most of the public believe pub staff should be protected from second-hand smoke at work, according to a MORI poll for the British Medical Association. Seven in ten people said the right to work in a healthy environment was more important than the right to smoke and most respondents thought the government was acting too slowly to reduce smoking in public places.

Dealers dobbed

Police in Leeds have made 100 drug-related arrests as a result of their Operation Champion. The newly formed Leeds district drug team involved the public in a Dob in a Dealer campaign, leading to daily investigations, arrests and drug seizures. Chief Superintendant Elizabeth Preece says they have many innovative operations planned for the future.

Ending the sentence of addiction

Send Prison has the only RAPt unit for women in the country and is offering a lifeline to women who thought they had reached a dead end. The programme is no easy option – but the results for those involved can be extraordinary, as DDN found out on a recent visit.

Looking round the expectant circle of faces, Navlet takes a moment to savour the importance of the occasion.

Falteringly at first, she begins to describe the steps of a very personal journey. Her voice becomes stronger and more confident as she hears the murmurs of encouragement. From time to time she breaks off to dab at her eyes with a tissue. Then she reaches the end of her second side of A4, heaves an enormous sigh, and breaks into a grin that lights up the room.

Until recently, Navlet's life was dictated by the need for crack cocaine. When the consequences led her to Holloway Prison, she was furious at the interruption, enraged by any intervention, and hostile to those who tried to help her. Her transformation to the calm serene woman sitting in the room today is nothing short of miraculous to the prison staff who knew her in the early days. To the RAPt counsellors at Send Prison's addictions treatment unit, it is confirmation that what they do works, and that the RAPt programme can turn lives around beyond recognition.

Since RAPt – Rehabilitation for Addicted Prisoners Trust – began work in 1992, more than 3,000 prisoners have been through the intensive, 12-step, abstinence-based programme. Beginning with a project at HMP Downview, it was the first time substance abuse treatment programmes had been brought into UK prisons. It's a tough regime, demanding complete abstinence from drugs and alcohol from those who choose to participate – but for those who are serious about overcoming their substance problem, the outlook is hopeful: follow-up research on graduates shows a significantly higher chance of staying 'clean' – and a significantly lower rate of reconviction.

With half of all crimes drug related, according to the Home Office, and most of those entering prison having a history of drug use, it's not difficult to see prison as a logical place to tackle the cycle of drug addiction, crime and imprisonment. With each problematic drug user in the community costing the country an estimated £11,000 – a total of up to £18.8 billion a year – it has been a logical decision for the government to increase investment to prison-based drug treatment services to around £61 million a year.

Which leaves the tough choice down to the prisoner: serve the sentence while maintaining the habit every which way possible through a network of handy contacts inside – then released for more of the same, back inside, here we go round again. Or… do they take the step towards a life changing decision, to apply for a RAPt programme?

Send Prison has the only women's RAPt addictions treatment unit in the country. Talking to prisoners who have been sent from a variety of prisons to undergo the course, highlights the choices they often face.

'I was into glue at 13, heavy drugs by 30. I would also drink, and I attempted suicide,' one says. 'My parents were on drugs, now my children are on drugs. I thought if I don't try and change something now, my kids don't stand a chance.'

> 'A look round the cells at Send sums up more about the women's motivation than they could explain in a week: noticeboards crammed with photos of young children and babies. Crayoned "I miss you mummy" pictures that should be stuck on the fridge at home.'

A look round the cells at Send sums up more about the women's motivation than they could explain in a week: noticeboards crammed with photos of young children and babies. Crayoned 'I miss you mummy' pictures that should be stuck on the fridge at home.

One prisoner explained that she'd applied for the programme 'just to get out of where I was'. She tried it, railed against the 12 steps, and found herself back where she started, at her former prison. This time she's doing it for the right reasons, she says. She expects the experience to be difficult and intense, but she's going to complete it, because this time she wants to be clean.

Prisoners hear about the addictions treatment unit through their prison induction programme, or through CARAT (Counselling, Assessment, Referral, Advice and Throughcare) teams, which are in every prison and play a guiding part in prisoners' progress before and after release.

If they decide they are interested, they go into an induction phase, where they are assessed for suitability and their drug-taking history is reviewed. This is the first difficult part, according to Sharon Hayman, a counsellor at Send, because they have to agree to have their medication reviewed.

'Quite a few have medication problems apart from their drug addiction – valium or whatever.' The counsellors work hand in hand with healthcare to get them assessed properly and look at any mood altering medication. Everything must come out in the wash here, including drug-taking history 'because quite often they've been assessed as being psychotic, or having psychotic episodes – but they haven't told you they've been on crack,' says Sharon. 'It's at this stage we really find out who the women are.'

The preparation is a two-way process. As part of the two-week induction, the women are prepared for treatment, told about group therapy, and familiarised with the whole idea of what's about to happen.

Then comes the intensive bit: three months of the primary drug programme – the 'action phase', where the inmate has to commit themselves to building up a detailed inventory of their personal defects to share and analyse with their counsellor and the rest of the group.

If you have dedicated your life to drug taking to the exclusion of all else – your partner, your children, your own welfare – this is not an easy thing to do, as the inmates explain. None of them said it was easy; in fact none of them said anything other than that it was a deeply painful, personal experience. 'You have to go through the experience of 'being broken down before you can be built back up', one explained.

'It was hard and I felt vulnerable. It was hard bringing out the past,' said another.

All had come to this stage by learning tough lessons – 'I didn't want to do this. But I lost my mum, my brother, my friends to drugs, and I'm only 25'.

But there was a sense of what more can life throw at me? – 'I'd had enough of life. I'd come to breaking point,' said one. 'Before, I just wanted to die,' added another, and there were nods of agreement.

This may all sound desperately depressing, but

Breaking free from drugs: The RAPt unit is offering these women counselling, support and friendship in their efforts to rid themselves of addiction. The programme is firm but fair, say participants, who include new graduate Navlet (far right). An unexpected bonus is the strong friendship that's borne of sharing experience of an intensely difficult and personally challenging programme.

the atmosphere in the unit is decidedly upbeat. It's obvious that the RAPt team count for much of this. Talking without staff present, the women speak in reverent tones about their firm but fair approach. RAPt manager Geraldine O'Sullivan, Sharon and her fellow counsellors take no nonsense, and cheating is not tolerated lightly (the women must agree not to associate with their mates on other wings, while they are in the drug-free unit), but the care and support they offer has given many of the women a resolve they never thought they had. The culture is polite, respectful and encouraging; Steve Murdy, residential senior officer, constantly refers to 'our ladies' with discernable pride.

From entering the unit, the women have been made to share experiences, successes, failures, and their cells – a culture shock for those who have become used to the privilege of a single room.

'The prisoners change rooms regularly,' Sharon explains. 'The first room change we have, everyone up in arms, then the older ones go "they do it all the time!"' It's part of the process of learning to share, to open up, and excavate the past.

It's also a useful introduction to peer support – an element of RAPt's programme that is credited with much of its success. More than 80 per cent of staff who work on RAPt programmes are themselves in recovery from addiction. Others who complete the programme successfully are encouraged to come back and attend sessions to help others. After 11 years of using crack and heroin, Lorraine graduated successfully and now comes back to do peer support at the unit. Her encouragement is particularly valuable: she failed the first time and was sent back to main block. She knows what it's like to struggle through real lows, and eventually succeed.

According to RAPt manager Geraldine, being in the only women's RAPt unit gives a unique opportunity for many of the inmates to experience 'connectiveness' with other women and gain strength from sharing their situation. Away from a home life that too often involves being caught up between a partner and the need for drugs, 'prisoners can sometimes make friends with women for the first time in their life,' she says.

The other element of the programme that improves the chance of long-term prospects of success, is the strong link to aftercare – once they've left the programme, and later when they leave prison. One way they do this is by introducing family conferences, explains Sharon. Members of the prisoner's family can come in and do a facilitated session with a counsellor, 'looking at how it's been for them'.

For many inmates, 'it's a chance to start talking to their families, getting honest'. One woman, close to graduation, explained how she was about to meet her mother after years of being ostracised for her prison sentence; her brother was even coming over from Australia. Being drug free gives options that some have only fantasised about for years.

