From FDAP in association with WIRED

DDN
Drink and Drugs News

24 January 2005
www.drinkanddrugs.net

KEEP IT REAL
Drug awareness on the street

Extreme measures
Detox the Thai Buddhist way

Cannabis reclassification
One year on: has anything changed

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The 21st Century approach to tackling substance misuse

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Drink and Drugs News

24 January 2005

Editor's letter

Asking for opinions on cannabis a year on from reclassification was an interesting experience. Views range from 'why is it taking so long to legalise it..?' to worries about the long-term health risks and concern that the law has gone too far already. Is it really dangerous? Was it reclassified to reduce paperwork? Are we storing up a health timebomb? Is it no more dangerous than having a few drinks? Do your views differ from those represented on page 6?

It's always interesting to hear different ways of doing things, and learning about the Thamkrabok Monastery in Thailand was no exception. The treatment is demanding in every sense, emotionally and physically and there is no doubt that those who have come through it successfully feel an enormous sense of achievement. But is it a viable option to more conventional rehab? See page 10.

This fortnight's issue is full of questions, and here are some pretty direct ones for needle and syringe services: are you encouraging drug users to move away from injecting altogether? Are you effective in the services you provide? Let us have your feedback.

Getting drug and alcohol messages to young people is always a huge challenge. Haroon Riaz's way of harnessing peer pressure and using what's 'in' is one way. I'm sure there are plenty of others, judging by the excellent websites I come across, relating to youth projects. Tell us what's happening in your area.

And if the January weather's getting a bit much for you, spare a thought for Mike Gallant, our 'day in the life'. At least the rain might not be blowing horizontal where you are.

• For your own copy of DDN, email name and postal address to subs@cjwellings.com

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
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In this issue

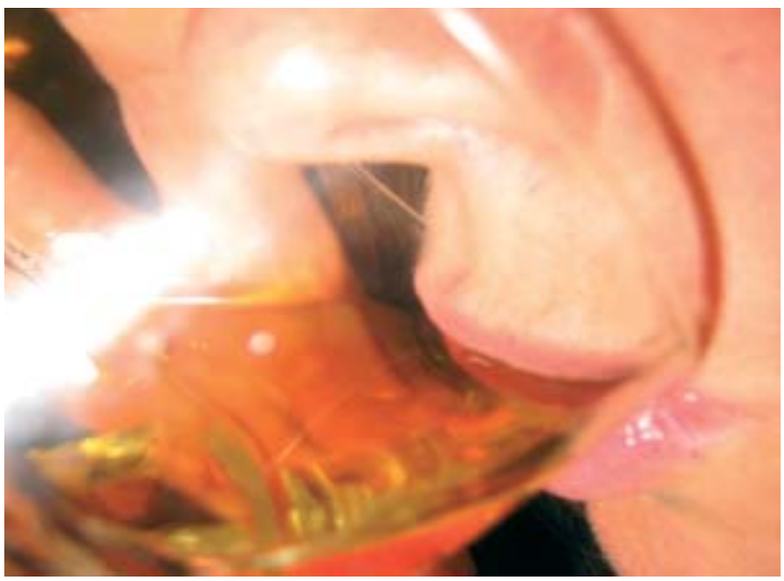
Media watch

Student drug search
Students arriving at Pembrokeshire College this week were met by police and sniffer dogs, carrying out a random drugs search. The exercise was carried out in the foyer in full public view. Campus staff were directed to a side entrance.
Milford and West Wales Mercury, 20 January

Cocaine rats
Tests on rats have given scientists new clues on cocaine cravings. The study in Nature Neuroscience says the danger period kicks in after long periods without the drug, and not straight after they stop taking it.
http://news.bbc.co.uk, 18 January

Free prison needles
Prisoners in Scotland will be given free needles to reduce the risk of police officers being jabbed by hidden syringes. Police hope drug users will be more willing to hand over dirty needles, if they are given clean ones on their release. Two thirds of drug users taken into custody are thought to be infected with hepatitis C or HIV.
Edinburgh Evening News, 14 January

Farm weed
A Shropshire farmer 'couldn't believe it' when police found a sophisticated drugs factory in his disused pigshed near Whitchurch. An anonymous call to Crimestoppers led to nearly 400 plants with a street value of up to £100,000 being discovered. Mr Crooke said he had rented the building to two men from the north west, and was pleased the drugs had not made it onto the streets.
Shropshire Star, 20 January



Jellypics

New measures proposed for binge Britain

A series of measures to tackle binge drinking have been proposed by government, through a consultation document unveiled this week.

Culture Secretary Tessa Jowell and Home Office Minister Hazel Blears announced that the proposals would build on powers of the Licensing Act 2003 to tackle binge and underage drinking, and would seek to bring about a culture change on alcohol.

The additional powers are widely viewed as reaction to criticism of the Licensing Act as a 'de-regulatory act' encouraging 24-hour drinking, and offer measures to tackle the problems of binge-drinking Britain.

The new licensing structure aims to give police and local authorities greater powers to deal with those who abuse licensing laws, according to the ministers.

Under the proposed rules, pubs and bars will be made more responsible for the welfare of their customers, incurring penalties for serving under-age drinkers, or customers who are drunk.

Premises that are deemed to be within an 'alcohol disorder zone' – an area where there is a problem of anti-social drinking that is not being tackled – would be liable to pay costs towards policing these problem areas. The contribution would only come into effect if there was no improvement after an eight-week warning period.

Young people attempting to buy alcohol under age and individuals who incurred three fixed penalty notices, or three alcohol and disorder related criminal convictions, would be subject to a 'drinking banning order', excluding them from pubs and bars within a specified area, for a fixed period of time.

A code of practice was being developed by the alcohol industry, to give guidance to owners and operators on banning promotions that encouraged speed drinking and excessive consumption.

Tessa Jowell said the new proposals were in response to current licensing laws 'cracking under the strain'. The proposed steps would send out a clear message, that 'we will not tolerate the disorder and anti-social behaviour that blights our towns and city centres'.

Hazel Blears added that the rules were necessary 'if we are to achieve a fundamental change in attitude so that "binge" and under age drinking are no longer regarded as socially acceptable'.

Strathclyde cannabis all-time high

Seizures of cannabis in Scotland have increased dramatically in the past year, according to Strathclyde Police.

Since the drug was reclassified from B to C a year ago this week, the drug squad has seized over 131 per cent more cannabis plants than in the previous year – a figure of 1,715 instead of 742.

Detective Sergeant Kenny Simpson believed the increased seizures accurately reflected the increase in actual use.

'The increase in growing plants reflects a national trend,' he told *DDN*. 'There is a change in demand for better quality cannabis and the cannabis market is becoming larger. More people are growing it at home, both on a commercial basis and for their own use.' The plants were a profitable business, selling for £5 a gm compared to £2.50 for resin, he said.

Despite having to focus many of their resources on class A drugs, DS Simpson said that the drug squad was keeping up with the increasingly sophisticated methods used by growers to escape detection, and had 'very complex methods of gathering information'. The growing area, equipment, electricity needed and distinctive smell of the cannabis plants offered ready clues.

Home grown cannabis could be significantly stronger than resin, adding to the cannabis problem, according to DS Simpson.

'Use of cannabis is greater than it's ever been,' he said.

Police target dealers

A three-month police campaign has been launched to target local class A drug markets across the country.

Co-ordinated by ACPO and the Home Office, 'Operation Crackdown' will involve 32 police forces, working with treatment workers, Drug Action Teams and local authorities. It will focus on closing drug dens, disrupting local drug markets, seizing illegal firearms and bringing dealers to justice, the Home Office has announced.

The latest campaign is part of the government's determination to dismantle class A drug markets, according to Home Office Minister, Caroline Flint.

'Operation Crackdown sends a clear message to drug dealers that their behaviour will not be tolerated in our communities and that they will be brought to justice and face harsh penalties,' she said.

Andy Hayman, ACPO lead on drugs and chief constable of Norfolk constabulary, said the campaign would disrupt dealing operations and get more drug users into treatment.

The campaign will run from 12 January to 31 March.

Alcohol Concern asks 'how's your drink?'

Helping people to take a proactive role in cutting down their drinking is a key purpose of the new Alcohol Concern website, *How's Your Drink*, launched this week.

The one-stop site gives options for information, an online test to gauge whether you are drinking above levels that are safe for health, and a self-help programme that helps cut down drinking over six weeks. Based on information from the alcohol education and treatment field, the course, lasting less than an hour over the six-week period, is designed to teach the site visitor to become a 'Thinker Drinker', able to control their intake within safe levels.

