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DDN
Drink and Drugs News
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'My whole life started changing – I was with people who were successful and who listened to me.'

SPIRIT OF ENTERPRISE

TURNING YOUNG OFFENDERS INTO TOMORROW'S ENTREPRENEURS

CBT Training: Choose Your Options

Paul Grantham says:

There are 6 key factors to bear in mind when you are thinking about choosing an introductory CBT course:

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Paul Grantham
Consultant Clinical Psychologist, BABCP (Accred). Director of SDS Ltd

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Editorial – Claire Brown

Teen spirit

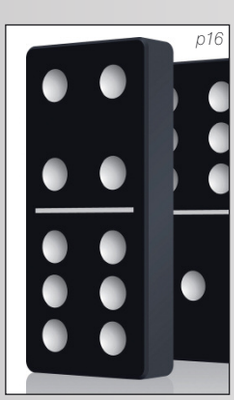
When using inspiration makes all the difference

ON THIS MONTH'S LETTERS PAGES, Denis Joe worries that we've lost focus on responding to young people and are shirking relevant efforts to keep them away from substance misuse (page 10). Our cover story (page 8) is a luminous example of turning the costs of disenfranchised youth into engagement and enterprise.

Not only are Amar and his team at The Small Business Consultancy giving young people life skills, adapting negative entrepreneurial skills gained from activities such as drug dealing into positives, they are turning the costs of drug and alcohol related crime into savings and community investment. Their awards evening last week was a stunning example of partnership working in action, with community workers, well-known entrepreneurs, and business investors united in the common purpose of seeing hitherto disadvantaged and disengaged young people start to realise their potential. The scheme is an effective idea that's really beginning to take off – as demonstrated by their success rates in reducing reoffending and getting young people into training and employment. Watch out for it in areas beyond London.

Talking of ideas, it's seven years this issue since we jumped into the unknown and set up a free magazine for the drug and alcohol field. We hope you agree that DDN is still going strong!

This issue



FEATURES

REGULARS

News in Brief

BELOW THE LINE

Around half of children and young people do not recognise alcohol-sponsored music festivals, football shirts or official Facebook pages as marketing, according to research by Alcohol Concern. 'If one of the aims of alcohol marketing regulations is to protect children and young people from exposure to advertising then government needs to ask itself whether the current framework is fit for purpose,' said chief executive Don Shenker, who has now stepped down following restructuring after the of loss of core funding. 'It has been a privilege to be Alcohol Concern's CEO for the last three years,' he said. Former chief executive Eric Appleby will act as interim chief executive for a year. Meanwhile, the Royal College of Physicians has recommended that government alcohol guidelines be revised so that they do not appear to sanction daily drinking and stress the importance of two or three alcohol-free days per week.

FRANK TALK

A new Home Office advertising campaign has been launched to raise awareness among 11 to 18-year-olds of the government's FRANK information and advice service. 'At a time when so many new substances are emerging, it is more important than ever that young people have appropriate information available when they need it,' said Turning Point's director of substance misuse services, John Mallalieu.

OPIUM INCREASE

Opium poppy cultivation in Afghanistan is up by 7 per cent on last year, according the United Nations Office on Drugs and Crime's (UNODC) *2011 Afghan opium survey*, the result of higher prices and ongoing insecurity in the country. 'Opium is a significant part of the Afghan economy and provides considerable funding to the insurgency,' said UNODC president Yuri Fedotov. The amount of money laundered by criminals – particularly drug traffickers – in 2009 could be around $1.6tn, or 2.7 per cent of global GDP, according to a separate UNODC document. Gross profits from cocaine trafficking alone were around $84bn, says *Estimating illicit financial flows resulting from drug trafficking and other transnational organised crime. Reports at www.unodc.org*

ABSENTEE ADDICTION

The children of absent fathers are more likely to take drugs, according to a new Addaction report, *Dad and me*. 'Not having a dad can be deeply damaging to a young person, especially where there are no alternative positive male role models,' said report author Martin Glynn. The charity wants to see more multi-agency work to address the issues and 'fathering' treated as a public health issue.

Scots renew drive toward minimum pricing for alcohol

The Scottish Government has renewed its attempts to legislate for a minimum price per unit of alcohol with the publication of its Alcohol (Minimum Pricing) Bill. A specific minimum price will be announced during the bill process.

The government's previous attempt to set a minimum price of 45 per unit as part of the Alcohol etc (Scotland) Bill was eventually voted down by MSPs, despite the ruling Scottish National Party (SNP) offering to include a 'sunset clause' to review the legislation after a period of six years (*DDN*, 27 September 2010, page 4).

The new bill is backed by the BMA and Royal Colleges as well as the Scottish Licensed Trade Association and some drinks companies, including Greene King and Molson Coors. However, the Scotch Whisky Association (SWA) has issued a statement saying that the bill violates EU and international trade laws and is 'probably illegal'. The Law Society of Scotland has announced that it will analyse the proposals, but that the final decision on compliance with directives on duty and free movement of goods may ultimately lie with the European Court of Justice

Alcohol is estimated to cost Scotland around £3.56bn a year – £900 per adult – and is one of the most pressing public health problems facing the country, said cabinet secretary for health and wellbeing Nicola Sturgeon. The government has already introduced bans on bulk discounts and other promotions, but the new bill represented 'a second opportunity to add the missing piece in the legislative jigsaw', she said.