The other important follow-up is secondary care in the community. 'We really push for that,' says Sharon, 'because we find they can do really well in prison, leave the gate, and 'bingo' – it's all gone wrong within moments.'

Watching Navlet at her graduation ceremony is like seeing someone truly converted, and the circle of inmates who congratulate her in turn are visibly inspired.

'Everyone supported me. Counsellors each gave me different things. I'm grateful,' she tells the room, which includes Steve the unit manager, Geraldine the RAPt manager, Sharon the counsellor, Governor Ritchie, over from main block for the occasion, and Anna Stealey, down from RAPt head office in London.

Looking round at her fellow inmates, Navlet adds: 'I feel honoured. For the first time I have real, honest, sober, clean friends.' **DDN**

The RAPt 12 Steps

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of god as we understood him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to god, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have god remove all these defects of character.
7. We humbly asked him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with god, as we understood him, praying only for knowledge of his will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practise these principles in all our affairs.

Support network for service users gets the green light

The Alliance has just been given the means to develop their longed-for national model of advocacy. Daren Garratt explains what this exciting development will mean for user involvement.

I can't, for the life of me, remember the name of the wise wag who said 'be careful what you wish for, it may come true', but I'd love to shake them by the hand.

In the last few days, those wonderful people at the Department of Health have confirmed that they are prepared to part fund the Alliance's proposed national model of advocacy. This exciting, daunting and unprecedented move will ensure that over the space of the next three years The Alliance will be in a position to develop and coordinate a fully integrated, countrywide system and network of peer advocacy that is completely staffed and run by local users.

So, what does this model of advocacy involve?

Well, the Department of Health's essential contribution will form the basis of a regional management and support structure that will enable us to develop our national model centrally, coordinate it regionally and deliver it locally. We will employ nine regional advocacy leads, who we envisage working within and alongside the nine established NTA regions. These appointments will be staggered over the next three years, with the first three probably based in the North, Midlands and South.

That said, this will not be an NTA owned project (although having their endorsement has proved invaluable), but we will be working closely with them on a day-to-day basis. Similarly, the model won't be reliant on the nine NTA regional user forums to grow and exist. We appreciate, acknowledge and understand that not all users are, or want to be, part of their regional forum, but we do want all users to feel that they can access advocacy, or develop their own advocacy skills. Therefore, these regional advocates will be employed directly by The Alliance and will act as an independent and objective support mechanism for local activity, and a direct link to the Alliance centrally.

'For the government to show faith and belief in a drug-user run advocacy system, and for the Department of Health to pledge three years' funding to ensure it happens, is frankly unbelievable. There have been a number of justifiable concerns expressed lately around Britain losing its way as the vanguard of harm reduction'

All local activity, we believe, should be developed within existing DAT areas, should be funded and supported by local DATs, but should not necessarily be DAT owned (look to Morph in Southampton for a marvellous, best practice example of how DATs can commission an effective user involvement and advocacy service, without having to employ the staff directly).

We are proposing that all DATs have a local user work alongside them in an advocacy role. This could work as a volunteer post, but we would encourage DATs to consider identifying enough funds in October's increased pooled treatment budget to ensure the advocate is salaried, although it is important to reiterate that this should not necessarily be as a direct DAT employee.

Where appropriate, the Alliance would be happy to provide training, mentoring, supervision and line-management for the advocate. We will also ensure that all localised/DAT advocates have access to an effective system of peer networking, supervision and support by expanding upon last year's 'user leads day', when user involvement workers from across the country were invited to London to share best practice and develop strategies for future working. We propose rolling this out on a larger, ideally monthly basis, as part of our mentoring/support package.

Essentially though, this model will be managed and delivered along the same lines as any other shared care or triaged system. The Alliance Helpline will remain the hub of activity and receive all calls and requests. Our trained volunteers will then assess the client's needs, and depending on complexity and/or location, will refer the case to our internal senior team, a regional lead, or a localised DAT advocate.

It's a relatively simple idea that can work. In fact, now that we've got the opportunity to turn this pipedream into a very real and workable reality, we've got to make sure it does work.

For the government to show faith and belief in a drug-user run advocacy system, and for the Department of Health to pledge three years' funding to ensure it happens, is frankly unbelievable. There have been a number of justifiable concerns expressed lately around Britain losing its way as the vanguard of harm reduction, or that user involvement is becoming increasingly tokenistic, but this model gives us the opportunity to achieve something truly exceptional, exciting and unique.

We've been given the chance to not only work towards securing better scripts and doses for heroin users, but better treatment and support programmes for ALL drug users, better psychosocial support for ALL users, and better employment opportunities for ALL users. Don't forget; we've now got the go ahead to develop a user-workforce of between 9 and 100+ salaried or volunteer advocates nationwide.

So, if anyone out there is privy to any gripes or grumbles about things not being what they used to be, or that The Alliance is no longer 'user led', do us a favour please; just smile tolerantly and move on…

Improving drug treatment effectiveness
NTA to launch new strategy

On 30 June 2005, the National Treatment Agency (NTA) will launch its new strategy to improve the effectiveness of drug treatment for adults in England from 2005 to 2008. In a sneak preview, Annette Dale-Perera, Director of Quality at the NTA, outlines the key points and timescales of the strategy.

Good progress but variable quality

Good progress has been made on expanding the capacity of drug treatment and making it more accessible. Most local areas have the essential building blocks of a drug treatment system – including a range of treatment modalities which can be accessed within two or three weeks.

The quality of drug treatment is, however, variable. The treatment effectiveness strategy is designed to deliver a more dynamic treatment system by focusing on service users' 'treatment journey', together with a focus on an individual's holistic needs (including housing, employment etc) to maximise the benefits of treatment.

Treatment engagement

Recent evidence suggests that waiting for more than three weeks can be a disincentive to accessing treatment. As a result, the NTA will issue new guidance this summer setting new waiting times including: three weeks for those voluntarily seeking treatment; and faster access for priority groups. Local systems of investigation will be required if service users wait longer than six weeks.

Just over half of service users discharged in 2003/04 had been retained in treatment for more than 12 weeks. Evidence tells us that those who leave in the first 12 weeks rarely have any long-term benefit from treatment. Retention in drug treatment has been built into mainstream health performance management systems including primary care trusts' local delivery plans and the star rating of mental health trusts. Year-on-year improvement in retention will be expected from this year.

The NTA will issue new guidance on waiting times and retention and roll out review processes, training packages and a library of evaluated interventions to aid retention.

Treatment delivery

The factors critical to improving client's lifestyle are good care planning and frequent review of care plans, with clients as partners in these processes. Care planning practice is, at best, patchy. The NTA

> 'Waiting for more than three weeks can be a disincentive to accessing treatment... Evidence tells us that those who leave in the first 12 weeks rarely have any long term benefit from treatment.'

wants all individuals in treatment to have an identifiable written care plan which tracks their progress and is regularly reviewed with them. This will be measured by clients reporting that they have a care plan and they are being involved in the process.

The NTA and Healthcare Commission have started a national review of care planning. This will provide benchmarks and identify good practice which will be shared. The NTA will develop a national toolkit on care planning and review during 2005 which will be implemented from April 2006, together with a national training initiative. The existing clinical guidelines will be revised and will be available in 2006, and a model of quality improvement reviews will be piloted in England.

Treatment completion and/or community integration

For clients who wish to be drug free, we need to create better exits from treatment including detoxification and rehabilitation, social support, housing, education and employment opportunities to maximise treatment gains. For those who wish to be maintained on substitute opiate medication, we should also maximise opportunities for them to receive social support, education and employment where possible.

The NTA and Healthcare Commission will review practice on treatment completion during 2005 to identify and share good practice. We will work with government departments representing housing, education and employment to engage support for drug users.

Focus for improvement – commissioning practice and treatment delivery

The delivery of the treatment effectiveness strategy is dependent on treatment commissioners and providers.

The NTA has identified four critical factors to improving commissioning. These are:

- ensuring local commissioning partnerships are fit for purpose and dovetail with relevant local strategic partnership groups
- improving local needs assessment. The NTA will produce a template for needs assessment in 2005.
- developing local workforce strategies and investment to ensure staff are adequately recruited, competent and supervised
- enabling local commissioners to performance manage drug treatment systems with clear routes in, through and out of drug treatment, using data from NDTMS.