Tips for cutting down drinking include knowing more about units, pacing the evening's drinking, and avoiding situations where peer pressure will inevitably make you drink more than you intended.

With nearly one in three adult men and one in five women estimated to drink over the recommended number of weekly units, the site aims for a palatable message: 'We do not think alcohol is evil, on the contrary, we think that drinking a reasonable amount is good for most people.' Richard Phillips, director of policy and services at Alcohol Concern, said it would 'help individuals think about whether they should change, and show they what they need to do'.

The Department of Health provided initial funding for site, and saw it as a positive way of tackling alcohol-related injuries and illness that currently costs the health service nearly £2bn every year, according to Health Minister, Melanie Johnson.

Visit www.howsyourdrink.org.uk for the main site. www.downyourdrink offers online intervention to cut down drinking.

'Tips for cutting down drinking include... avoiding situations where peer pressure will inevitably make you drink more than you intended.'

Frank review shows healthy response

The government's 'Frank' campaign has announced a successful first year, with more than 650,000 calls and 3.5m visits to the website.

Reporting on progress just over a year since it was set up, ministers Caroline Flint for the Home Office, Melanie Johnson for the Department of Health and Stephen Twigg for the Department for Education and Skills, said their joint initiative had established itself as 'credible, reliable and conclusive, and a trusted source of information on all drug-related matters'. Furthermore, it was 'already meeting and exceeding the desired objectives'.

Developed in response to findings of the Updated Drug Strategy 2002, the campaign set out to provide young people and their families with 'open, honest and credible' information about drugs.

Frank was designed to be 'an anonymous friend', giving information without preaching, stigmatising, or being authoritarian and now gives links to an extensive range of referral organisations.

The government has also used Frank to disseminate key messages, such as information on the reclassification of cannabis.

Visit www.talktofrank.com

Can you help film-maker?

A television documentary is looking to follow a young person between the age of 11 to 14 years who has a drink problem. This will be a chronic problem that has developed over several years and is now affecting their everyday life. The documentary will be their story as they try to get their alcohol use and life back under control. All calls are confidential.

Please call Vivianne on 0207 428 3478 or email vhoward@worldofwonder.co.uk

Scottish heroin and valium use drops as fewer inject

Heroin and valium use in Scotland has dropped by nearly eight per cent in three years, according to new figures.

The number of people using opiates and/or benzodiazepines had fallen from 55,800 in 2000 to 51,582 in 2003, says the research, carried out by the University of Glasgow's Centre for Drug Misuse Research and the Scottish Centre for Infection and Environmental Health.

Deputy Justice Minister, Hugh Henry welcomed the national decrease in injecting, and said the findings supported the most recent statistics on drug misusers entering treatment. These showed more people getting treatment, but fewer reporting injecting.

He was concerned, however, that one per cent of Scots were still misusing heroin and valium, and called for action to be stepped up to intervene earlier and get more people into treatment.

The government was matching words with action, he said, 'to come after the dealers who are prepared to peddle death for financial gain'.

A stronger partnership was being developed between the criminal justice and health services to get a firm grip on drug-related offending and loosen the dealers' grip on communities.

New reports from Beckley

The Beckley Foundation has released three new briefing papers on world drug problems.

Law enforcement and supply reduction looks at lessons from history for policymakers, analysing examples from recent history where prevalence of illicit drug use has dipped significantly or remained at low levels.

The Thai war on drugs examines ethics and effectiveness of Thai government policy, relating to their crackdown on drugs during the past two years.

Decriminalisation of drug use in Portugal looks at the policy introduced in 2001 and reports on its impact.

A report on interventions of the US government in drug production and trafficking in Latin America, is also on the site.

All available on the BFDPP website, publications section: www.internationaldrugpolicy.net/publications.htm

Media watch

Scarborough strategy
Scarborough's audit of violent crime is being used to develop a three-year strategy that includes reducing misuse of drugs. The borough reported a 54 per cent rise of violent crime under the influence of intoxicating drugs, compared with a countrywide increase of 11 per cent.
Scarborough Today, 20 January

School's out
Concern at Surrey County Council's plans to cut funding for drug and alcohol education has been countered by Martin Blakeborough of the Kaleidoscope Project, who wants money to go to 'a more appropriate scheme'. Drug education in schools was 'a very ineffective way to teach people about it and it seems to be more about pleasing the parents of these children than anything' he said.
Esher News and Mail, 20 January

Contaminated heroin
Drug users in Scotland are being warned that contaminated heroin may be circulating in parts of Scotland. The heroin is more yellow in colour than normal and smells like diesel or acid, and produces symptoms of pins and needles in the arm, sweating and shaking.
BBC News Scotland, 19 January

Bottom marks for Class A
Almost a quarter of Edinburgh University students admit to using cocaine, according to a student poll. Cannabis use was widespread and 36 per cent had taken ecstasy. Student leaders called the popularity of class A drugs 'of particular concern'.
Edinburgh Evening News, 19 January

Cannabis: **One year on**

Do people understand the law on cannabis? Do they understand it's not legal? Is it safe? Did the law go far enough? DDN asked for views, a year on from its reclassification from a Class B to Class C drug.

The politician

Mo Mowlam, ex cabinet minister, speaker and author

Britain's existing drug laws do not make sense. All the drug legislation needs to be overhauled, but here I am only going to deal with cannabis. Cannabis should be immediately legalised. And not just as it is in the Netherlands. The whole trade needs to be legal from growth, processing, marketing and consumption.

It is very likely that most people reading this will have come into contact with cannabis; either taking it themselves or knowing people that do. And most people will be aware that the types of people who take cannabis are very different, ranging from young teenagers who often take it because it is easier to buy than alcohol, to respectable middle aged professionals. Indeed it is not that unusual for parents to introduce their children to cannabis. Cannabis is not seen by most people as a danger either to themselves or to society.

At the present time there is much discussion about binge drinking and the harm that excessive drinking is doing to our society. Alcohol however is legal. Cannabis is not, although it is certainly known not to have the same adverse effects on society, in terms of violence both on the streets and at home, and to one's health as alcohol. But there is no serious call for alcohol to be made illegal. The example of what happened in the United States when they tried prohibition in the nineteen twenties is sufficient to dissuade anyone from advocating such a policy.

The problem with all drugs, and this includes alcohol and cigarettes, is that their existence is demand driven. It is because someone wants to buy them and consume them that they are supplied. And if they are not supplied legally, then there is sufficient money for their supply to take place illegally. This is particularly the case with such hard drugs as cocaine and heroin.

But cannabis is slightly different; it is supplied illegally but is not a drug of great interest to professional drug dealers. There is not enough money in it. Much is grown at home. Indeed the usual distribution system for the drug is through regular users buying more than they need and then supplying it to their friends. The truth is that very many otherwise respectable people are drug dealers.

This is an absurd situation. An activity, which is very common, much enjoyed and relatively harmless, is made illegal. Why?

The main reasons advanced are that cannabis is harmful to our health and therefore should be banned. This is hardly consistent with are attitude to other activities that people do for enjoyment, skiing or playing rugby for example. Both can result in considerable physical harm but we would not consider banning them. Why then ban cannabis?

But the principal reason for drug legalisation is not to make a libertarian argument, it is how to best manage a human activity that we cannot stop, in order to benefit the individual and society. In the case of cannabis, making criminals out of large numbers of otherwise law abiding citizens makes no sense. Let's make it legal, tax it and use the revenue for something more useful than drug dealers' profits.

The doctor

Dr Clare Gerada, Royal College of General Practioners' drugs misuse unit

Risks from cannabis are mainly associated with long-term use – harm to the lungs for example, from smoking cannabis, either on its own, or with tobacco. It can lead to acute and chronic bronchitis, lung cancer and asthma and is also associated with mouth, tongue and stomach cancer.

There are also the mental health risks, especially schizophrenia. The risks of schizophrenia are increased if a person is at risk from psychotic illness and if they begin to smoke cannabis from an early age.

The substance misuse worker

Stacy Bunting, with the Gloucester Youth Offending Service

In the year since reclassification little has changed for young people using cannabis. The prices have stayed pretty much the same, quality is the same (whatever your dealer tells you), generally it's sold using imperial measurements although I have come across some young people talking in metric.

The law has made little impact. Most young people view cannabis to be the least harmful of all the illicit drugs, and 'it's not as bad as drinking alcohol or smoking fags'. Some young people are allowed to smoke cannabis at home as parents feel this is safer, or have parents who feel that it is not an issue.

Most young people now seem to understand that cannabis is not about to be legalised, but do not seem to care about being caught. Young people are often surprised when they are arrested for possession (as they are under 18); they have the impression any cannabis will confiscated and they will be cautioned. For some, being arrested seems unfair and ridiculous. Being arrested has not changed any attitudes.