'By setting a minimum price for a unit of alcohol, we can raise the price of the cheap supermarket white ciders, lager and value spirits sought out by problem drinkers. I hope that this time around MSPs will do the right thing and back this policy that has the support of doctors, nurses, the police and growing numbers of the general population. I will not shirk from leading the way in addressing this challenge. It is time for Scotland to win its battle with the booze.'

Nicola Sturgeon: 'It is time for Scotland to win its battle with the booze.'

Meanwhile, the Scottish Drugs Strategy Delivery Commission's first report on the government's progress in implementing the national *Road to recovery* strategy has said that 'institutional memory' needs to be improved to avoid repeating the mistakes of the past, and has called for a mechanism to ensure that all strategic activity is evaluated, recorded and used as a basis for continuing improvement.

Alcohol (Minimum Pricing) (Scotland) Bill and Scottish Drugs Strategy Delivery Commission – first year report and recommendations to minister available at www.scottish.parliament.uk

Fall in demand for heroin and crack treatment

The number of people needing treatment for dependency on heroin or crack cocaine has fallen by 10,000 in the last two years, to just under 53,000, according to figures released by the NTA.

Almost 28,000 people left treatment free from addiction in 2010-11, an increase of 18 per cent on the previous year, and of 150 per cent since 2005-06.

The number of young people needing treatment for heroin and crack is also falling sharply, with fewer than half the number of 18 to 24-year-olds entering treatment for these drugs than in 2005-06, says the agency's report, *Drug treatment and recovery in 2010-11*. Ninety-six per cent of drug users coming into the system in the last year had to wait no more than three weeks for treatment, the report states.

'For the first time, we've been able to analyse six years' worth of robust data, and there are a number of trends that give cause for cautious optimism,' said NTA chief executive Paul Hayes. 'But we need to be careful. There is still a significant drug problem, and these trends are in their early stages.' Younger adults appeared to be getting the message that heroin and crack damaged 'themselves and their communities', he said, but the challenge of guiding older users – many of whom who started using drugs in the 1980s and '90s – through the system remained.

Addaction called the figures 'hugely encouraging' but said the issues underlying young people's drug use still needed to be tackled, while

DrugScope said that progress could not be built on without the engagement of education, housing, family and employment support services. 'At a time of spending cuts, changes in commissioning practice and the planned introduction of Public Health England, there is significant uncertainty about future delivery, partnership working and how to achieve and sustain a truly recovery orientated treatment system,' said chief executive Martin Barnes.

Drug treatment and recovery in 2010-11 available at www.nta.nhs.uk.

See news focus, page 6

ACMD wants tougher 'legal highs' law

All substances bearing a chemical and pharmacological similarity to controlled drugs should be made automatically illegal to tackle the problem of 'legal highs', according to the Advisory Council on the Misuse of Drugs (ACMD).

The council's latest report to the government, *Consideration of the novel psychoactive substances ('legal highs')*, recommends a US-style system of 'analogue legislation', whereby any analogue of an existing controlled substance is automatically banned in order to keep up to date with the ever-changing chemistry of new drugs.

Novel psychoactive substances (NPS) remain a 'very difficult trade to control', the report states, with most users not coming to the attention of treatment services and use by those under 16 presenting a particular concern. Data from the National Programme on Substance Abuse Deaths states that there have been 42 confirmed deaths 'associated with' mephedrone, the report adds.

The Misuse of Drugs Act – which currently requires minor amendments to generic definitions – needs to be updated, says the document, and the government should also use existing legislation such as the Medicines Act to prosecute the sale of NPS, with the burden of proof on the supplier to establish 'beyond reasonable doubt that the product being sold is not for human consumption and is safe for its intended use'. The report also wants to see claims made by NPS websites investigated by the Advertising Standards Authority (ASA), as well as more resources for research, education and awareness.

While the report was right to highlight the challenges presented by legal highs, it was also important to address common misconceptions, said DrugScope. 'While new drugs are being produced, there is no evidence to suggest that they are all being widely used,' said director of communications, Harry Shapiro. 'In the UK, it would appear that mephedrone is the only one that has gained any hold in the market so far.'

The UK Drug Policy Commission (UKDPC), meanwhile, warned that there was no clear evidence that classifying a substance reduced overall harms.

Analogue controls would save politicians from the pressure to 'do something' when new drugs appeared, but 'wouldn't solve the real problem', said chief executive Roger Howard. 'We have rapidly growing numbers of psychoactive drugs on the market, and it's becoming increasingly difficult for the police to identify the different drugs they're finding. Controlling even more drugs through the drugs laws doesn't do anything to help that nor to prevent harms that might emerge. We need to think differently about using other control and regulatory measures to bring some discipline to an unregulated market.'

However, the Health Protection Agency (HPA) has announced a fall in the number of mephedrone poisonings since the drug was banned. Calls to the National Poisons Information Service – the first port of call for frontline medical staff needing help with poisonings – fell from 120 per month to ten or fewer after April 2010 when the substance was classified as class B. The agency's report, however, acknowledges the lessening of media focus on the drug after the ban, which may have had an impact on the number of calls.

The ACMD also recently recommended that the government consider decriminalisation the possession of drugs for personal use, a call instantly rejected by the Home Office. The Liberal Democrats passed a motion calling for Britain's drug laws to be reviewed at its party conference in September (*DDN*, October, page 4).