We have also identified four critical success factors to improving treatment. These are ensuring:

- providers have a competent workforce. Drug service will be required to specify the percentage of staff competent against Drug and Alcohol National Occupational Standards (DANOS) by 2007
- service users can work with the diverse needs of their service users including black and minority ethnic groups, gender differences, drug misuse differences *etc*
- treatment is evidence-based. Services will be invited to participate in service audits, reviews, annual service user surveys *etc*, to benchmark themselves against good practice and develop action plans
- treatment services are managed using data provided from the National Drug Treatment Monitoring System (NDTMS). We also increasingly want services to manage themselves using client satisfaction and outcome data.

To book a place at the treatment effectiveness launch in London on 30 June 2005, visit www.nta.nhs.uk

Healing the family

At a premises converted from three workman's cottages in Marylebone, a child is playing in a sand tray. He is creating scenes with a variety of plastic animals of the usual bizarrely assorted scales, and is as absorbed in the game as any child would be. For his counsellor, it's a sign that he's starting to open up and express childish behaviour that has been necessarily suppressed throughout his life.

Ian May set up the Corekids programme while working as an adult psychotherapist with the Core Trust. After years of working with parents with drug and alcohol addiction, he began to think about the implications of sending them back into 'families that were completely untouched': 'They were undergoing enormous amounts of change, then going back into environments where nobody had been able to adjust to that level of change.'

The more he thought about it, the more May realised he wanted to investigate 'a 360 degree approach to rehab', changing the whole culture of a family – and maybe even improving the lot of future generations, which seemed likely to follow a pattern of substance misuse. His vision was to treat members of the family together: parents with a substance misuse problem, alongside the children who had suffered its effects.

He equipped himself with an MA in child and family therapy to complement his psychotherapy training, persuaded Westminster DAT to fund the programme, and has just launched the Corekids service this month, on the back of a successful year-long pilot. Parents of Core Trust services are encouraged to bring their four to 16-year-old children, free of charge, to the skilled team of five staff.

The idea is to run the children's service along similar lines to the Core Trust's well-established adult service, according to May, 'to create a similar model to what their parents are receiving'. This brings them into contact with a range of therapies – acupuncture, reflexology, homeopathy, shiatsu – as well as nutritional support.

It's a far cry from the 'less than ideal home scenarios' experienced by many.

'Some have been abused, some have emotional neglect. You hear stories of hiding children under beds, because the dealer has come back to take his payment in kind,' says May.

Other children have adapted to be very 'parentified', he explains, becoming carers who have had to inject their parents. Whatever their story, the service aims to provide an environment where they can start to let go of their responsibilities and renegotiate their role in the family – at the same time that their parent is having a similar experience.

Working with the whole family on site is an exciting, dynamic process, says May. 'They get very motivated to changing… and parents' outcomes are much better once their kids have been introduced to the programme. They become much more aware of their responsibility and begin doing it for their children.'

For children who have played a background role to addiction, as their parent 'has loved something other than them for years', the experience is a revelation.

'Some of them are feral, some of them are terrifyingly uncontained – some of them are so

Letting it all out: Corekids uses a mixture of play and complementary therapies to release past anxieties and give a sense of wellbeing. The results can be dynamic, he says.

Why just treat the substance misusing parent and send them back to their family to continue the dysfunctional cycle, when you can help all those involved? DDN talks to Ian May, Director of newly launched charity Corekids about his holistic philosophy, and how it works in practice.

'Working with the whole family on site is an exciting, dynamic process... They get very motivated to changing... and parents' outcomes are much better once their kids have been introduced to the programme. They become much more aware of their responsibility and begin doing it for their children. For children who have played a background role to addiction, as their parent has loved something other than them for years, the experience is a revelation.'

grown up it's scary,' says May. But some really like school, because it gives them safe boundaries they don't have at home.

Corekids has picked up on this necessity for routine. Parents are involved with the Core Trust for up to a year, so the children are likely to get nine or ten months treatment, at regular times each week. Regularity and dependable routine must underpin everything, says May, 'because drug users are not good with rhythm and structure. So the kids really love getting the familiarity of things, knowing we're going to be there every week.'

With the regular contact, comes trust. The programme is not just about exploring relationships with their parents; they are encouraged to talk about 'being at school, bullying, and all the stuff normal kids go through… they are learning to be kids again'. Sometimes one thing leads to another: 'occasionally you get some information where you go "perhaps you'd like to talk to dad about that". So you pull them together, put them in a space together, and referee basically. You're the conduit between the child and the parent'.

Constantly redefining boundaries is a sensitive business, yet an extremely important part of the process. Many children start from a position of being 'very cross, very pissed off', says May. 'They push their parents really hard, because they're not sure the parents can contain them.'

As they get 'fitter and weller and happier' with the complementary therapies, they get emotionally more solid as well, he says, and the centre can become a 'difficult and dynamic space'.

Some children do not want to talk about their experiences in the individual sessions, but May picks up clues to the way they are reacting from their response to play therapy. He takes pictures of the scenes they create in the sand trays and was surprised at first to hear that each child had taken the picture home and pinned it to their wall with the session date under it. He believes the picture represents a 'transitional object – something to remind them of Core, and the fact that their parents are cleaning up. They're negotiating that change in their parents'.

May finds many parents inspirational, 'because not only are they cleaning themselves up, but they are dealing with all the issues – of shame, and the self-loathing they have, because of what's happened to their children'.

The Core Trust responds by equipping them with parenting skills, 'because most of them have received no basic parenting themselves'. They are taught to set values, how to budget for and create healthy meals, and do work around 'basic life skills': what to do when their child has a tantrum – time out, 'the bottom step trick'.

When things go well and families reconnect with each other, Corekids is fulfiling its aims. But what happens if parents want to drop out?

'It's very complex,' May admits. 'In the pilot it didn't happen at all – but I'm absolutely certain it will.' When it does, May says he will try to negotiate several more sessions to reach closure with the child involved, and to minimise the effect of becoming 'just another person who disappears out of their life'.

He's realistic about the practical limitations – 'the bottom line is that if a parent takes a kid away, they take him away. There's absolutely bugger all we can do' – but he is hopeful that the extended network of schools, GPs and social workers will give them a chance to get in touch with the child, independently of their parent.

May is aware that he's collecting models of how to deal with one situation or another, each time a family enters the programme; but he is also keen to emphasise that every case is different. Being a small organisation makes Corekids adaptable he says, enabling them to 'keep the model very flexible and fluid' so they can do the right care plan for each individual family.

Small as they are at the moment – Corekids has space for just ten children – he fervently believes the model is adaptable and franchisable: 'It'd be great to have one in every rehab… there's no reason why they shouldn't happen everywhere'. He's also a great believer that the system needs to be changed, so funding for child and adult services are not necessarily funded separately.

'At the moment the boroughs do an assessment of the adult, then tick the box that says they have kids – then don't do anything about assessing those kids.' Changing the culture would make May's life easier, 'so that I don't have to run between children, families and adult substance misuse teams to try and get the thing paid for' – but that aside, he can't understand why the logic of a holistic service is not more obvious.

'We know there's a need, and we know it works,' he says. 'We're trying to inspire and encourage people to commit to the philosophy.' **DDN**

The stigmatisation of drug users and of the UK's non-white populations have historically always been intertwined: the resulting set of misconceptions and stereotypes has seriously obstructed progress in addressing inequality, and continues to do so, says Kazim Khan.

The fact that drug users have long been stigmatised may explain why, compared to other fields, little has happened in the drugs field with regard to race until recently. With some honourable exceptions, the drugs field has lagged behind – and not because other sectors have raced ahead.

In areas such as housing, education, social services and employment, initiatives have tended to be restricted to making sure organisations stay on the right side of the law. Any more actively pursued race-equality policies have – with some notable exceptions in some Labour controlled local authorities – been varieties of 'multiculturalism': little more than trifling dollops of diet, language and religion, which have done nothing to tackle racism and discrimination. In others, such as health, employment of minority staff and care of minority patients has come under repeated criticism from the Commission for Racial Equality (CRE).