Generally young people will say they know a lot about cannabis, but are unaware of the risk to their mental health and the wider culture surrounding drug use.

The ease with which young people can get hold of cannabis, or the seeds to grow their own, has increased. With the arrival of 'head shops' selling paraphernalia that can be collected and shown off to friends, it could seem acceptable to use. So for those who have a safe place to smoke and the funds to buy… what's to stop them?

The user

Kate, smoking cannabis off Oxford Street, early evening

I know they changed the law last year, it's basically decriminalised. Everyone does it, you don't need to bother hiding it anymore.

As long as you haven't got too much on you it's fine. If the police do stop you, all they do is take it off you, as long as it's under a certain amount. I'm not sure how much it is that you are allowed to have. I know you are not meant to smoke it in public, but everybody does.

Everyone's totally blatant about it now. Before you would smoke at home or go to the park, now you can walk down the street smoking green.

The police officer

Gordon Blake, YOS, City Youth Offending Service

A lot of young people were confused before the legislation changed. As a community beat officer I would regularly come across young people who believed that if they only had a small amount of cannabis on them for personal use, that was OK. When the legislation was changed, it almost confirmed for them what they already believed.

There is now however a belief that it is actually legal and you can't be arrested for it. They are very surprised to learn that if you are found with cannabis on you, you are still likely to be arrested and dealt with for possession of a controlled substance.

Unfortunately the overriding thought processes that I regularly come across is that there is nothing wrong with smoking a bit of weed, it doesn't hurt anybody and it helps them to relax. They fail to see that the long-term effects can be as bad, if not far worse, than the effects of smoking and drinking.

The youth worker

Steve Aherne, youth development worker, Gwent

I've been a youth development worker for nearly three years. I find that most young adults in Blaenau Gwent think cannabis should be legalised and freely available from your local chemist. This would help with the drugs purity and lower the amount of dealers on the streets.

Young adults have told me that they would encourage further education on drink and drugs and information on safe using methods in the national curriculum.

In my opinion, I haven't noticed any changes with the use of cannabis; the young people I come into contact with still don't freely smoke the drug on the streets since the legislation that reclassified it from a B to C drug.

The magistrate

Anonymous magistrate (outer London)

In my experience I would say there has been a slight decrease in the number of prosecutions for personal possession of cannabis and that now, these are usually as a result of being picked up by the police on an unrelated matter such as a driving offence.

Whilst there was some confusion about the law a little while ago when this was all very topical in the media, I am sure that everyone is clear about the law now.

Very few, if any, defendants plead not guilty to possession and most defendants for a first time offence are dealt with by way of a financial penalty related to their means.

'The principal reason for drug legalisation is not to make a libertarian argument, it is how to best manage a human activity that we cannot stop, in order to benefit the individual and society. In the case of cannabis, making criminals out of large numbers of otherwise law abiding citizens makes no sense. Let's make it legal, tax it and use the revenue for something more useful than drug dealers profits.'

The transport worker

Ben Franklin, press officer for the London bus operators

We have always had problems with people smoking dope on buses and in the bus stations.

I haven't noticed an increase since the change in cannabis's legal classification – the majority of people smoking are kids who know they won't get prosecuted either way. To be honest, even before the law changed all the police did was confiscate it and hand out a caution anyway, so it hasn't made any difference.

Keeping it **real**

Providing a fun way of learning is the only way to get messages across to young people, says Haroon Riaz of the 'keep it real' drug awareness project in Shrewsbury.

Haroon Riaz should know how to get through to kids. Having worked with 13 to 18-year-olds for the last three years, he has had time to work out what makes young people tick and has managed to attract response worthy of a Frank award for good practice from the Home Office.

Through schools, youth groups and nightclubs – in fact anyone who will listen – Riaz asks for a slot to put his campaign message across. This might be through going into schools and getting kids to compile a 'drug book', with facts and figures about drugs and their harmful effects; it might be through offering to organise football. Whatever the format, the young people can be reassured that the message will not be rammed down their necks.

'We aim to give them structure – information on drug laws and harm reduction messages,' says Riaz. 'The information is real and they can make an informed choice.'

A tier 2 service, the 'keep it real' programme is funded by the community and safety partnership of Atcham borough council. Riaz says he got the inspiration for his activities by talking to young people and thinking about the local area.

'Shrewsbury is a big place with plenty of music clubs where the kids hang out. We pioneered clubs doing a lot more with local youth.'

What the kids don't know, when they travel from miles around to see a band or DJ, is that the supporting act will be Haroon Riaz and a quick 'keep it real' talk.

'The nightclub has been packed within 10 minutes with another couple of hundred outside waiting to get in,' he says. 'They don't realise until they get there that they're going to have a drug awareness evening.'

The delivery might be fun, but the message is deadly serious, according to Riaz, who mentions a girl of 13, who is 'snorting cocaine already'. He has to appear non-judgemental about her choice to become involved in drugs, he says, but encourages her to talk about why she takes the drug and discusses the effects. It's not easy to make somebody that young realise the harm she's doing to herself, but hopes that the messages are taking root. It's a step in the right direction, he believes, to welcome her to information sessions, knowing that any revelations are protected by a confidentiality clause.

If peer pressure works all too strongly to get young people into drugs in the first place, Riaz enjoys harnessing it to get them involved in group activities, whether sports, theatre or music. A particular local success, and one which attracted the attention of the Frank award, was a community outreach project that captured the imagination of 'a load of kids who hang around on street corners'.

'We asked them what they wanted to do,' says Riaz. 'They said they wanted to cut a CD. So we teamed up with Soundscape music studios. It was expensive – but very popular.' The expense of incorporating drug awareness messages into the music sessions was worth it, he believes. After the sessions, kids would go onto the drug awareness websites at a rate that amazed him.

A heartening spin-off for Riaz, has been the calls he's had from other areas of the country, asking for hints on staging similar initiatives.

'Inner city projects call up all the time. They're still working on their strategies,' he says, crediting the autonomy of being the project's 'one man band' as the source of his momentum, as well as the root of a lot of hard work. He can do in weeks what it might take bigger organisations to do in years, he says, just by picking up the phone and offering a bespoke service that will work well in a particular environment.

'A particular local success, and one which attracted the attention of the Frank award, was a community outreach project that captured the imagination of a load of kids who hang around on street corners.'

Riaz is equally keen to spot mutually beneficial partnerships, teaming up with trading standards to help prevent the sale of cigarettes to underage smokers and offering a message to young people that would otherwise fall on deaf ears.

The offer of a communication network has certainly caught on, with an increasing flow of referrals from social services, schools and youth services.

'We don't have to do much advertising now,' says Riaz, who began by sending out flyers to attract attention.

A key success factor must surely be Riaz's enthusiasm for the project, spurred on by his surprise at its momentum.

'When I go down town now, I'm greeted by parents of the kids we're helping,' he says. It makes me realise we've done much more than I thought we could.'

Testing in schools: for or against?

'The tests give children a reason to say no. Even in the past week I have heard them saying to each other 'I can't take drugs because it will show up in the tests.' Giving them that reason and excuse to stand up to peer pressure is invaluable.'

Lesley Temple who runs the student welfare programme at Abbey High, the Kent school piloting random drug testing. (Quoted in The Guardian, 11 Jan 2005.)

'Testing risks driving drug use further underground and could result in an increase in truancies and exclusions… We do not accept that testing pupils as young as 11 is a proportionate response to general concerns about drug use.'

Martin Barnes, chief executive, DrugScope, Jan 2005.

'A way forward is more education rather than testing. It's oppressive. I feel there will be an assumption that they are using drugs if they refuse to have a test – which is wrong.'

'If testing is part of a wider education programme, then I'm happy with it. If it is brought in simply to identify drug problems in a school, then it is not right.'

Two parents' views from the website of the charity Lifeline, www.lifeline.org.uk

'Such responsibilities shouldn't be the responsibility of the school or headteacher but the police. They have not been introduced into schools in Wales yet, and I hope they will not be.'

Geraint Davies, secretary of NASUWT Cymru, union representing teachers and headteachers in Wales, Jan 2005.

'The whole partnership and ethos of education could be undermined if headteachers were then regarded as wardens of Alcatraz who can, at random, select a pupil for drug testing.'

Alan Smith, president of the Scottish School Board Association (BBC Politics Show, Feb 2004.) Plans for random drug testing in Scottish schools were shelved following opposition by parents' and teachers' associations.

'We'll support, encourage and accelerate the implementation of random drug testing in schools. Children need to know it's not cool to use drugs: it's stupid, it's illegal, and it's dangerous.'