Consideration of the novel psychoactive substances ('legal highs') available at www.homeoffice.gov.uk/drugs

National Poisons Information Service annual report 2010/2011 available at www.hpa.org.uk

Police predict spending cuts on drug-related operations

Budget restrictions mean that police forces across England expect to spend less time and money on tackling illegal drugs, according to new research.

Officers are also concerned that drug-related policing is facing more significant restrictions than other police work, says the survey by the UK Drug Policy Commission (UKDPC) in collaboration with the Association of Chief Police Officers (ACPO).

Researchers, who surveyed officers representing three quarters of the country's police forces, found that 58 per cent of forces expected to cut spending on drug-related operations, with activities likely to be affected including forensic testing, covert surveillance and undercover work. Respondents also predicted a fall in proactive drug-related partnership work, with 38 per cent expecting a reduction in work with community groups and 34 per cent with local authorities.

While cutting drugs enforcement activities could be viewed as an attractive option – as drugs offences are 'typically less visible' than other crimes – decisions must be made on the evidence of what reduces harm to society and users, says *Drug enforcement in an age of austerity*. Enforcement responses need to be more nuanced than simply 'acting tough', it says, and it warns of the risk of overriding innovative, and less popular, responses – such as working with dealers to channel them away from their activities – in favour of more simplistic solutions. Reduced budgets also meant an increased focus on reclaiming assets from drugs offenders, with 31 per cent of forces predicting an increase in asset forfeiture under the Proceeds of Crime Act (POCA).

Chair of ACPO's drugs committee, Tim Hollis, said he was also concerned about the effects of budget cuts on partnership work to reduce reoffending, particularly with the probation service. 'As a chief constable, I know all too well how devastating to a local community low level drugs dealers and such things as crack houses can be. Retaining the capacity to tackle such problems is critical to retaining public confidence.'

Cutting down on policing drug markets seemed to offer a 'path of least resistance' in response to budget cuts, said UKDPC chief executive Roger Howard. 'Drugs production and supply offences are often invisible: if you don't look for them, they don't register,' he said. 'But officers are telling us that they're worried about the long-term consequences. They're saying that if you take your foot off the pedal on enforcement over drugs supply, you risk storing up much greater problems for the future.'

Drug enforcement in an age of austerity available at www.ukdpc.org.uk

Russians lobby for harm reduction

Activists in Russia are stepping up their efforts to challenge the country's 'zero tolerance' stance on drugs, *writes Kristina Kashtanova*, with a major Moscow seminar, *War on drugs: counting the costs*, organised by the Andrey Rylkov Foundation for Health and Social Justice (ARF) last month.

Replacement therapies remain outlawed and ARF members continue to advocate via UN human rights mechanisms, local courts and petitions to the government in their efforts to bring about change. The situation worsened recently, however, when prominent spokesperson for drug users' rights and ARF representative Irina Teplinskaya (*DDN*, May, page 20) was detained at the border after drugs were allegedly found on her person. Irina's claim that the drugs had been planted was later upheld following a successful polygraph test.

There are 1.8m drug users in Russia, and although almost 80 per cent of HIV cases are contracted through drug use and there are an estimated 100,000 fatal overdoses each year, there is no methadone programme and very little training in naloxone overdose prevention. 'We have to find a way to help every single person, because it's impossible to rely on the government,' said ARF president Anya Sarang. 'We send letters to the president and the Ministry of Health but they refuse to apply any methadone programme in Russia.'

Writer and drugs policy activist Alexander Delphinov told the seminar, 'The whole situation may seem quite pessimistic, but if we do nothing, nothing will ever change.'

See the next DDN for a feature on Russia's drugs crisis

ARE RATES OF PROBLEM DRUG USE FINALLY ON THE WANE?

Last month's figures published by the NTA pointed to some encouraging trends. Are they, as agency head Paul Hayes says, grounds for 'cautious optimism'?

'I THINK WE'VE PROBABLY PASSED THE HIGH WATER MARK of the impact of the heroin problem that began in the 1980s and '90s,' announced NTA chief executive Paul Hayes at the publication of the agency's latest – and impressive – figures.

The year 2010-11 saw an 18 per cent increase in the number of people leaving treatment free from dependency (27,969 compared to 23,680 the previous year), and an increase of 150 per cent since 2005-06, while the number of people coming into treatment for heroin and crack cocaine has fallen by 10,000 in two years (*see news story, page 4*). The figures echo research published by Glasgow University's Centre for Drug Misuse Research earlier this year, which estimated that the number of heroin and/or crack users had fallen by around 25,000 in the five years to 2010 (*DDN*, September, page 5)

According to the National Drug Treatment Monitoring System (NDTMS) figures published by the NTA, more than half of clients starting treatment report never having injected, with 18 per cent injecting at the time of presentation. The over-40s represent the largest age group entering treatment, with the number of 18 to 24-year-olds presenting for heroin or crack falling by more than half since 2005-06.

Young people had witnessed the damage drugs had caused in their communities, and often in their own families, said Hayes, and they didn't see the lifestyle as anything to aspire to. 'Heroin and crack dependency are concentrated in our society among people who do life least well, and that's not much of an attraction – if you're 17 or 18 – to get on the same escalator.'

A decline in demand for treatment had become evident for the first time, he said, combined with more people recovering from addiction. 'All the signs are pointing in the right direction. Drug-related deaths are down – only slightly, but they are down (*DDN*, September, page 5).'