Working against this tide of misconceptions of race equality, the Race and Culture Policy Research Unit (RCPRU), a collaboration of academics, researchers and practitioners, has been pointing out since 1990 that racism is not directly tackled by multiculturalism or by funding visible minority groups. (This is not to diminish the work of effective pressure groups .)

Doing something about racism depends on tackling standard, taken for granted practices, which are discriminatory in effect, if not in intention. At an organisational level, racism is the outcome of practices such as an agency's human resources policy, its service development programme, or its communications strategy.

Enquiries made to SCODA and ISDD (both now DrugScope) in the late 1980s threw up very little information about drug use amongst the UK's visible minorities – despite SCODA then being the umbrella body for drug services in England and Wales and ISDD housing the largest drug misuse library in Europe. Ethnic monitoring statistics from the Department of Health's Regional Drug Misuse Databases (RDMD) were silent on ethnicity, or seriously flawed in the few regions where this was recorded. Other information was anecdotal, from professionals working in the field.

Most government drug policy documents at this time were also blind to race equality, or were limited to a token paragraph of acknowledgment, with no further direction or guidance.

EU-funded research [led by Kazim Khan and fellow former member of RCPRU Neville Adams] indicated for the first time what drug services could do, on the basis of existing anti-discriminatory legislation. The guidance was based on interviews with 22 residential and day services in London, and involved directors, senior managers, front-line staff and clients.

Results showed drug services as having a patchily developed race equality infrastructure, which appeared piecemeal, fractured, and lagging behind other sectors. Equal opportunities policies rarely moved from the paper they were written on into operational service, and were not evident in employment and recruitment practice.

The lack of progress contrasted sharply with a desire for change. Interviewees wanted to see not only a better race equality infrastructure, but commitment to equal opportunities from staff and management; more research; a more positive attitude from service planners, purchasers and commissioners; better planning; and more community and user involvement.

In the last five years, things might seem to have moved on, but evidence suggests otherwise. The Drugs Strategy Directorate and the National Treatment Agency now provide a good deal more information on race equality policy and practice, and the NTA work programme includes a comprehensive race equality scheme. DrugScope and the Federation of Black and Asian Drug and Alcohol Workers have been providing training packages, and nationwide service providers such as Addaction, Phoenix House, Cranstoun and Turning Point have been developing in-house resources. The Department of Health has invested heavily in a community engagement scheme, to carry out needs assessments in local communities and advise the drug action teams.

The problem is that without any monitoring or evaluation data, it is impossible to confirm the effectiveness of these initiatives. All public bodies are bound by legislation to have produced a race equality scheme by 2002 and to review it by 2005. They are also expected to assess their policies for potential or actual adverse impact on particular racial groups, and to publish the results. The risk is that all such evaluations will be internal and that the results – for want of will or for want of data – will fail to reflect the impacts of these policies on visible minorities. At another level, there are concerns about how policies roll out at ground level.

To really understand the conditions that nourish racism, we need to develop a language that grasps the core sources of disadvantage, rather than obscures them. Progress in the drugs field, as elsewhere, is hampered by a confusing array of terms and concepts emanating from above that mean different things to those using them. 'Multiculturalism', 'diversity', 'community cohesion', 'community engagement' and 'cultural competence' are used indiscriminately and without question as to their meanings and relevance. The effect is to cloud and divert attention from the real issue of race equality.

At the basic level, any race equality policy must look at institutional racism and the conditions of its existence – for instance, classifying anyone by rigidly or simplistically applied notions of ethnic origin, race or culture can open the door to racism by assuming that anyone belonging to that group bears its characteristics.

If obstacles are going to be overcome, we first need to tackle the lack of responsibility and accountability at the top of service management and policy-making structures. At present, the lack of knowledge and understanding of race equality at the topmost level in the drugs field is all too apparent. Secondly, we need to question the demonisation of substances, which also demonises those who use them and those, often wrongly, assumed to purvey them – the visible minorities; the 'others'.

Kazim Khan is senior research fellow and visiting academic at the Social Policy Research Centre, Middlesex University. He is also co-ordinator of T3E (UK), an independent pan-EU, not-for-profit organisation for research and training on issues of race and drugs.

This article is a much abridged version of a chapter commissioned by the School of Policy Studies, Bristol University, for a book on drug policy due to be published later in the year by Open University, McGraw Hill.

The regulation and control of drugs: Part 1

In the first part of this briefing, Professor David Clark looks at factors that have influenced the development of laws regulating recreational drug use, in particular influential happenings in America.

Throughout history there have been all sorts of attempts to regulate or control the use of certain drugs. It is generally assumed and rarely argued that it is all done for the greatest good, to help reduce the health and social problems caused by drugs. However, a closer look at the origins of prohibition reveals a more complicated picture. Ideological, political and economic interests play a major role.

The earliest form of prohibitionist thought can probably be accredited to an Egyptian Priest who in 2000 BC wrote, 'I, thy superior, forbid thee to go the taverns. Thou art degraded like the beasts.'

The Prophet Mohammed's decision to outlaw the use of alcohol amongst his followers was probably the earliest large scale example of prohibition. The banning of alcohol was done to differentiate the followers of Mohammed from early Christians who had adopted alcohol as the official drug of their religion (wine as the blood of Christ). The banning of alcohol was for ideological reasons, and it created a unifying factor for his followers.

Numerous temperance organisations developed in the US during the early part of the 19th century. They proclaimed that the worst social problems could be traced to the 'demon rum' and 'ardent spirits'.

The cure for this problem was universal abstention from alcohol.

Within a few decades, temperance organisations in the US attracted a great deal of political support and became a perennial election issue.

The temperance movement used violent language and supporters showed a great enthusiasm for warlike propaganda. Truth was the first casualty – unsupported claims, half-truths and bold-faced lies were propagated as divine writ or scientific fact.

The temperance mentality extended to drugs that were identified as public enemies later in the 19th century: opium, cocaine and heroin.

Anti-alcohol, anti-drug and anti-German propaganda became intermixed. The New York Times told Americans of a fiendish plan to introduce 'habit-forming drugs' into German toothpaste and patent medicines that were to be exported to the US before World War 1, so that 'in a few years Germany would have fallen on a world which cried for its German toothpaste and soothing syrup – a world of "cokeys" and "hop-heads" which would have been absolutely helpless when a German embargo shut off the supply of its pet poison.'

'It is generally assumed and rarely argued that it [prohibition] is all done for the greatest good, to help reduce the heath and social problems caused by drugs. However, a closer look at the origins of prohibition reveals a more complicated picture. Ideological, political and economic interests play a major role.'

Drugs were seen as the cause of widespread ill-health and misbehaviour amongst men, the cause of sexual immorality in women, and as disgusting artefacts of unwelcome and inferior races. Two stock anti-drug images became US cultural archetypes. People who used forbidden drugs were transformed into 'dope fiends', slaves to their drugs and a menace to society. They committed the most unspeakable of crimes with no remorse. 'Drug traffickers' converted innocent boys and girls into dope fiends.

There has been no consensus as to why Americans reacted to drugs in this way. Cocaine and opiates were widely used medicinally and recreationally, and whilst addiction and overdose did occur, these drugs did not cause problems for the vast majority of people.

Two conclusions seem inescapable. Firstly, anti-drug policy was never a calculated policy decision imposed by a single controlling bureaucracy. It was the result of a collision of diverse social forces and special interest that collectively had great power. Secondly, the American movement was much stronger than elsewhere – most other countries reacted with more ordinary forms of regulation and with less violence.

The role of racial antagonism in the development of drug laws cannot be argued. Anti-Chinese sentiment grew in the western states in the second half of the 19th century when Chinese labourers began to compete with Whites for employment. Jobs became sparse with the economic depression of 1875 and ill-feeling against the Chinese grew.

Racist myths led San Francisco to ban opium smoking in 1875. By the time the Harrison Narcotics Act came into effect in 1914 – prohibiting use of opiates and cocaine for non-medicinal purposes – 27 states had already banned opium. Fears of cocaine-induced rebellion among Black Americans were prominent in anti-drug rhetoric.

Harry Anslinger, Commissioner of the Federal Bureau of Narcotics from 1930 until 1962, played a major role in whipping up public outrage in America. His agency was not doing well in the 1930s and he needed a substance to arouse sufficient public horror to justify the funding of his Bureau. He developed a major federal initiative against marijuana.