David Davis, Shadow Home Secretary, Conservative Party Conference, Oct 2004.

'Drug testing is not effective in deterring drug use among young people. It is expensive; legally risky; may drive students away from extracurricular activities; can undermine relationships of trust between students and teachers and between parents and their children; it can result in false positives, leading to punishment of innocent students; it does not effectively identify students who have serious problems with drugs; and it may lead to unintended consequences, such as students using drugs that are more dangerous but less detectable by a drug test.'

Booklet written in the US by the American Civil Liberties Union and the Drug Policy Alliance (Jan 2004) Available at www.drugtestingfails.org

Extreme measures

The Buddhist monks of Thamkrabok Monastery in Thailand offer a gruelling programme of detox that relies on grim determination and spiritual belief. Is it a viable treatment option for British addicts?

Up in the mountains 120 km north of Bangkok, a community of monks offers an extreme programme of detoxification to those who cannot give up any other way.

From the minute they enter the community and change into the regulation pyjamas, the guests are signing up to an agreement to purge their bodies of drugs and their minds of addiction.

It's not an easy choice. Detox the Thamkrabok Monastery way is about taking a 'secret recipe' dark herbal liquid, followed by buckets of water that will make the new visitor vomit again and again, in full view of the monastery staff and patients. This is the beginning of a programme of 'herbal detoxification' that continues for the next five days, eased only by afternoon saunas with lemon grass and eucalyptus, support and counselling from the monks – and as much sleep as the withdrawing body can accept.

The Buddhist monastery attracts diverse reactions, because it is so different in its approach to anything we are used to in the West. The treatment is certainly extreme, but for many who have come out the other side drug free, it is the miracle cure they thought they would never find. The chanting and rituals add to the spiritual journey, it is suggested; the harsh vomiting regime replacing the daily ritual associated with drug-taking.

Mike Sarson set up the East-West Detox charitable trust in Reading, to send British patients out to Thailand. A former NHS drugs counsellor, Sarson has thrown his energies behind the programme, believing that combining eastern and western philosophies can provide a 'holistic programme of natural, herbal detoxification and rehabilitation'.

The treatment at Thamkrabok is not new. Since 1957, the monastery's monks have provided detox treatment for native Thai addicts. Treatment was harsh and uncompromising – and there are hints that the regime is still much stricter for natives of a country where drug trafficking carries the death penalty. 'There is possibly more control exerted upon Thais', says East-West's literature. Westerners are called guests, and are not punished for struggling with treatment, and there is definitely an attempt to cushion the blow of a regime that would be considered spartan by the standards of any rehabilitation centre in the UK. There is a standard rule for all guests wherever they come from, however: if they are unable to live in the monastery without resorting to their old drugs, they must leave immediately.

For some, the regime is just too tough, as seen recently in newspaper headlines reporting that Pete Doherty, ex singer with The Libertines had very publicly checked in – and even more publicly checked out, to lick his wounds (and take heroin, according to the newspapers) in a Bangkok hotel.

Many others struggle on and make it to the other side. Some are so inspired that they become assistants at the monastery, supporting the new arrivals and helping with the chores.

Sarson can provide contact details of many success stories from people who have emerged transformed, and their grateful relatives.

Julia from Berkshire sent her daughter to Thamkrabok in desperation, after a three-year drug addiction, including a two-year methadone prescription. Admitting that she was 'petrified of sending [her] daughter to Thailand… didn't they have the death penalty for possessing drugs!', she was convinced by Sarson's 'passion and belief' about the treatment. Taking her daughter along to see him produced the moment of conviction that seems to convince patients that this experience will be different. It's about taking control of one's actions and their consequences, says Sarson, and participating in the monastery's Buddhist way of life.

Dr Chris Ford is a GP in north west London. DDN asked for her opinion of the treatment at Thamkrabok.

I've had a couple of patients who have been to the monastery. The last person I saw was a businesswoman who'd got a real alcohol problem and she thought it was the best thing since sliced bread. She said she would talk to other patients about it, if anyone who wanted to go.

I think it's great if people want to go down that line. What worries me is the follow up. Having been an on-off smoker all my life, I know that addiction is a long-term disease, a chronic elapsing condition and I don't know any treatment that works as a one-off. Twelve steps treatment can be long term; people are recommended to 12 step groups forever. I think the Sajja is partly trying to do that, but can you do that with just having been there a few days?

I know detox is one of the difficult bits, but we always regard detox as a beginning point and not an end stage. So the question mark for me is around the follow up. What happens when you have to come back to your own environment?

We do know that rehab and detox work for a proportion of people in this country. I can't get enough funding to get as many patients as I want to go down that line. It could be seen as a cheap option to send them off to Thailand for a few days.

But it's horses for courses. I think the drugs field is too narrow on the whole – we don't use all the tools. So for the right people, it's a useful addition to the toolbox.

One problem would seem to be that those on methadone maintenance have to get down to 5mls before they go. That's the difficult bit. If they can do that, they can probably do the last 5mls.

As far as I can see, being in general practice and managing drug users, it's a nice option if somebody can go and pay for it themselves and want to give it a go, but nothing more than that.

Whether the addiction's smoking, alcohol, eating – I'd love to wake up in the morning, chew tablets and all would be cured, but life's not like that.

Julia's daughter believed that she could 'take the opportunity to confront herself in order to reorganise her life', as the East-West literature suggests. She succeeded, is still clean two years later, and has since gone back to work at the monastery as a volunteer.

Many of the Western visitors find the Buddhist cultivation of one's inner light extremely motivating, and with it the chanting, meditation and rituals. Ceremony is considered extremely important to declaring that you are serious about completing detox, and includes 'Sajja' – 'a solemn declaration… a sacred act that will connect you with your willpower and with something beyond'.

After the first phase of treatment you can get a little paper with a 'sacred word' on it, called 'Kahtah'. The syllables have no particular meaning, but the function 'purely energetic'. If you learn them by heart, eat the paper after seven days, then repeat the word constantly when you meditate, 'you can use it as a snow-plough to keep your road clean'. The symbolism is everything. 'If you use this very powerful tool well, it will grow and become an effective support mechanism in your life,' says the monastery.

The 'journey' at Thamkrabok represents 'travelling to a new life' and appeals to many people for its offer of recreating inner strength and belief in oneself, after a period of feeling utterly demoralised.

Whether or not Buddhism comes naturally, Thamkrabok opens its doors to everyone, no matter what their religion or belief system. The treatment has attracted criticism on different levels – but it has also inspired devotion in those who thank the monks for showing them an alternative way of life and a route to self-discovery.

For Mike Sarson of East-West Detox, the pressing priority is to find tangible support to provide new facilities at Thamkrabok. British visitors pay for their own travel and that of an accompanying counsellor, insurance, counselling support and a contribution towards accommodation and food (amounting to 'a fraction of most western conventional treatments', he says). But there are buildings and equipment to maintain, and a new wing under construction, all of which require funds.

Sarson is hoping that the Maudsley National Addiction Centre and Oxford Brookes University will proceed with an evaluation of the treatment, against more conventional programmes, but is concerned that the research is stalling from lack of funding – 'buttons compared to the amount currently being spent on drug and alcohol treatment'.

But he continues to campaign for support to offer the treatment more widely and remains optimistic:

'Innovative methods such as ours can offer more choice, save lots of money and achieve very positive outcomes,' he says.

A viable route to detox? Send your views to the editor, claire@cjwellings.com

'For some, the regime is just too tough, as seen recently in newspaper headlines reporting that Pete Doherty, ex singer with The Libertines had very publicly checked in – and even more publicly checked out… Some are so inspired that they become assistants at the monastery, supporting the new arrivals and helping with the chores.'

Dr Vanessa Crawford visited Thamkrabok for a 24-hour period, when on holiday in Thailand.

'I was given the opportunity to take my own vow (sajja), something that is said to be far more important than the medication. The taking of the vow instills a sense of strength and it was clear from talking to Phra Hans (a Swiss monk) and one of the service users that it is very important in the recovery process.

The medicine is drunk from a small glass, in one swallow. Drinking large volumes of water is rather counter-intuitive to me, but the aim is to fill the stomach to a level of discomfort, nausea and then induce vomiting. The subjective experience varies for everyone but certainly at one stage I could feel my head and shoulders sensing themselves being lifted upwards.

It is not possible to know the importance of the medication in the detoxification. I think not having the knowledge of its content adds to its magic. The overall experience of Thamkrabok was very uplifting for me; it does not rely on a specific religious belief. I have a great respect for the treatment offered there; there is nothing sinister about it, no enforced religion, rather a collective wisdom to guide people.