The treatment system had expanded to the point where people could access treatment much more easily, and the quality of interventions had also improved year-on-year, he said. Annual spending on treatment was now around £800m – including the £200m spent on diverting offenders into drug services – representing 'an enormous' investment, and demonstration of the government's commitment, particularly when seen in the context of what was happening to other budgets. 'But the major challenge is still how we win the argument that investing in treatment for drug users is of benefit not just for them, but for the community.'

'We believe that legalisation would result in increased use and increased risk... And the people most at risk wouldn't be media commentators and academics – they would be the people in the poorest communities.'
Paul Hayes

Next year would also see an 'element of incentivisation across all 149 partnerships', beyond the payment by results (PbR) pilots, he said. 'Essentially, the more people who leave your treatment and don't come back [within 12 months], the more of the budget will accrue to you.'

The 12-month benchmark was designed to address concerns expressed by service user groups and other organisations that services would be tempted to sign people off before they were ready, he said.

With the shift in patterns of drug use now largely away from opiates, the treatment system would need to adapt accordingly, but it was difficult to link increasing rates of 'legal high' usage to falling rates of heroin and crack use, he stressed. 'The treatment populations for legal highs, designer drugs, powder cocaine and cannabis are much more like the general population, while the treatment populations for heroin and crack are very much concentrated in the poorer sectors of society, sectors that suffer from a range of other problems.'

Activity to restrict supply was probably having an impact, he argued, with declining purity apparent in both heroin and cocaine, and he reiterated the agency's view that a move towards decriminalisation would be counter-productive. 'We believe that legalisation would result in increased use and increased risk,' he said. 'If we make the drugs more freely available I think we will inevitably see increasing levels of health problems and social problems. And the people most at risk wouldn't be media commentators and academics – they would be the people in the poorest communities.'

Regarding the controversial issue of setting time limits on methadone prescriptions, this was one of the subjects being looked at by the expert group led by Professor John Strang (*DDN*, August, page 5), he said, which would publish its report next year. 'Our position remains that methadone is an extremely effective treatment, endorsed by the World Health Organization, NICE and the Royal Colleges. But it's important that it shouldn't become a prop. There should be regular reviews, and we should listen to patients, but we shouldn't be pushing them to come off it before they're ready.'

The last 'great spike' in heroin use had come with the mass youth unemployment of the 1980s, he stressed, and vigilance was vital to avoid something similar happening if unemployment rates continued to rise. 'It's not inevitable that it will,' he said. 'But we need to watch that situation very carefully.'

Drug treatment and recovery in 2010-11 available at www.nta.nhs.uk

MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

If you doubt the terrible dangers of illegal drugs, look at the miserable fate of Brian Dodgeon. Mr Dodgeon calls himself 'an old hippie'. He is an academic and former social worker. He is all too typical of the demoralised English middle class, a type of liberal bigot common in the media and among teachers and social workers. In their tens of thousands, they fried their brains with dope in the Sixties and Seventies, so becoming even more stupid than they already were. Now they form a noisy, powerful lobby against proper enforcement of the drug law today, lying that there is a 'war on drugs'.
Peter Hitchens, *Mail on Sunday*, 23 October

Drugs that become uncool fall into disuse, as tobacco is falling into disuse today. If history is any guide, our grandchildren's grandchildren will regard today's struggles over marijuana, cocaine and opium as bewildering fossils of an unsavvy past.
Charles C Mann, *The Independent*, 10 October

So why are more and more children smoking cannabis? I'd point the finger at the influence of pop music... For many pop stars, marijuana gives them an edge of rebellion and danger – two things that teens and pre-teens can't resist. But the performers' reckless disregard to the implications of their actions is breathtaking.
Sonia Poulton, *Daily Mail*, 5 October

Put him in a black cloak and hand Cameron a scythe because he's the Grim Reaper terrorising the NHS. The contradictions in his own thinking are astonishing. The PM declared war on unelected bodies yet he'll turn health in England into the big daddy of quangos, the £80m NHS Commissioning Board unaccountable to the Health Secretary or Parliament.
Kevin Maguire, *Daily Mirror*, 12 October

In a blatently (*sic*) political move, the recent Labour government in the UK downgraded cannabis in the classification of dangerous drugs in the belief that it is relatively harmless. Cannabis is often claimed to be 'the alcohol of young people'. The Labour Party need to court popularity with the young because many voters tend to grow out of Left-wing ideas... Left-inclined politicians tend not to worry themselves over the damage that cannabis causes to mood, memory and motivation. These problems don't cost the sacred NHS any money. Therefore the damage done to individuals can be ignored.
Dr Robert Lefever, *Daily Mail*, 11 October

Professor Nick Heather, a professor of alcohol and drug studies (ooh – I want that job!) has suggested to the House of Commons Science and Technology committee that drinking guidelines should be updated to include a 'binge drinking limit' of eight units a day for men and six units for women. Yeah, that's SO gonna work!.. I daresay that the likes of Prof Heather have all sorts of letters after their names, but I can't help thinking that four of those should be F.O.O.L.
Julie Burchill, *The Independent*, 14 October

LEGAL LINE

'HELP – I'M BEING MADE HOMELESS'

Release solicitor Kirstie Douse answers your legal questions in her regular column

Reader's question:

I am being made homeless as the friend whose sofa I've been sleeping on wants me to leave. I had my own flat before but was evicted for rent arrears. I've got lots of health problems including hepatitis, HIV and depression, and I take methadone – I won't cope on the streets.