Anslinger strongly believed that drug-trafficking could be eliminated if the law provided for compulsory imprisonment of users. The Boggs Act of 1951 had far reaching implications not just for the US but for international drug policy. It introduced mandatory minimum sentences: 2-5 years for first offenders with cannabis, cocaine or opiates; second offenders, 5-10 years; and third offenders, 10-20 years. Boggs opposed any legal distinction between possession and supply.

The Law raised penalties relating to cannabis on the basis that it was a gateway to opiate abuse, and ensured that marijuana was linked in law and the public mind with opiates. Americans called it a narcotic.

Anslinger was quoted in one of Hearst's papers telling people that: 'if the hideous monster Frankenstein came face to face with the monster marijuana he would drop dead of fright.'

Anslinger depicted the drug-user as an arch-deviant who committed crimes, would not work, and sought instant pleasurable gratifications, especially sexual ones. He did not denigrate heavy drinkers, or habitual users of tranquillisers and barbiturates, who depended on their preferred substance to cope.

His approach appealed to journalists who wanted sensational material.

Harm Reduction in Belfast Science or Social Movement: A reply to Professor Stimson

I am grateful to Professor Gerry Stimson for his response to my letter on the Belfast Harm Reduction Conference (*DDN*, 30 May). Criticism is never easy to hear and I know that Gerry felt that my letter was rather unwelcome, poorly timed and somewhat biased. The letter though was written as my impression of the conference. Others who were there can form their own judgements as to the accuracy, or not, of my portrayal. Since the conference organisers asked delegates to complete an evaluation sheet at the end of the meeting I was surprised that Professor Stimson chose not to refer to this material in his response.

The more important issue, however, has to do with whether the conference is there to report on the science of harm reduction or to promote harm reduction as a social/political movement. Whilst Gerry may feel that this suggests a false dichotomy between the two, it is also the reason why some researchers may feel inclined to play down their negative findings when evaluating harm reduction agencies. Indeed, the fact that the incident to which I referred in my original letter was reported at an open meeting suggests an expectation that such an admission would be sympathetically accepted by delegates – which indeed it was. Linking social movements and science creates considerable pressure on researchers and Gerry Stimson is too good a researcher not to recognise that.

Whilst Gerry may indeed place considerable value on critical self reflection, the fact is that none of the papers or presentations I attended were remotely critical of the harm reduction approach. Criticism does not have to be destructive and I am certainly not advocating that the conference invites attacks from those who are unsympathetic to its core principles. However, those who are supportive of harm reduction must have areas of their work where they are less clear of the benefits of what they are doing and it is their critical self-reflection which will lead to positive development of the harm reduction approach.

Finally, I would only add that I am puzzled that Gerry should refer to my reference to loved ones who may be harmed by people's drug use as being rhetorical. What I meant in my letter was the harm that is experienced by parents, siblings, husbands, and wives as a result of their loved one's drug use. The conference had too little to say to these people, and too little about the idea of recovery from dependent drug use. These are areas that, along with greater scope for discussion, the organisers might consider expanding in future conferences.

Neil McKeganey
Professor of Drug Misuse Research
University of Glasgow

'Criticism does not have to be destructive and I am certainly not advocating that the conference invites attacks from those who are unsympathetic to its core principles. However, those who are supportive of harm reduction must have areas of their work where they are less clear of the benefits of what they are doing and it is their critical self-reflection which will lead to positive development of the harm reduction approach.'

To walk and not run gives a greater chance possible of not falling... And a greater chance of keeping self solid upon one's feet....

I am writing in response to a poem printed in the 30 May edition of Drink and Drugs News by Nathan from Bracknell Town. I am pleased to hear Nathan is on the mend after such a traumatic experience. I do believe Nathan has given himself and family hope of continuing his healing process.

I would myself consist for many a year of falling and picking myself up – just to fall once more. Eventually I got to a point where the hole which I regularly found myself falling into became so deep that the risks of not surviving such a fall were inevitable – with consequences of damage beyond one's potential repair.

I would like to say that the hole into which I once fell, I now find filled by something so spiritual and working so wonderfully in my life today.

This has given me a stable enough foundation, where I now find myself walking freely without the risk of experiencing such a fall again.

I have been given an awareness that there is not that need to run any more.

Over four years together and free!
I know Nathan and Nathan knows me.
Stay strong my friend and life will only get better.

J. Donnison formerly Bracknell now Bristol.

What's in a name?

Ever since *DDN* first appeared I have been at a loss to know why it takes the name 'Drink and Drugs News'. Why not 'Smoke and Drug News', 'Heroin and Drug News' or 'Tranqs and Drug News'? This is not just a case of semantics. We have a significant problem with our drug policy, as highlighted recently by the BMA, who pointed out in a press release (4 June 2005) that: '...most drug addicts don't progress straight to heroin or crack cocaine. They show signs of trouble to come in early life, by smoking and drinking alcohol at a young age. The government's drug strategy doesn't properly recognise the importance of these 'gateway' drugs in young people, leaving it to other agencies to deal with these problems separately. If we are serious about preventing addiction to both legal and illegal drugs, we must have better services to tackle these problems among young people, and they must be co-ordinated into the national drug strategy.

It is incumbent upon all of us in the field to break down the barriers between legal and illegal drugs rather than buying into the orthodoxy. Then and only then can we begin to break down the barriers that exist for those needing advice and help.

Danny Kushlick
Director, Transform Drug Policy Foundation

We agree with your points on needing to place high emphasis on alcohol as well as drugs, and we chose the title Drink and Drugs News to signify our commitment to addressing both. (We also subscribe to the view that 'drugs' can apply to any substance of addiction, from cigarettes to heroin.) Editor

In this issue, we are launching a question and answer column. Questions will come from our readers: a selection of the best responses will be published in the following issue. Questions and all responses will then go onto our website Q&A section, at www.drinkanddrugs.net

We're always hearing about problems and dilemmas on all kinds of issues – from drug and alcohol workers on training and professional development, workplace issues, changing jobs, management styles; and from service users, on getting back into work, fair workplace rules, harm reduction and housing issues. So we thought we'd offer the chance to share expertise. DDN readers work in all areas of substance misuse, so there's a chance that someone else's advice can help.

If you've a question that you'd welcome other readers' views on, or if you've got a response to the question published in the latest issue, please email the editor, claire@cjwellings.com

Reader's question

I'm in contact with a client who has a long history of drug and alcohol use. He has been through rehab three times and is utterly discouraged and demoralised. He's lost his house and his marriage and his children have disowned him. He thinks there's no point in bothering anymore and is only just managing to keep his place at a hostel.

This man is 41 years old and used to be an architect. Now he has no intention of working again – or even rejoining society. How can I convince him to give it one more go?
Kerry, drug and alcohol worker, West Midlands

Email your suggested answers to the editor by Wednesday 22 June, for inclusion in the 27 June issue of DDN.

The Society for the Study of Addiction
Annual Symposium 2005

"If we did have evidence-based policy and practice, what would they look like?"

Date:	**17 & 18 November 2005**
Venue	The York Viking Moat House Hotel, North St, York YO1 6JF, UK. (overlooking York Minster, 1 mile from York train station)
Theme	What does the evidence tell us about policy and practice? The conference will address issues of evidence-based policy and practice, looking at where they occur, where they don't occur, and the reasons why. What do governments have in their power to do to reduce alcohol, drug and tobacco related harm? Why don't they? Professor Kathleen Carroll will give the Society Lecture.
Call for Papers	There will be an opportunity for delegates to present oral and poster papers. You are not required to adhere strictly to the conference theme and any addiction subject will be considered. Structured abstracts should describe briefly the purpose of the study, its methodology and findings in the same format as listed in the 'Guidance to Authors' in *Addiction*. The final decision regarding acceptance and the form of presentation will be made by the conference organisers. PLEASE SUBMIT BY 27 AUGUST 2005. **There will be a prize of £300, sponsored by The Society for the Study of Addiction, for the most promising new research presented by poster paper. Work will be judged by an independent panel of addiction scientists.** Please send abstracts to: Gillian Tober, President, Society for the Study of Addiction, Leeds Addiction Unit, 19 Springfield Mount, Leeds LS2 9NG, UK. or by fax or e-mail: see below.
Further enquiries to	Paula Singleton, Executive Officer, Society for the Study of Addiction Leeds Addiction Unit, 19 Springfield Mount, Leeds LS2 9NG. Tel: +44 (0)113 295 1315, Fax: +44 (0)113 295 2789, e-mail: p.singleton@nhs.net

The symposium is open to members and non-members of the Society

The SSA is a registered charity no. 1009826

addaction

The leading drug and alcohol charity.