It is clearly not for everyone – those who find physical symptoms of withdrawal particularly difficult may struggle with this programme. Those who need to be on regular medication cannot be treated. There is good medical support, with visiting doctors and a nearby hospital. It is very clear that Phra Hans knows when the limits of Thamkrabok, in terms of medical and psychiatric problem management, have been reached. The peer and volunteer support is excellent, there are activities, but equally individuals have a lot of time to fill and this really is important for them to learn to manage periods of unscheduled time.

The magic of a foreign country, the calmness of the surroundings, the positive wisdom of Buddhism and the importance of being entrusted with a vow all add to the chances of success. As with any detoxification a solid aftercare plan is essential to follow up after the four-week period of detoxification.

Dr Vanessa Crawford, Consultant Psychiatrist/Clinical Director, East London and the City Specialist Addiction Services

Prejudice against users and ex-users of heroin

Negative stereotypes of heroin users can interfere with their chances of successful treatment. Prof David Clark reveals the results of research on attitudes to users and former users of the drug.

People who misuse heroin and other drugs often present for treatment with other problems, including health, social and criminal justice problems. They are often unemployed. Helping heroin misusers involves more than helping them become drug-free. Aftercare is required to prevent relapse. Rehabilitation involves helping the person deal with the problems that accompanies their drug misuse, including their lack of employment.

The heroin using lifestyle is often portrayed in very negative ways by the popular media and it is likely that many people form a negative stereotype of the person who has used this drug. In fact, heroin users in treatment will often refer to the prejudices they have experienced from other people. Such stereotypes and prejudices can impact negatively on a client's already fragile self-esteem, impairing treatment progress. They are also likely to make it more difficult for heroin users and former users to gain employment and be integrated (back) into mainstream society.

Given the efforts that governments in the UK are making to integrate former problem drug users back into mainstream society, it is surprising that so little attention has been focused on issues such as prejudice and discrimination. As far as we are aware, there has been no published research on these topics in relation to substance misuse.

We therefore initiated a research project to look at how prejudiced our society is towards heroin users and former users of the drug. We were also interested in people's attitudes towards the employment of users and ex-users of heroin. Our initial study was conducted in University students. For comparison, we also looked at students' attitudes towards disabled people.

Each of 141 subjects completed a questionnaire containing open and closed questions which referred to either users of heroin, ex-users of the drug, or disabled people. Each experimental group comprised over 40 subjects.

Subjects were first asked to indicate their general attitude toward heroin users, former heroin users and disabled people on a thermometer-like scale ranging from 0 (extremely unfavourable) to 100 (extremely favourable). Analyses revealed that heroin users (23.0) and ex-users (41.5) differed significantly from the neutral condition on the thermometer (50), with attributes being unfavourable in each instance. In contrast, there was a significant favourable attitude towards disabled people (72.9).

Subjects were asked about their emotions and feelings towards the three groups. The most prevalent emotion towards heroin users was anger (56% subjects), followed by sympathy (29%) and pity (27%). Results were mirrored by the students' views of former users, as anger (45%), compassion (29%) and pity (26%) were the most common responses. In contrast, the most common responses of students towards disabled people were compassion (48%) and sympathy (21%).

When subjects were asked their views of the 'values and customs' of the three groups, nearly half of the groups thought that heroin users (45% of subjects) and former users (49%) had a poor work ethic. Only 12% thought this of disabled people. The second and third most prevalent perceived values for heroin users were poor family life/values (37%) and criminal activity (31%), whilst they were poor family life/values (35%) and poor health (14%) for former users. These issues were of minimal relevance to subjects commenting on disabled people.

Subjects were asked to rate whether members of the three groups threatened or promoted various factors in British society. Heroin users and former users were deemed as threatening health, law and order, family values and personal safety, whilst disabled people were seen as promoting these factors. Surprisingly, ex-users were considered to threaten family values and law and order just as much as current users of the drug.

'One of the most striking aspects of our research was the similarity in negative attitudes that people had towards former users of heroin, compared to current users of the drug.'

Subjects were then asked their views on the unemployment and future employment of the three groups. Both heroin users and ex-users were considered to be responsible for their unemployment and for solving the problem themselves. Subjects also thought that it was not other people's fault for heroin users and ex-users' unemployment, and it was not up to others to help them solve their trouble. In contrast, disabled people were not considered to be responsible for their unemployment as it was considered not to be their fault.

These findings demonstrate a clear negative prejudice towards heroin users and former users. Open-ended questions revealed anger towards these groups, whilst subjects associated these groups with having a poor work ethic and poor family values. They were also perceived to threaten a range of factors (e.g. law and order, family values) in British society. Heroin users and former users were considered to be responsible for causing and solving their lack of employment.

One of the most striking aspects of our research was the similarity in negative attitudes that people had towards former users of heroin, compared to current users of the drug. In fact, we have also conducted research with people in a Welsh valley community which shows a similar prejudice towards a hypothetical former user of heroin who had been in treatment for six months.

These findings emphasise the need for our society to take a serious look at the attitudes that many of us have towards people who have experienced problems with heroin. We need to enhance awareness and understanding of substance misuse – and increase compassion and sympathy – if we are to overcome these prejudices and facilitate the passage of former problem drug users into employment and mainstream society.

Time to look at needle and syringe exchange?

How effective are needle and syringe exchanges? Are people being encouraged to inject more safely – and are they being encouraged to move away from injecting altogether?, asks Prof Neil McKeganey

The field of drug abuse is full of shattering statistics. One of the most striking is the finding that as many as 40% of problematic drug users within the UK may have contracted Hepatitis C infection.

At the end of 2003 there were some 38,352 cases of Hepatitis C infection registered at the Communicable Diseases Surveillance Centre of which as many as 90% may have become infected as a result of sharing non sterile injecting equipment. The true number of drug injectors who are HCV positive however is way beyond that figure. As many as 80% of those who have acquired Hepatitis C are at risk of developing serious health problems including cirrhosis and liver cancer. On the basis of these statistics Hepatitis C is very probably the single greatest threat to the health of drug injectors in the UK that we face today.

Fifteen years ago the government and other authorities were thrown into a panic at the possibility that HIV may spread amongst injecting drug users. To stem the possible spread of infection the conservative government took what many saw as the most radical decision of its period in office and authorised the development of needle and syringe exchange schemes throughout the UK. The boldness of that decision can be gauged from the fact that even today, in many states in the US, needle and syringe services remain illegal.

But how effective are needle and syringe services at doing what they were set up to do? Our lack of knowledge in answering that question is in part a result of the circumstances out of which needle and syringe services were borne. These services arose out of a mixture of panic and campaigning enthusiasm on the part of those championing the harm reduction approach. Needle and syringe exchange have become the very hallmark of harm reduction and in that regard have taken on a rather hallowed air. We simply 'know' that they are working and the only question that remains is one of whether they are giving out enough injecting equipment to enough people. Nevertheless the HCV figures make uncomfortable reading in raising the possibility that our key approach to reducing the spread of blood borne infections amongst injecting drug users in the UK has failed to reduce that particular harm.

I recently watched video footage of drug injectors 'shooting-up' filmed by a research team led by Professor Avril Taylor from Caledonian University. The video footage shows drug users injecting in the most appallingly unhygienic circumstances and sharing needles with a careless disregard for their own health and the health of others. Here was the answer to why HCV has spread so rapidly and so widely amongst injecting drug users – and these were individuals living in a city with a long standing network of needle and syringe exchange services. Giving a drug user a clean needle does not in itself reduce their risk behaviour. If we ever thought that it did it was because we confused the clean plastic packaging that the needle and syringe comes in with the much tougher challenge of changing drug users' risk behaviour.

We need to look closely at our needle and syringe exchange services to find out what kinds of service they are providing and to assess how good they are at changing behaviour. We need to know whether individuals are being encouraged to inject more safely and to move away from injecting altogether. Needle and syringe exchange, however, is not simply about reducing individual harm but also about reducing harm to the wider community. The number of needles and syringes being given out by exchanges is well into the millions and there are calls for this number to be increased even further. We need to know how many of these needles and syringes are being successfully returned, or safely disposed of, both nationally and locally, and we need to recognise the danger that discarded injecting equipment can pose in a situation of such widespread HCV infection.

'These services arose out of a mixture of panic and campaigning enthusiasm... Needle and syringe exchange have become the very hallmark of harm reduction and in that regard have taken on a rather hallowed air.'