Kirstie says:

You may be eligible to be housed by the council if you make an application as a homeless person. A housing solicitor might assist you with making a written application, which you can take to the council in person. If you satisfy certain criteria they will accept a duty to house you. You must show that you are:

Homeless or threatened with homelessness – you are homeless as you have no legal right to occupy your friend's property.

Eligible for assistance – if you live in the UK and are not subject to immigration control you will be eligible for assistance.

In priority need – you may be considered to be in priority need because of vulnerability resulting from your physical and mental health problems. Drug dependency itself will not give you a priority need but being at risk of relapse can be considered to be a special reason. The critical test is whether you are less able to fend for yourself because of your vulnerability. It is very important to provide supporting letters from professionals regarding all medical issues, specifically referring to how homelessness will affect these.

If you are homeless/threatened with homelessness, eligible and judged to possibly be in priority need the council have a duty to provide you with immediate temporary accommodation whilst they consider your application in more detail, and also decide if you:

Are intentionally homeless – you would not be considered intentionally homeless because you are being asked to leave your friend's property through no fault of your own. However, the council may well say that this was not settled accommodation and you made yourself intentionally homeless from the flat you were evicted from because you failed to pay the rent. This may be challengeable depending on the circumstances in which the rent arrears accrued.

Have a local connection – you must have a connection to the area in which you are applying. This can be shown through a number of ways including close family living there, registration with a GP and engagement with other services.

The council can refuse your application on any grounds or combination of grounds. Most common reasons are priority need because you are not considered less able to fend for yourself, and intentional homelessness because of issues relating to a previous tenancy. The decision can be reviewed and a housing solicitor should be instructed.

Email your legal questions to claire@cjwellings.com.
We will pass them to Kirstie to answer in a future issue of DDN.

For more information about debts and drug use please contact the Release legal helpline on 0845 4500 215.

SPIRIT OF ENTERPRISE

Rejecting a 'one-size-fits-all' education system was the start of a much bigger venture for serial entrepreneur and founder of TSBC, Amar Lodhia. **DDN** reports

'I've always been a maverick in school. I set up my first business when I was 14,' says Amar Lodhia, founder and CEO of The Small Business Consultancy (TSBC). Although a 'straight A' student at this point in his life, his first enterprise did not earn him any accolades. In fact the business of selling his computer services to fellow pupils to help them improve their homework – bringing in the princely sum of £5 a week and enough to buy a Chesney Hawkes album – landed him in a good deal of trouble.

The school summoned his parents and put him on report. 'They didn't even think about the fact that I was an entrepreneurial person by doing something like this' he reflects. 'The downhill spiral started from there.' He began taking drugs, skiving from school, and only turning up for the business studies class – his only qualification, and one at which he gained an A*.

Lodhia's parents were understandably devastated at his loss of promise. He entered sixth form, but realising he only wanted to make money, he left school at 17 and went to Leicester, a move which turned into a battle with his drug addiction.

'I was a young offender, burning cars, looting, and became part of the whole riot scene happening at the time,' he says. Then in 2002, he was in a relationship with a girl who observed 'you sit here smoking a spliff and writing business plans. You've always got these ideas and you make money selling drugs. Why don't you put that into a business?'

Returning to London to support his family over a bereavement, he was welcomed back and was glad to turn his back on a period that had included homelessness and squatting. His partner had put a condition on their relationship – 'only if you go and do something productive' – and helped write his personal statement to do a business foundation course, even though he didn't have the A levels. It was a re-engagement with education that felt like his first day at high school, but which would lead to a foundation degree at London Metropolitan University.

'I was so buzzing about business again,' he says. 'Because I had a sense of purpose, I cut down on the drugs, and when I got my scholarship to business school, that's when I stopped them completely.' He became student ambassador for the university, travelling business class around the world and was elected student president.

'My whole life started changing – I was with people who were successful and who listened to me and valued my input in business. That sense of value was really important, and having that incentive.'

Lodhia had the chance to work with two entrepreneurs, one of whom brought him in on work experience as a strategy advisor – his first experience of working with entrepreneurs and watching a business grow from zero to a million pound enterprise. In 2005 he was accepted to go to Cass Business School, 'blagging' his way in, but graduating with first class honours.

'The whole "inspiring business" angle of the work we do now stems from these experiences,' he says. 'I had a vision when I graduated that I wanted to help people who came from the background I did.'

By this time he had kicked the drug addiction and felt his whole life had changed. 'You end up in a completely different mindset and social circle,' he says. 'Every other friend that I might have had that was to do with drugs, alcohol, offending – they were all left behind and I was in a completely different life.'

In 2009, with a vision of a society that doesn't hold anyone back from becoming successful, Lodhia set up TSBC, a social enterprise to help people who came from similar backgrounds to him. Earlier he had done some work

'Because I had a sense of purpose, I cut down on the drugs, and when I got my scholarship to business school, that's when I stopped them completely.'

Above, l-r: Giorgio Shirley, Malaik Bryce, Christopher Smith. Above, right: Amar Lodhia. Far right: Power Cuts. Far left: All the night's winners, including Peas & Love

'I'VE CHANGED MY LIFE'

'Being kicked out of school aged 14, I regret not being able to read, write or count properly,' said joint winner Christopher Smith, founder of Hydro Heating. 'Before being on the E=MC^2 programme I woke up, got drunk and usually ended up in a police cell.