Helping individuals and communities to manage the effects of drug and alcohol misuse.

Addaction works to reduce the harm caused by drug and alcohol misuse to individuals, their families and the community. Our innovation and commitment to quality in service delivery mark us out in the field. Due to a major expansion of our services, we now have the following vacancies to join our innovative team in Brent.

Criminal Justice Workers (Drug Rehabilitation Requirements) Ref:ADDLR29

£19,300 - £27,700 pa/pro rata (incl. London Weighting) dependent on experience • Full-time (37.5 hours per week) Part-time (18.5 hours per week)
Fixed term until April 2006

Addaction is seeking to appoint an experienced group worker to deliver non-medical treatment services to clients subject to Drug Rehabilitation Requirements that necessitate them to engage in an intensive package of care. You will be required to conduct assessments, carry out drug tests and deliver structured therapeutic support through group work sessions and one-to-one interventions using motivational skills. You will work closely with the London Probation Service and Brent CJIT as well as other agencies across the borough of Brent in order to meet individual client needs. This post requires a minimum of one year's experience of working with offenders/people with substance misuse problems, including experience of delivering group work programmes. A professional qualification, e.g. counseling/nursing/social work is highly desirable.

Crack/Stimulants Project Worker Ref:ADDLR30

£19,300 - £27,700 pa (incl. London Weighting) dependent on experience • 18.5 hours per week

You will provide advice and support to Addaction Brent clients at the project base and in the community. Here you will help identify and develop referral pathways and improve the project-based services, including drop-in and telephone advice, needle exchange, assessment, support and advocacy. As the lead for the crack/stimulant service, you will deliver Addaction's structured programme of treatment to stimulant users. You will also develop crack/stimulant interventions and provide training for clients and professionals. You will be a team player and bring with you one year's experience in substance misuse service provision. Specific knowledge and experience of working with crack/stimulant users would be beneficial.

Substance Misuse Outreach Worker Ref:ADDLR31

£19,300 - £27,700 pa (incl. London Weighting) dependent on experience • 18.5 hours per week
Fixed term until April 2006

Based in the South Kilburn area, you will work closely with the Safe & Sound Community Safety Project to ensure residents experiencing drug/alcohol related issues have access to appropriate treatment and support services. The aim of the project is to reduce the harm caused by drug and alcohol misuse to individuals and the local community as a whole. You will need the ability to facilitate a drop-in service, providing information, advice, assessment and referrals, as well as undertaking escorted home visits with housing officers. You will need experience of working with substance misuse and its related issues, and possess the ability to work on your own initiative.

For informal enquiries please contact Ali Saka or Michael Lawson on 020 8459 9510. To apply please contact Emma Duong on 020 8459 9515 quoting the relevant reference number.

Closing date: 1 July 2005

Addaction is an equal opportunities employer.

Charity no: 1001957

established 1967

www.addaction.org.uk

Dyfed Powys Police Authority

APPOINTMENT OF CONTRACTORS FOR THE DYFED POWYS DRUG INTERVENTION PROGRAMME/CRIMINAL JUSTICE INTEGRATION TEAM

The Dyfed Powys Police Authority, on behalf of the Dyfed Powys Drug Intervention Programme Board seek to appoint contracts with service providers to provide generic caseworker services providing ongoing support and accessing/brokering treatment services under the Drugs Intervention Programme. The main aim of the scheme is to reduce drug related offending in the counties of Carmarthenshire, Ceredigion, Pembrokeshire and Powys.

Services will be procured in two main lots as outlined below. A flexible approach will be taken to Lot 1 where contracts may be awarded on a regional basis, a Dyfed/Powys split or as four countywide contracts. Lot 2 will be a single contract procured on a regional basis.

Lot 1

Enhanced Arrest Referral - normally delivered in police custody suites and courts by offering assessment, care planning, support and referral to treatment.

Drug Rehabilitation Requirements (Powys only) - working alongside the Probation Service in providing support in their enforcement and management of community sentences.

Family Support - providing help to criminal justice clients in accessing wraparound services such as housing, skills and employment, developing social networks and support within families.

GP Specialist Prescribing Treatment Support - providing ongoing support to criminal justice clients accessing treatment from Local Health Boards GP specialists prescribing schemes and helping to prevent disengagement with such treatment.

Lot 2

Prison Link Development Work - providing prison resettlement work across the region and linking closely with other Drug Intervention Programme staff, the local Transitional Support Scheme and prison based drug services.

It is anticipated that the total value of the contract for Lot 1 will be approximately £1m GBP and Lot 2 approximately £60k both commencing in October 2005 and completing by March 2007. There may be an option to extend the contract on an annual basis up to March 2009 subject to continuation of funding through Central Government and the Drugs Intervention Programme.

Tenders will be assessed on the following criteria:

- financial and legal standing,
- ability and experience in delivering substance misuse services in an effective and safe way,
- total cost of providing services,
- proposals for delivering services contained within the tender pack.

Closing date for expressions of interest: 27 June 2005.

Applicants should apply in writing (preferably via email) to: - Liz Frizi, Procurement and Contracts Manager, Dyfed Powys Police Headquarters, Llangunnor, Carmarthen, Carms SA31 2PF. Tel: 01267 226540. Email: Liz.Frizi@dyfed-powys.pnn.police.uk

We welcome applications from suitably qualified people from all sections of the community, regardless of age, race, sexual orientation, religion, gender or disability.

BSc (Hons) Substance Use Studies

University of Wales degree available full or part-time

Do you want to help others overcome drug problems?

This course is aimed at people wishing to enter a career in social care or who already specialise in addressing drugs and alcohol issues within the youth and community, education or health related fields. The course is signposted to the Drug and Alcohol National Occupational Standards (DANOS) and will be fully aligned by 2006.

Modules include Drug Use and Society; Treatment and Prevention; Drugs and the Family; Difference and Diversity; Models of Care in Service Planning; Managing Services; Drugs and Crime; Drugs in Sport and Recreation; and National and International Policy. Those with existing relevant qualifications are able to join the course at levels 2 or 3.

Applications from those with personal experience of drug problems are particularly welcomed.

Contact Dr Paul Burlison for further details: **01978 293407** (p.burlison@newi.ac.uk) or Sian Walters: **01978 293380** (s.walters@newi.ac.uk)

NEWI – member of the University of Wales

www.newi.ac.uk

NEWI North East Wales Institute of Higher Education
Athrofa Addysg Uwch Gogledd Ddwyrain Cymru

Please mention Drink and Drugs News when responding to advertisments

We're Addaction, a leading UK charity working solely in the field of drug and alcohol treatment. With over 70 solution focused services, we work within communities and individually with clients from all backgrounds, helping to reduce substance misuse and to combat the harm it causes. Now we want you to help us evolve our services further and in the process find far-reaching solutions to one of the major social issues of our day.

www.addaction.org.uk

The leading drug and alcohol charity. Helping individuals and communities to manage the effects of drug and alcohol misuse.

established 1967

addaction

Combating addiction rebuilds lives and communities

DIRECTOR OF OPERATIONS (SOUTH)

Competitive package, plus benefits

Based London/South East with frequent travel

As a member of our Executive Team, you'll be a vital part of driving forward our long-term strategy. (We're an organisation that believes in constantly redefining our direction through rigorous assessment of our activities.) And as a talented leader you'll support and facilitate Area Managers and other staff to manage and develop services day by day, too. From evolving partnerships with a range of external organisations to delivering budgets and balancing the needs of a truly diverse range of service users, you'll be an inspirational leader who can galvanise Addaction throughout our southern region.

This is a highly influential role in a creative organisation, so you'll need experience of managing drug, alcohol or dual diagnosis services at a senior level. What's more, you'll have a proven track record of innovation and a reputation for encouraging a culture of open communication and honest feedback. Decisive, knowledgeable, credible, and driven to achieve change in this challenging arena, you are the person we need to drive forward our work in the South - and throughout the country.