To be sure needle and syringe services face a daunting challenge. Are they expected to develop long-term relationships with their clients or to respond to the rapid turnaround of the client who wants to pick up injecting equipment and be on their way with a minimum of fuss? How far can staff who are giving out injecting equipment be expected to also be encouraging drug users to move away from injecting? We have never really clarified what we expect our needle and syringe services to do and for that reason alone we have probably undermined their effectiveness.

We are facing a national crisis with HCV. It is a crisis which over the next few years will see thousands of drug users progressing to serious and in many cases life threatening illness. It is also a crisis that has happened during a period when we have been more alert to blood borne infections than at any time in the past. Reducing the spread of HIV has been rightly embraced as a massive achievement on the part of needle and syringe exchange. HCV infection may come to be seen as a failure on a similar scale.

Shooting Up – Infections among injecting drug users in the United Kingdom 2003 – An update, Health Protection Agency, October 2004.

Neil McKeganey is professor of drug misuse research at the University of Glasgow

Life on the edge

Three years ago Mike Gallant moved to the Shetland Islands to join the Community Drugs Team. He gives *DDN* a taster of what it's like to work in a place that often appears to have fallen off the edge of the UK map.

Shetland Sunrise 8.55am 9.12.04

The weather forecast was wrong again. There we were, up at the top of the map where we're supposed to be (60°N), with a big rain cloud covering everything. And now I'm looking out of the window with the sun about to rise above a clear horizon, bursting phosphorescent blue, pink and orange across the sky. The bay below is lapping with pink water and the cliffs of Bressay, a couple of miles away, have an orange sheen. Time for work, and the five-minute commute into town. When I walk out the front of the house I'm presented with the most glorious full rainbow as the sun breaks out of the long winter night behind me. This is a good Shetland day – make the most of it! There are plenty when the rain blows horizontal with a salt taste on the lips.

First job of the day is to liaise with the social work department regarding new protocols for a specialist Family support worker. Potential clients say '… we don't want social work in our homes taking away our children'. We say '… but this isn't actually a social worker' (hoping that we're given time to build up some sort of rapport…) and then social work say that they need to have an official referral before the new worker can have any contact. Their position is understandable – you can't have workers working with 'nobodys' and being unaccountable for their working hours. Luckily, in an environment where everyone knows everyone (the population of Shetland is approximately 22,000 of whom nearly 8,000 live in the 'capital', Lerwick) a possible solution is only one short phone call away. So is another bag of gear. This week, at least.

The way that heroin is brought in seems to have changed radically over the past couple of years. At the beginning of 2002 we had a half-kilo being sent in by post, or by one of the main shipping lines – then the dogs came. Breya and Buzz. The Faroes (our North Atlantic neighbours to the west) were using sniffer dogs to deter importers, so some 'concerned parents' in Shetland thought we should keep up with the Jones (or is that the Peturssons?). We have two lovely dogs and two handlers. The supply of heroin on the islands was always intermittent (leading in the past to some awkward rattles usually assuaged by 'rescuing' GPs prescribing DFs and benzos) – and it still is. There is a difference though: gear is brought in more often (but in smaller quantities), stuffed in a condom up the proverbial and distributed in carefully controlled 'cells' throughout the islands. What used to be a townie problem is fast becoming a rural nightmare.

Our needle exchange has supplied 20 times as many sets of works in the last 12 months as we did in the preceding year. In a crofting community of scattered houses on an outer island (Shetland is made up of 18 inhabited and a further 100 uninhabited islands) a small group of young fisher-folk jack up, oblivious to HCV. Coke and speed to take them up, and smack to bring them down. Oh, and vallies to deal with the panic that goes with hoping yer mam doesna fend yer oot. You know the score – it's not a problem. And then it is ….

10.15am and I have a counselling session with a guy who did rehab two years ago. He relapsed and has managed to get it together again – with a little help from his friends. I feel like an old friend has returned. It's good to hear him. He's got the tools for living that I have – just doesn't seem to be enough for him. We explore our differences and celebrate our sameness.

"Gear is brought in more often… and distributed in carefully controlled 'cells' throughout the islands. What used to be a townie problem is fast becoming a rural nightmare."

The 'Input Form' needs updating before the prescribing clinic begins. The four drugs workers on the team, in addition to having our own specialisms – activities, outreach, aftercare (a joint post with Shetland Alcohol Support Services) and Counselling, share the task of care co-ordination. Any user seeking substitute medication has to have constructed a realistic care plan (covering social, psychological and physical needs) before our team meeting will agree to them seeing the prescribing GP at the twice-weekly clinic. Partly due to the lack of substantial drug-related crime on the Islands, we offer a reduction, rather than maintenance, clinic.

After the clinic it's time for a couple of ear acupuncture treatments (I went over to Oslo a couple of years ago to learn from John Tindall/Yuan) before sorting out the day's paperwork. Next week I briefly become the 'Flying Drugs Worker' when I have to visit an outlying island's rehab project – the only way to get in and out is by a seven-seater plane. Yes, it's a hard life on the edge of the world! So what's different about drugs work on Shetland? Not a lot really … except it's raining horizontal now!

Mike Gallant is a counsellor, supervisor, and Trainer with Shetland Community Drugs Team.

25-26 January – Leics
Families, Carers and Drugs...
Organised by Afdam and DrugScope. This is the second national conference organised jointly by DrugScope and Adfam and will highlight new research, innovative ideas and the latest from frontline services. The conference will provide an opportunity for professionals, researchers and carers to exchange expertise and experiences, whilst hearing from speakers and workshop leaders who have in-depth knowledge of the issues surrounding substance misuse and families.
Loughborough,
w: www.drugscope.org.uk/819
e: events@drugscope.org.uk
t: 020 7928 1211.

28 January – London
Release drugs university IV
'Drugs – the politics, philosophy and economics' – the fourth Release Drugs University will examine the theme of drugs, the law and human rights. Speakers include: Professor Craig Reinarman, University of California; Shami Chakrabarti, Director, Liberty UK; Dr Peter Cohen, University of Amsterdam. Release.
w: www.release.org.uk

3 February – London
Dealing with drugs: A housing agenda
Event for people with a strategic responsibility for housing and drug treatment. The aim will be to increase the understanding of the role of housing and housing related support services in the pre-treatment, through care and aftercare of drug users.
Contact National Housing Federation.
t: 020 7067 1069
w: www.housing.org

21-22 February – London
National drug treatment conference
Organised by Exchange Conference in association with The Alliance. A two day annual event. Keynote plenary sessions, parallel workshops, discussion, paper presentations and fringe meetings. Essential for drug workers, drug activists, criminal justice workers, prison healthcare staff, clinicians, researchers, policy makers, service providers and commissioners.
Contact Monique.
t: 020 7928 9152
e: moniquetomlinson@wdi.co.uk
w: www.exchangesupplies.org

23 February – London
Arrest Referral - Full Speed Ahead?
Organised by Spotlight. This conference sets out the challenges ahead for those involved in commissioning, managing, delivering and monitoring arrest referral work. Speakers from the Government, Home Office, Drugscope, Addaction, CRI, Coca and the Institute for Criminal Policy Research, King's College London.
w: www.policyspotlight.co.uk/conferences/pdf/psl-arrest.pdf
t: 0870 351 8720
e: bookings@policyspotlight.co.uk.

24 February – Liverpool
2nd Perspective on Cannabis Conference
Organised by HIT and Liverpool John Moores University. This conference will bring together internationally renowned experts to share their knowledge and perspectives about many cannabis related issues. Topics include: Cannabis and severe mental illness: is there a link?, Communicating with heavy, frequent cannabis users; the impact of long-term heavy cannabis use; Developments in the treatment of cannabis related problems in Australia and Cannabis education and young people: the Australian experience.
t: 0870 990 9704
e: cannabis@hit.org.uk.

24-25 February – Manchester
UK Hepatitis C Awareness & Prevention Conference
Organised by UK Hepatitis C Resource Centre and Mainliners. Among the topics to be explored are projects to raise awareness, including England and Scotland's Health Departments' public and professional awareness activities, and key prevention issues such as progressive harm reduction approaches including injecting rooms, prescribed heroin, current issues surrounding sexual transmission and needle stick injuries. Workshops will seek answers to questions on case finding, prevention and screening.
t: 020 7378 5495
e: dkeys@mainliners.org.uk
w: www.hepccentre.org.uk.