'Since being on the programme over the last three months, I have done a month's paid work experience with Mr Site, one of TSBC's supporters, and a two-week placement working on advertising campaigns at The School of Communication Arts whilst setting up my own business.

'This morning I was on the radio, just after the home secretary spoke, talking about my journey. What a change in my life!'

LEARNING TO WIN

At TSBC's annual awards night in London, four finalist fledgling businesses (from 50 entrants) pitched to judges Rachel Elnaugh of BBC's *Dragons' Den*, Seema Sharma of Channel 4's *Slumdog Secret Millionaire*, Cat Dix of Capital Community Foundation, and Simon Carter, marketing director of Fujitsu UK.

The joint winners were Hydro Heating, hydrogen powered portable heating solutions, founded by Christopher Smith, aged 19; and SleepuCate, a portable headboard/pillow which reads stories to children, founded by Giorgio Shirley and Malaik Bryce, aged 17 and 13.

Runners up were Peas & Love, a Caribbean fast food and catering business, founded by Ricky Blake and Kelly Potts, aged 38 and 26; and Power Cuts, a mobile barber business, founded by Osman Bampiay and Louise Thomas, aged 21 and 19.

'The thing TSBC does so well is give people purpose,' said entrepreneur (and compere for the evening) Dan McGuire. 'A third of drug and alcohol users became abstinent after going on the programme, and of 253 people only 11 reoffended, against a national average of 78 per cent.'

'Tonight is about people who have triumphed over much adversity to get where they are today,' said Amar Lodhia. 'They've put their passion and their entrepreneurial spirit where their heart is.'

'Optimists will always get on', added judge Seema Sharma. 'Buses of opportunity go past all of us all the time... all we have to do is open our eyes and get on that bus.'

with talented and relatively privileged young people on a schools project, helping them set up mini-businesses. But his contact with this socially mobile group further convinced him of his vocation to work with young people who seemed a long way away from such life chances.

His opportunity came after piloting successful projects using business with marginalised young people in Newham, when a Barking and Dagenham drug and alcohol commissioner invited him to present an entrepreneurs' project with DAAT clients. He brainstormed the programme with commissioner Jenny Beasley and, after encouragement from award-winning multi-millionaire entrepreneur and close friend Dan McGuire, he found himself with about four hours to put the proposal together.

Beasley's support was key to the whole venture, particularly as the first project was a pilot from which he learned. 'I'm really glad that first project did not go 100 per cent according to plan,' he says philosophically. 'Jenny didn't pull the plug on it and from working with three people, we are on track to work with 1,500 this coming year. It was this first project that built the foundations for the successful interventions we carry out today – where one out of three substance users have become abstinent from drugs within four months. We have been one of the only social enterprises able to reduce reoffending rates by over 90 per cent, through a simple transformation of negative entrepreneurial skills to positive application.'

Using a multi-agency approach, and working in partnership with all the frontline services is now crucial to success, as is making sure they target the people who most need help. 'We use an attention-application-retention model,' says Lodhia. TSBC holds multi-agency briefings with London boroughs, looking at offender management, substance misuse and encouraging departments to pool their resources to reduce duplication. Through key contacts in the boroughs, they compile a unique 'client recruitment plan' and liaise with all relevant services.

'When we're briefing frontline workers we tell them to look out for buzzwords on what the person might want to do – construction, owning a salon, being a plumber – as we can help with that. We've had wacky grandiose ideas, to simple ideas like a sandwich business,' he says.

'We try to separate ourselves from the business and give them the support they need, which is why we've got a wide network of mentors and entrepreneurs. If we don't have anybody from the industry in which they want to set up the business, we go and find them.'

The three-month client recruitment plan includes timescales and key contacts in the borough, to pin down who's responsible for what. Then comes a briefing day so everyone's up to speed on how the programme's going to run and what kind of resources and support will be needed.

The client recruitment process is kept as simple as possible, he says. Following a referral from (usually) a frontline worker, TSBC will fill in a pre-assessment form with the candidate to find out what their needs are. They read their treatment plans and do a risk assessment to work out how stable they would be throughout the programme and how much pressure they could cope with – because, says Lodhia, 'setting up a business, or transitioning into employment is tough, even for a person who's not going through a drug addiction. We have to make sure the people on the programme are having their basic physiological needs met by working closely with frontline services and caseworkers.'

The risk assessment highlights vulnerable stages where the client might drop out, but it also lets them examine individual needs. 'No two programmes are ever the same – that one-size-fits-all approach is what's failed the education system. When Chris [one of this year's winners] came along, he couldn't read or write properly, so the way he has to learn is very visual. We engaged him in the programme using visual and practical facilitation. Someone like Malaik [13-year-old joint winner] needed to be engaged differently. There's meticulous planning involved in everything.'

Joining the scheme gives many participants their first taste of being incentivised to earn and of feeling 'I want to get the sales in'. The skills and commercial acumen of a drug dealer, he points out, can so easily be trained for success.

'It's like looking at a road,' he says. 'If there's a window open, I'll knock on the door. But a drug addict or offender I will look at it and say "which window's open, I'm breaking into that". It's very transferable – same street, but you look at it in a different way.'