For an information pack, please email c.davies@addaction.org.uk or call 020 7017 2754.

Closing date: 27th June 2005.

NORTH TYNESIDE COUNCIL

TENDER FOR NORTH TYNESIDE PROJECT ANSWER CRIMINAL JUSTICE INTERVENTION TEAM (CJIT)

As part of the development of Project ANSWER - a multi agency care co-ordination project for people with substance misuse issues in North Tyneside - North Tyneside Drug Action Team wishes to invite tenders from established and experienced providers of services to deliver the following components of the Drug Intervention Programme:

(a) court and arrest referral service

(b) throughcare and aftercare service

Service providers should bid for the contract as a whole.

Service Providers may be required to give a presentation of their proposal and it is envisaged that this would take place between 20th July - 5th August 2005.

The Drug Action Team anticipates the contract to be awarded and work to commence on 31st October for a period of 1 year with the option to extend for a further two years subject to satisfactory contract performance. The contract will be let on the basis of quality of service, ability to perform and tendered prices.

Further information may be obtained by contacting Oonagh Mallon, DAT Co-ordinator on Tel: (0191) 200 6847.

Applicants wishing to register their interest against this tender should go to the web site located at www.nepoportal.org/search. Select North Tyneside Council in the left hand drop down box and enter the Contract ID: NTYN/PLN/6CSD87, to arrive no later than noon on 21st June 2005. Unregistered Suppliers will be redirected to a Supplier Registration form to be completed.

Further information with regard to documentation can be obtained from Mr E Briggs, Strategic Procurement Tel: (0191) 219 2325, e-mail: elliott.briggs@northtyneside.gov.uk.

No previous application or expression of interest shall be taken as an application for the purposes of this notice.

The Freedom of Information Act 2000 introduces a statutory obligation for public bodies to make information that they are holding available on request. Potential tenderers should be aware of the client's obligation under the Act, whereby information provided by tenderers in response to this advertisement may be requested by a third party.

RAPt

REHABILITATION for ADDICTED PRISONERS TRUST
'STOPPING ADDICTION, STOPPING CRIME'

Following the recent Prison Service re-tendering exercise, RAPt has been awarded 14 new drug service units to provide CARAT Services and accredited 12-step based Substance Abuse Treatment Programme in HM Prisons across England. We are therefore undergoing a major expansion, offering many exciting opportunities to become part of one of the country's foremost providers of drug treatment services in prisons. We are currently looking for staff in the following positions and locations:

Community Drug Worker
RAPt Criminal Justice Services Southwark

Starting Salary £21,000 (plus £1,000 London Weighting)

An exciting opportunity has arisen to work with our Drug Intervention Programme team in Southwark, South London for someone with experience working in the criminal justice and/or substance misuse field. The post holder will provide continuity of care services including assessment, care planning and engaging service users successfully into treatment. For this position, the successful candidate will be asked to apply for a CRB Enhanced Disclosure. Further information about the disclosure service can be found at www.disclosure.gov.uk

Senior CARAT Workers **HMP Wandsworth, London**

Starting Salary £24,000 (plus £1,000 London Weighting)

We are looking for a full time Senior CARAT Worker to join our team at HMP Wandsworth. For this position a good understanding of the drugs field and experience of working with this client group is essential, as is line management experience. Previous experience and a clear understanding of the CARAT system is highly desirable. You will also need to be efficient, enthusiastic and determined, with the ability to work in a challenging, sometimes pressurized environment.

CARAT Workers:
HMP Wandsworth, London; HMP Brixton, London; HMP Bullingdon, Oxon; HMP; Standford Hill, Sheppey, Kent; HMP Elmley, Sheppey, Kent; HMP Highdown, Surrey; HMP Send, Surrey; HMP Latchmere House, Surrey

Starting Salary £21,000
(plus £1,000 London Weighting for units located within M25)

We are looking for CARAT workers to join our teams at the above-mentioned establishments. For these positions, a good understanding of the drugs field and experience of working with this client group is essential. Previous experience and a clear understanding of the CARAT system are also desirable. You will need to be enthusiastic and very determined to be able to work within the challenging environment of a prison.

Counsellors: **HMP The Mount, Hertfordshire**
HMP Bullingdon, Oxon

Starting Salary £21,000

We are looking for counsellors to join our teams at the above establishments. To be successful, you would need to have a thorough knowledge of, and commitment to 12-Step. Counselling qualifications and experience are essential, with experience of working with addicts desirable. Some level of training will be provided for staff with limited experience of working with this client group. You will also need to be efficient and determined, with the ability to work in a challenging environment.

If you are interested in any of the advertised positions and would like to receive an application pack, please send an SAE for 45p to Amanda Pearman, RAPt, Riverside House, 27-29 Vauxhall Grove, London, SW8 1SY, clearly stating which position you are interested in.

Closing date for completed applications: Monday 27 June 2005

RAPt strongly encourages applications from Black and Minority Ethnic individuals and from those in recovery from addiction.

NO AGENCIES PLEASE

www.rapt.org.uk Registered Charity no. 1001701

The Drugs & Homeless Initiative (DHI)

The Drugs & Homeless Initiative is an award winning charity that seeks to assist people to address problematic drug and alcohol use, with particular regard for those who are socially excluded as a result of poor housing, lack of employable skills or other means.

DHI is currently recruiting the following:

Bath based:

Drug Intervention Programme Co-ordinator (Full Time)

Salary: NJC pt 30-34, £24,708 - £26,157 (depending on experience)

An experienced Team Leader, you will co-ordinate the Drug Interventions Programme in Bath & North East Somerset as well as manage and lead DIP staff and the Prolific Offenders Treatment Worker employed by the DHI.

You will have an excellent understanding of substance misuse and related offending, a sound knowledge of the criminal justice system and the ability to lead a team effectively within a performance management framework. The current success of DIP in B&NES is directly attributable to excellent partnership working and as such we are looking for an individual able to build upon this. Ideally you will possess a CQSW/DipSW, probation qualification or similar.

Floating Support Worker (Full Time)

Salary: NJC pt 26, £20,295

You will offer practical and emotional support to enable ex-offenders and those at risk of offending due to problematic drug/alcohol use to maintain their tenancies. Naturally, you will be enthusiastic, have some previous experience of drugs or ex-offender work, preferably in a housing setting and be able to work on your own initiative.

Warmley, South Gloucester based:

Community Drugs Workers (multiple posts)

Salary: NJC pt 26 £20,295

Working closely with GPs and other medical staff, you will provide assessment and keyworker support (shared care and counselling) to service users accessing the substitute prescribing service. Based at the treatment centre in Warmley, postholders will be required to travel to satellite clinics across South Gloucester.

With significant experience of working with people with drug related problems, you will also have the ability to work effectively in a team, in partnership and on your own initiative. With a genuine commitment to this client group, you will also have willingness to travel and access to your own vehicle.

Counsellor/Group Workers x 2 FT

Salary: NJC pt26, £20, 295

You will provide care planned counselling as well as assist in the delivery of group work on the (criminal justice) structured day programme.

Experience of working with people with drug/alcohol related problems, a qualification in counselling or group work and the ability to work flexibly as part of a team, plus a genuine commitment to this client group are essential.

There is scope to be involved in developing associated specialisms within DHI's South Gloucester team.

DHI welcomes job share applicants.

DHI offer 25 days annual leave, a pension scheme (after six months service), a commitment to staff development and a supportive working environment.

For application forms contact: DHI Recruitment, 15/16 Milsom Street, Bath BA1 1DE. Telephone 01225 329 411, E-mail caroline meddick@drugsandhomeless.org.uk

Closing date: Monday 27 June 2005 12 noon
Interview dates: 15 – 21 July 2005

DHI is striving to be an equal opportunities employer Registered charity no. 1078154

Harnessing potential

At Phoenix House, we give substance misusers the opportunity to rebuild their lives in a way that ends their dependence on drugs and alcohol.

Team Leader, Family Services

Starting salary in the range of £22,502 – £25,877 per annum, 37.5 hours/week on a 5 out of 7 day rota

The Sheffield Family Service is a 24-bed unit which offers a six months residential rehabilitation programme to parents and their children (0-10 years). The Service is involved in providing a supportive, caring environment for parents who wish to continue to live with and care for their children whilst undergoing rehabilitation.