14-15 March – Cardiff
3rd Annual Tackling Drugs Supply Conference & Awards
Organised by Home Office and Calder Conferences. The aim of the conference is to identify, promote and recognise best practice among police forces in tackling drug supply. The presentations of the winning nominations allow delegates to share innovative approaches in tackling drug supply. In addition, the event aims to acknowledge and celebrate the good work that is being undertaken throughout the country.
w: www.calderconferences.co.uk/caridiff_page.asp#
t: 020 7273 3886
e: Brian.Hanrahan@homeoffice.gsi.gov.uk

16 March – London
Partners in Prevention. Good Practice: From words to action
Organised by Adfam, in partnership with the HM Prison Service Drug Strategy Unit. This one day conference will explore good practice in treatment and support involving families of prisoners with substance misuse problems. HMPS DSU Good Practice Guidance will be launched on the same day.
t: 020 7202 9443
e: a.higgins@adfam.org.uk.

20-24 March – Belfast
16th International Conference on Reduction of Drug Related Harm
Organised by Department of Health, Social Services and Public Safety for Northern Ireland, in association with International Harm Reduction Association.
w: www.ihra.net

OVERSEAS EVENTS

7-11 February – Brussels
Through and after Care for drug-using prisoners
The first in a series of six training academies taking place in various European locations from February 2005 to November 2006. Looking at good practice in Europe and assisting participants to develop plans for models of intervention. Future academies will cover peer support and peer education, harm reduction, working with cocaine, crack cocaine and stimulant users, research methodologies, working with women, juveniles, staff support and supervision. Contact Vikky Bullock, Cranstoun Drug Services
e: vbullock@cranstoun.org.uk.

16-18 February – Barcelona
Policing Drugs on the Streets of Europe
Police officers from all over Europe who specialise in neighbourhood drug enforcement are invited to a unique conference in Barcelona next February. Organised by the Centre for Public Innovation, in conjunction with the Home Office, this conference offers mid-ranking police officers the opportunity to meet, share best practice and learn about pioneering operational international initiatives. The programme has an international flavour, with speakers coming from the UK, Netherlands, Sweden and Spain and will also incorporate a series of practical workshops.
w: www.policingdrugs.com
t: 020 8675 5777
e: patricia.sauer@publicinnovation.org.uk

Please email details of your events to:
office@fdap.org.uk

Letter to the editor

Children need much more support

I would like to champion Rosie Brocklehurst's views (*DDN*, 15 Nov) about the real losers in the fight against substance abuse – the child victims of emotional chaos, domestic violence and unpredictability in the home.

I am a chartered counselling psychologist and the lead psychologist in Sandwell Substance Misuse Service (Anchor Project) with a strong liaison with our local CAMHS.

I have ten years experience in the addiction field and I am disappointed at the lack of support for families of dependant drug and alcohol users and most crucially for children who are forced to abdicate their own childhood in order to parent their drug addicted parents. I would like to see more focus on this issue and less on prescribing and motivational interviewing for the individual. It often takes years before an individual gets clean or sober and by then, too often, the damage has sadly been done.

Of course we need prescribing and counselling for the dependant person, but we are in desperate need of help for children if we are to call ourselves 'treatment providers'. Too much government money is thrown away on expensive and questionable research in the medical field (what on earth did the ten year UKATT trials achieve that we did not already know- – i.e.. motivational interviewing and social behaviour network therapy have the same outcome!) and political ends which focus on crime statistics.

I hold the view that CAMHS, Children's Counselling Services and statutory Addiction Services should be working closer together in order to provide an integrated service for children and families.

Jane Benanti, Chartered Counselling Psychologist, Sandwell Substance Misuse Service (Anchor Project)

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(Temporary for 2 years)
£22,398 – £24,396

This is an exciting opportunity to lead a new project, helping people who have experienced substance misuse problems to find routes into education, training and employment.

We are looking to recruit a suitably qualified and experienced person to develop and lead this innovative project, based in Musselburgh, East Lothian, and jointly funded by the Big Lottery Fund and East Lothian Drug and Alcohol Action Team.

The project will work with stabilised individuals, developing personal action plans, and using personal development funds available to the Project.

The Project Leader will be highly motivated, with experience of working with people with substance misuse problems, and a proven record of working effectively in partnership settings. He/she will be committed to helping people with drug and alcohol problems to 'make a difference' in their lives, and to leading a project which produces real outcomes.

The Project will be temporary, for 2 years, in the first instance.

*Further information about this vacancy is available on the recruitment pages of East Lothian Council's website, or contact the Recruitment Line on **01620 827825** quoting Ref. No. 5494CMS to receive an information pack.*

Closing date is 14th February 2005.

www.eastlothian.gov.uk/vacancies/index.htm

HELPING PEOPLE HELP THEMSELVES. THAT'S THE POINT.

We turn lives around every day, by putting the individual at the heart of what we do. Inspired by those we work with, together we help people build a better life. Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

STOKE-ON-TRENT SERVICES

It takes commitment, creativity, compassion and determination to deliver services that make a real difference to people's lives. Have you got what it takes to join us? We are developing new multi-agency community drug teams in Stoke-on-Trent, in partnership with the local Drug and Alcohol Action Team.

This is an exciting project, designed to increase the numbers of problem drug users both entering and succeeding in drug treatment services. We are looking for excellent team workers with flexibility, drive and the ability to think and work creatively. Along with excellent interpersonal and communication skills, you will need a good knowledge of drug and alcohol issues and a real commitment to the rights of drug users and delivering services that meet their needs. While relevant qualifications would be ideal, we can offer first-class training to individuals with the right transferable skills.

You could come from a nursing, social care, prison or housing background, or perhaps you are involved in voluntary work. If you have the potential and aptitudes we're looking for, you will enjoy excellent support and opportunities for ongoing professional development. So whether you're looking for a full or part-time career, it's time to join this dynamic new team.

OUR BENEFITS In return you can look forward to a final salary pension scheme, generous annual leave allowance, a season ticket loan and employee assistance programme – and some flexibility in working hours including the opportunity to jobshare if appropriate.

SERVICE MANAGER • £27,372 - £30,654 You will manage key aspects of the service, using your leadership and strategic skills to achieve financial efficiency, ensure excellent service standards and build effective local partnerships with a range of providers and purchasers. Along with at least three years' experience in social care, health or criminal justice work, you will need up to date knowledge of current issues, policies and funding sources in the substance misuse field. The ability to manage and motivate large teams is vital. **Ref: N8310/1078.**

TEAM LEADERS • £21,033 - £24,000 We are looking for three team leaders. The first position calls for an understanding of substance misuse across the Criminal Justice System including a knowledge of case management and relevant legislation. The second – involving the development of volunteer support for drug users and their families – requires a thorough understanding of individual and organisational developmental needs relating to service user, carer and volunteer working. The third role, addressing outreach and harm minimisation initiatives, demands an understanding of the role of harm minimisation within substance misuse and the ability to communicate appropriate messages to individuals and groups. All three positions require two years' post qualifying experience in substance misuse and the knowledge and ability to supervise other staff, together with an understanding of Models of Care. **Refs: N8310/1057** (Criminal Justice), **N8310/1058** (Support Work) and **N8310/1059** (Outreach & Harm Minimisation).

2 x SOCIAL WORKERS/CASEWORKERS • £19,713 - £25,407 You should have assessment and counselling skills, the ability to use recognised theoretical models and to act as a resource for colleagues on matters relating to child protection and community care policies and procedures. A practical understanding of case management is essential. Salary is dependent on qualifications and experience. **Ref: N8310/840/2.**

3 x CRIMINAL JUSTICE WORKERS • CRIMINAL JUSTICE CASEWORKER • PRISON LINK WORKER £17,922 - £20,370 You will contribute to the development of a whole system approach to the delivery of interventions for offenders with substance misuse problems. You should have experience of providing care-planned interventions/treatment, and an understanding of the criminal justice system and the needs of ex-offenders with a history of drug misuse, including aftercare and resettlement. **Refs: N8310/1065** (Criminal Justice Workers), **N8310/1066** (Caseworker), **N8310/1069** (Prison Link Worker).

2 x COMMUNITY SUPPORT WORKERS • £13,953 - £16,968 You will provide practical and one-to-one support to service users as part of their care plan. You should have voluntary or paid work experience in a social care or community organisation and an ability to form non-judgemental working relationships with people who have complex needs. **Ref: N8310/1061.**

2 x TEAM ADMINISTRATORS • £13,701 - £15,795 Along with a good level of literacy, spelling and presentation, you will need the ability to set up new data information systems. Keyboard skills and a familiarity with Microsoft Office applications are also essential. **Ref: N8310/1063.**

If you want to find out more about the Stoke on Trent Community Drug Teams please call Paula Hammond or Joanne Williams at the Drug and Alcohol Action Team for an informal chat on 01782 235708.

We don't just talk about equality and diversity. We make it happen at every level of our organisation – promoting fairness, encouraging participation and challenging every barrier to individual growth and development.