LETTERS

'Whilst we tell those in "recovery" that they are very brave and are doing it themselves, it is hard to distinguish between the "recovery" sector and the RSPCA, which see animals as helpless victims of injustice.'

HELPLESS VICTIMS?

I find it strange that Sean Rendell (*DDN*, October, page 12) should put John Graham's view and mine into the same category, as I would have thought that we both came from entirely different starting points.

Whereas John Graham chose to highlight human frailty by talking about Alex Boyt 'setting himself up for a relapse' (*DDN*, August, page 12) and the negative impact Alex's words could have on newcomers to recovery, I come from the starting point that we are all capable of understanding what is best for us, and are a lot less the vulnerable victims that patronising professionals like to view us as.

For the sake of politesse I will assume that Mr Rendell is being ironic in his letter, because, whilst wagging his finger at Mr Graham and myself for being judgemental, he is engaging in the very same behaviour.

The assumption that we do not have a right to criticise Mr Boyt is also an example of a worrying trend, especially in the drug and alcohol sector, that says 'thou shalt not judge others'. Judging other people by what they say and do is central to our existence as social beings. It allows us to learn about others and for others to learn from us.

Had I have been eavesdropping on a private conversation that Alex Boyt was holding, and then responded to that conversation by writing a letter to *DDN* about it, my moral approach would be rightly condemned. But anyone who addresses their opinion to the public must expect to have their views scrutinised and critiqued.

There is also something rather worrying about the fear of committing oneself to an opinion. Workers in the addiction field, rightly, expect a level of commitment from their clients (otherwise it makes their job pointless), and yet when it comes to expressing an opinion about how things such as addiction treatment should be done, one can hear a pin drop.

Whilst journals such as *DDN* offer an opportunity to debate the issues in the 'addiction/recovery' field, it seems that those people who are in a position to make a valuable contribution (*ie* readers and workers in the field) to any debate on the issues never venture further than the harm reduction/abstinence parameters.

It should be obvious that we cannot look to the government for answers – let alone leadership. For the past quarter of a century, Margaret Thatcher's dictum 'There Is No Alternative' has become something of a truism. From government downwards, social administration is like the plasterer gloss-painting the walls in the vain hope that the cracks will not show, because the material to do the job is unavailable. Much of what is written in *DDN*'s 'Soapbox', for example, is just a variation on the theme that is momentarily fashionable in Whitehall, or just tinkering with the existing system.

Whilst I have the luxury of not actually having a paid position in the field, and I don't rely on local health and/or authority grants, I do have an interest in the area, if only wishing the best for those people who wish to get their lives back on track. But I feel that those very people are being short-changed. Whilst social changes have occurred over the past two decades as well as the nature of the problems, government have portrayed them as law and order issues, thus making alcohol/drug services agencies of social control.

And the methods? Well, they remain either harm reduction or abstinence. Addicts queue up for their methadone scripts and alcoholics periodically enter detox units or, as we have seen with the growth of the rehab sector/business, addicts and alcoholics are treated to a wide variety of trendy therapies. There is little attempt to question the rationale or to see the issue of young people as a qualitatively different one from the old alcoholic/addict experience.

Meanwhile most re-enter the very same social world that they were in beforehand. The response is to provide some aftercare, which maintains the victim/vulnerable identity. Whilst we tell those in 'recovery' that they are very brave and are doing it themselves, it is hard to distinguish between the 'recovery' sector and the RSPCA, which see animals as helpless victims of injustice. The alcoholic/drug user's image (like those doleful-eyed puppies and kittens in RSPCA advertisements) is then used to dictate all sort of draconian policy – particularly around drink – and then demand of the public that they 'shall not judge'.

The question of why a greater proportion of young people are choosing to 'cop-out' through drink or drugs is not going to go away until the matter is addressed, fully, through debate. Introducing bans on advertisements and allowing the police to confiscate alcohol from people in the street, or introducing a sin tax on alcohol, is not a way to address the problem. It will simply create understandable resentment from those who 'can handle their drink'.

Denis Joe, by email

DON'T REWRITE HISTORY

It was good to read Nigel Brunsdon's plea for harm reduction and recovery to work closer together (*DDN*, October, page 11). This is how it should be.

Where I take exception, however, is within his assertion that 'we need more people from the recovery community to be actively involved in harm reduction' and his claim that rehabs don't offer harm reduction, and in particular overdose awareness advice.

I'm not sure if Nigel has ever worked in rehab, or indeed been a resident there – I suspect not. What I do know is that in my 25-year using history I have attended six different rehabs (yes, sometimes it takes that many) and every single one of them gave me harm reduction advice, including overdose awareness.

During my 'career' I was also a regular visitor of needle exchanges, including the agency that Nigel worked for. Not once was I ever asked about my hopes and aspirations – in fact they were renowned for 'not doing' recovery.

So yes we do need to get rid of this false dichotomy, but can we at least start by acknowledging that both sides have made mistakes in the past. Whilst I commend Nigel's Road to Damascus moment – and let's face it, he's far from alone here – attempting to rewrite history gets us all nowhere.

Charlie Cooke,
ex-service user, London

FINE ARTIST

I am writing to tell you how much I enjoyed the article, and pictures, about Steven Ellis (*DDN*, October, page 14). If only all ex-prisoners were able to rehabilitate themselves like he is doing so successfully.