The post will be responsible for the day-to-day management of a multi-disciplinary team delivering a comprehensive residential rehabilitation programme with an emphasis on assisting resident's transition back into independent living within the community. You will deliver the highest standard of care that will involve: developing and implementing comprehensive care packages, following child protection procedures, co-ordinating activities to meet resident's educational, social, practical and healthcare needs and forging multi agency links with housing providers, funders and social services to facilitate clients resettlement and continuing care. You will be sharing responsibility for a core team of seven - plus additional roles within the service and involved in recruitment, staff inductions and training and ensuring high ethical and professional standards are met. Managing a specific budget, you will report directly to the Family Services Manager

The successful candidate will have a diploma in social work or equivalent qualification and at least two years experience working in residential rehab or similar environment. You will require sound verbal and written communications skills, the ability to support staff and to be able to prioritise your workload and work to tight deadlines. A driving licence is desirable, as this post is designated as a casual car user post.

Employment in this post is subject to police and other statutory checks

Benefits include: 25 days leave (rising to 28 days after 2 years service), contributory pension scheme, life assurance, and interest free season ticket loan.

Closing date for applications: 24 June 2005 (Ref SFS/T)

If you are interested in this position, please contact Pat Rose, Administrator, Phoenix House, 29-31 Collegiate Crescent, Sheffield, S10 2BJ, or telephone 0114 268 5131 for a full application pack, quoting the appropriate reference. Your completed application form should be returned marked "private and confidential" to the Family Services Manager, at the above address by the closing date.

phoenixhouse
www.phoenixhouse.org.uk Rebuilding Lives

Committed to a policy that promotes equality and diversity
Charity registration number: 284880

Substance Misuse Service User Involvement Worker for Mind in Brighton & Hove

mind
For better mental health

Service User involvement is a high priority for service planning. We have a new post to support this and seeking an enthusiastic and motivated individual to develop and strengthen our existing service user groups to improve involvement within our drug and alcohol treatment systems

We want to recruit a worker who will ensure that service user involvement becomes a reality. You should have experience of substance misuse services, preferably as a service user and be able to motivate people to get involved. You should also have the skills to deliver training and an ability to develop constructive working relationships with people from diverse backgrounds. Knowledge of all issues relating to drug and alcohol use and misuse is essential.

Initially funded for one year. **Closing date 24 June 2005.**

This is a part time position 20hrs week.
Salary based on NJC SO1 £22,512 pro rota equivalent to £12,864 per annum

For an information pack please send a 46p stamped A4 envelope to Mind in Brighton and Hove, 60 Sackville Gardens, Hove BN34GH

The CORE Trust is a unique organisation providing innovative treatment to people with addiction problems.

the coretrust

We are seeking full time

ADMINISTRATOR

We require a skilled person who is able to work as part of a busy team and administrate two separate strands of the Project. You will be creative, have excellent communication skills and be a superb organiser.

Salary £19,000 per annum with 25 days annual leave

For job descriptions and information send your name and address:
Tel 0207 258 3031 Email jobs@coretrust.org

Please apply with CV and a statement which outlines your suitability for the post to:

The CORE Trust, Lisson Cottages
35a Lisson Grove
London NW1 6UD

Closing date for applications is Thursday 23rd June

Creating change

At Phoenix House, we give substance misusers the opportunity to rebuild their lives in a way that ends their dependence on drugs and alcohol. That takes more than good resources. It takes commitment, creativity, compassion and a determination to deliver services that make a real difference to people's lives. Have you got what it takes to join us at the Sheffield Adult Service?

DRUGS WORKER

3 Month fixed term contract

£17,310 - £17,886 pro rata

Join us in this role and you will act as a support, guide and mentor to the service users – assisting them to rebuild their lives through the provision of a positive and challenging experience within a structured learning environment. You will help individuals achieve their goals through your ability to facilitate one-to-one and group activities, using your experience to identify strategies for change. Along with a flexible approach, you should possess – or be working towards – a qualification in counselling and/or substance misuse. This post will require you to work on a rota basis, including overnight, weekend and relief duties.

Innovation isn't confined to the way we deliver our services: it extends to the way we develop and reward our people. So along with an attractive salary you can expect first class training opportunities, ongoing professional development, ample scope for promotion and a range of benefits that includes a final salary pension scheme.

For further information or to download an application form and job description please visit www.phoenixhouse.org.uk or email recruit@phoenixhouse.org.uk quoting the reference number TM/SAS/FTC. Alternatively please call 0114 267 8094. Closing date: 24th June.

phoenixhouse
www.phoenixhouse.org.uk Rebuilding Lives

Committed to a policy that promotes equality and diversity
Charity registration number: 284880

Are You Looking For Staff?

We have a comprehensive database of specialist substance misuse personnel

DAT Co-ordinators ● RoB Co-ordinators
DIP Workers Counsellors ● Project Workers
Commissioning Managers ● PPO workers
TCAC workers ● Case Managers

Consultancy, Permanent, Temporary

"We have found Solutions Action Management to be a focussed professional and responsive provider of both Consultancy and interim management support as well as helping with our permanent DAT coordinator/recruitment. They have been able to target our own specific needs and have provided high calibre candidates for us."
Chief Executive- Slough PCT

Contact the Director to discuss your recruitment needs:
Samantha Morris Tel/Fax 020 8995 0919

www.SamRecruitment.org.uk

WEST DUNBARTONSHIRE COUNCIL

Department of Social Work Services

With one of the highest rates of drug and alcohol misuse in Scotland, we are looking for dedicated professionals ready for a challenge. In return, you join a growing and creative partnership of addiction staff, cutting across social work, health and the voluntary sector.

Working within a setting bordered by Glasgow and Loch Lomond, West Dunbartonshire is an area with much to offer. And as an employee of West Dunbartonshire Council, you will be supported in your own personal and professional development.

For an informal chat or to arrange a visit to the area, contact Tom Jackson, Joint Manager of Addiction Services, 01389 737656.

Social Worker – Special Needs in Pregnancy – SW/06/01

35 hours - £22,305 – £27,822
Dumbarton / Vale of Leven Area Team, Church Street, Alexandria

Based within the Children and Families Team, you will be an enthusiastic Social Worker with an interest in working with pregnant women who are affected by drug or alcohol misuse. You will provide a dedicated service to local Ante-natal and Special Needs in Pregnancy Clinics. A Diploma in Social Work or equivalent is essential.

Addiction Worker (Children and Families) – SW/06/02

35 hours – £20,808 – £23,034 or £22,305 – £27,822
(contingent upon qualifications)
Dumbarton / Vale of Leven Area Team, Church Street, Alexandria

You will be an experienced Addiction Worker or Social Worker with an interest in working with parents who misuse drugs or alcohol. You will provide a dedicated service to parents and help deliver local guidelines on working with children and families affected by substance misuse. A Diploma in Social Work, or a Certificate in Addiction Studies or an equivalent is essential.

Senior Addiction Worker – SW/06/03

35 hours – £20,808 – £25,857
Dumbarton / Vale of Leven area

You will be an experienced addiction worker. As well as supervising a team of addiction staff, you will work directly with adults who misuse drugs or alcohol. A Certificate in Addiction Studies or equivalent is essential.

Homemaker
(Children and Families – Addiction Services) – SW/06/04

35 hours – £15,063 – £16,116
Dumbarton / Vale of Leven Area Team, Church Street, Alexandria

You will have experience of working with children as well as experience of drug and alcohol issues. You will increase, through support and intervention, life opportunities for children and families affected by substance misuse.

Homemaker (Addiction Services) –SW/06/05

35 hours – £15,063 – £16,116
Working across West Dunbartonshire

You will be experienced in drug and alcohol issues. You will work alongside addiction staff, assisting in the care plans of adults with drug or alcohol problems.

The closing date for all posts is Friday 1st July 2005. For an application pack please contact West Dunbartonshire Council, Corporate Personnel Services – Admin , Council Offices, Garshake Road, Dumbarton, G82 3PU. Tel No: (01389) 737666 or email recruitment@west-dunbarton.gov.uk

POSITIVE ABOUT DISABLED PEOPLE