HOW TO APPLY For more information about these positions and to apply online, please visit www.turning-point.co.uk To request an application pack, you can also email jobs@turning-point.co.uk or call 0161 228 2053 (answerphone) quoting the relevant reference number. The successful applicants will be subject to checks by the Criminal Records Bureau. Closing date: 2 February 2005. Shortlisting begins: w/c 7 February. Interviews will be held from w/c 18 February.

Stoke-on-Trent Drug and Alcohol Action Team

TURNING POINT turning lives around

INVESTOR IN PEOPLE

For more jobs at Turning Point and to apply online, visit:
www.turning-point.co.uk

Registered Charity No. 234887

brighton housing trust

BHT Addiction Services

BHT's Addiction Services provides a comprehensive programme of support to men and women, many of whom are former rough sleepers in the City, who are committed to abstinence and recovery from their addiction to drugs and alcohol.

Addiction Services Manager

Salary £26,625 pa – £29,100 pa
35 hours per week
NJC Scale Point 36, rising by annual increments to scale point 39

We are seeking to recruit a committed and experienced Addiction Services Manager to manage, on a day to day basis, the services provided by the Trust's Addiction Services. This will include leading on the development of the services and ensuring the good quality delivery of these services to clients.

The Addiction Services Manager will be responsible for all aspects of contractual and regulatory compliance in the services. This will include ensuring that the services comply with all Supporting People funding requirements and that the services work closely with other providers in the City and are fully integrated into Models of Care.

The post holder will have knowledge, understanding and experience of managing responsibility for contractual and regulatory compliance. They will also have a thorough understanding of management issues including the ability to manage and supervise an experienced staff team who are responsible for delivering the programme to clients; an understanding and experience of the management of change and an ability to lead and be part of a team of professional workers.

Closing Date: 12 noon Monday 14th February 2005
Interview Date: Tuesday 22nd February 2005

Primary Programme Manager

Salary £22,599 pa – £24,708 pa
35 hours per week
NJC Scale Point 30 rising by annual increments to scale point 33

We are seeking to recruit a committed and experienced addictions worker to manage, on a day to day basis, the services delivered to clients in the secondary stage of our 12-step recovery programme. This will focus on ensuring the good quality delivery of this service to clients. The successful Primary Programme Manager will supervise and be assisted by 2 Project Workers.

The post holder will have an appropriate counselling qualification or equivalent experience, a thorough knowledge and understanding of addictions and substance misuse, a thorough understanding of and commitment to the 12-step philosophy of recovery, an ability to lead and be part of a small team of professional workers and excellent interpersonal and communication skills.

Closing Date: 12 noon Monday 14th February 2005
Interview Date: Wednesday 23rd February 2005

Detox Support & Move-On Support Worker

Salary £16,371 pa – £18,507 pa
35 hours per week
NJC Scale Point 21 rising by annual increments to scale point 24

We are seeking to recruit an addictions worker to provide practical and social support to clients in the Detox Support and Move-On stages of our 12-step recovery programme. It is a hands-on role designed to complement the existing philosophy and practice of the service. The successful candidate will receive a good induction and ongoing support. They will have experience of men and women recovering from addiction, either in a professional or personal setting but it would suit someone looking for their first permanent job in addictions work.

The post holder will have a strong commitment to and understanding of the 12-step philosophy of recovery and good interpersonal and communication skills. They will be able to use their initiative and work well in a team.

Closing Date: 12 noon Monday 14th February 2005
Interview Date: Thursday 24th February 2005

For further details and an application form please either e-mail william.nuckley@bht.org.uk or write to Brighton Housing Trust, 144 London Road, Brighton, BN1 4PH, specifying the post you are interested in and enclosing an A4 self addressed stamped envelope (42p) or alternatively call in.

Please note CV's will not be accepted
BHT operates an Equal Opportunities policy

NHS Shetland

G GRADE SPECIALIST NURSE IN ALCOHOL MISUSE

Fixed Term contract for 2 years
Full Time - £23,860-£28,070 per annum
(plus Distant Islands Allowance) (under review)
A relocation package of up to £8000 is available

You will establish a service which will provide short-term support for people undergoing alcohol detoxification in both community and hospital settings. You will also assist with the delivery of brief interventions to in-patients and out-patients in the Gilbert Bain Hospital by providing training in the use of the AUDIT screening tool.

You will be a Registered Mental or General Nurse with at least five years experience. A full driving licence and a working knowledge of alcohol treatment interventions and related issues are essential. Whilst this is a single-handed post, you will receive support and supervision via the Community Nursing Service.

As well as the unique challenges of the job, you will have the chance to live on one of Scotland's most beautiful islands. Shetland caters for a wide range of leisure, cultural and sports pursuits and the beautiful scenery provides an ideal backdrop to many outdoor activities. Shetland offers a strong and welcoming community spirit, a safe environment for children, excellent schools (the island high school was ranked one of the top 5 in Scotland) and first-rate transport links to the rest of the UK. **To find out more about Shetland and all it has to offer visit www.visitshetland.com**

For an informal discussion please contact Catriona Oxley, Alcohol and Drug Development Officer on (01595) 743003.

Please quote reference no 4172/DD.

Completed applications should be received by **11 February 2005.**

Interviews will be held early March 2005.

In addition to salary, all posts qualify for a Distant Islands Allowance of £1,088 Single/Married Unaccompanied or £1,624 Married/Accompanied (pro rata for part-time and fixed term positions).

For a job pack please contact the Personnel Department, Brevik House, South Road, Lerwick, Shetland or telephone: (01595) 743067 (24 hour answerphone), quoting the appropriate reference number, or visit our website at www.nhsscotland.com/shb

In promoting equal opportunities, we welcome applications from all sections of the community.

www.nhsborders.org.uk

NHS Borders

New Opportunities in Substance Misuse Care
Borders General Hospital, Melrose
Alcohol Liaison and Community Detoxification Service

Nurses*

Post 1: Charge Nurse 'G'. £23,860-£28,070 pa. Experience working with alcohol clients and in particular experience within detoxification service would be an advantage. **Ref: MHLD186**

Post 2: Staff Nurse 'E'. £18,230-£22,015 pa. Experience working within substance misuse is desirable. **Ref: MHLD187.**

This is a new service, which has been made possible through Scottish Executive Alcohol Plan funding. It will be directly managed within the established Community Addiction Team, but will have a high degree of clinical autonomy offering an excellent opportunity to work within an exciting and challenging service.

The alcohol liaison service will be based within the Acute Borders General Hospital and you will work closely with the newly formed liaison psychiatry team. You will offer advice on alcohol management and support to the medical wards and A&E department for 0.5wte of the post. The other 0.5 wte will offer a responsive alcohol service within a specified geographical area, supported by the full time E Grade post.

For informal enquiries on either post please contact Lee Davie, Nursing team Leader on 01896 664430.

Application packs are available from the Human Resources Department, NHS Borders, Borders General Hospital, Melrose, TD6 9BS. Tel: 01896 826151. Closing date for completed applications: noon on 9 February 2005. www.nhsborders.org.uk

*Please note that contractual conditions are under review and may change pending the implementation of agenda for change.

We operate a no smoking policy

TURNING POINT

Society Guardian

Pavilion

Present

drugsandalcohol today

Responses for the Future

Date: 6 April 2005 **Venue: Business Design Centre, Islington, London**

Drugs and Alcohol Today is the only event that will bring representatives from all tiers of the drugs and alcohol sector together under one roof. This rapidly-expanding sector, incorporating social care, community safety, crime and youth justice, generates constant political debate while at the same time leading the way in developing best practice models of care.

Who should attend?

Everyone working in the drugs and alcohol sector including:

- drug action teams
- drug agencies
- alcohol agencies
- police
- social workers
- youth offending teams
- youth justice teams
- NHS workers
- prison workers
- community safety officers
- probation officers
- education services
- voluntary sector
- all those working within the drugs and alcohol fields.

Drugs and Alcohol Today 2005 will also offer a packed programme of cutting-edge seminars featuring leading policy makers, front-line staff and service users, and showcasing good practice from around the UK.

Advanced booking exhibition tickets -

Only £18 (inclusive of VAT)

Group discount:

Buy 5 tickets for only £60 (save £30)

Tickets on the day: £20 per ticket

If you would like to attend this event visit: www.drugsandalcoholtodayexhibition.com or call our customer service team on: 0870 161 3505.

If you are interested in exhibiting at this event contact Graham Hoare on 0870 161 3505 ext 222 or email: grahamh@pavpub.com

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BUILDING A SAFE, JUST AND TOLERANT SOCIETY

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DDN Drink and Drugs News