I have a lot of hope for the system that encouraged everything that he is doing. What an example to set for other people, perhaps with little hope for their future. That is definitely the way to do things.

It was a brilliant article, so positive, and he is such a talented artist. Good luck to him and congratulations to you for the article.

Iris George, retired further education lecturer, Belfast

SEMANTIC MAZE

Since the coalition introduced its new drugs strategy and PbR, it is amazing how many new definitions and re-definitions for 'abstinence', 'recovery' and 'recovered' have been promoted – often, it seems, in an effort to change nothing other than our language.

The latest NHS updates on the progress of the PbR pilots seem to confirm that rewriting the Oxford English Dictionary is still more important than recovering addicts to a lasting state of abstinence from all forms of addictive drug usage.

Those same updates also reveal that the implementation of the government's new strategies will be governed by how and to whom government finance was allocated prior to the new strategy, based on the nature of the treatment services contracted for at that earlier time – even though such services and their providers are now mainly irrelevant under the new strategy.

As a result it becomes more and more obvious that 'implementation' is now being translated as 'manipulation' by those who wish to see status quo 'treatments', 'habit management' and 'harm reduction' continued.

Kenneth Eckersley, CEO, Addiction Recovery Training Services (ARTS)

HARM HYPOCRISY

Molly Cochrane is absolutely right to castigate the Liberal Democrats for their hypocrisy in talking about 'protecting communities from drug harms' (*DDN*, October, page 12). They have proven themselves completely unworthy of the trust of the British electorate, and this cynical sop to people who now, justifiably, hate them makes no difference to anything. The sooner they are consigned to the dustbin of history the better.

Adam Parkes, by email

We welcome your letters...

Please email them to the editor, claire@cjwellings.com or post them to the address on page 3. Letters may be edited for space or clarity – please limit submissions to 350 words.

Post-its from Practice

The challenge of change

Sometimes even good care is not enough, says Dr Chris Ford

I had to compose myself as Craig shut the door behind him after his appointment. I had just told him that his liver function had deteriorated and his protein was alarmingly low. He already knew he had cirrhosis and ascites (fluid retention in the abdominal cavity) and we had discussed many times the significance of these.

At 42 years old, Craig had been a patient of ours for about three years. He had started drinking seriously at the age of about 12, not long after he had returned to live with his mother and her new partner after three years in care. His mother married and quickly had two children with this man, who also adopted Craig.

Craig's father was an alcoholic and had left the family home shortly after Craig's birth. Craig remembers being excited about becoming a member of a 'real' family, but this feeling didn't last. His stepfather soon began to verbally and physically abuse him, and Craig rapidly became a frightened, broken adolescent.

He had told me how he felt whole again on picking up alcohol. He spent the next eight years in an alcoholic haze and never once received any help – no one even expressed concern about his drinking.

Craig branched out to heroin, cocaine, speed and almost any drug he could get his hands on, but always came back to his first love, alcohol. He tried treatment, but was often discharged because of his alcohol use or his anger, and went into rehab a couple of times but relapsed immediately. When I first met him I remember him saying it was only when he was drinking that he felt in any way human. He hated his feelings post-detox, even after counselling and groups, but he was most concerned about his anger, which became explosive when he was sober. He said he had relapsed to get rid of all the hurt and anger.

When he first came into treatment with us, Craig said he wanted to try again. He even requested to see a forensic psychiatrist, but we can only refer through the local psychiatrist, who suggested Craig 'pull his socks up' and stop drinking, having absolutely no understanding of dual diagnosis.

Eventually Craig told me that he had decided to carry on drinking. He totally understood the consequences and he knew he would die. I had explained to him the stages of liver disease, starting with fatty liver, which is the commonest and mildest form of liver damage, and reversible; moving on to fibrosis, which is scar tissue that represents the liver's response to injury, and finally cirrhosis. The early symptoms of liver disease can be non-specific and can include fatigue, vomiting, diarrhoea and abdominal pains. As liver damage increases, liver failure begins to develop and may lead to cancer. The risk of liver cancer is greatly increased once cirrhosis develops, and cirrhosis should be considered to be a pre-malignant condition.

The prognosis of cirrhosis partly depends on whether patients stop or continue to drink. People with early cirrhosis, and who stop drinking, have an 80 per cent chance of being alive after ten years. Those like Craig, with symptoms and who continue to drink, will die within three years.

Craig is not alone. Deaths from liver disease are rising at an alarming rate, while the rate of all other major causes of death are reducing. People are also dying younger from it – the average age is 59, but I fear Craig is not going to reach even his forty-fifth year. I wish I could 'cure' Craig, but know I can't. All I can do is continue to care and support him – and never give up on him.

Dr Chris Ford is a GP at Lonsdale Medical Centre, clinical director for IDHDP and a member of the board of SMMGP. Network 33 this month is a special edition on the liver. To become a member of SMMGP, receive bi-monthly clinical and policy updates, and be consulted on important topics in the field, visit www.smmgp.org.uk

'Some days things are going great but other days our motivation drops. When things get hard, you want to stop but there is always a way to keep going. If people learn this through the sessions we run, they can apply the same principal to everyday life.'

TRAINING FOR REC

Turning Point is joining forces with British Military Fitness to harness the power of physical exercise, explains
Sarah Creighton

Exercise has always been recognised as an important component of an individual's treatment package. The verifiable impact on endorphin, serotonin and dopamine levels sits alongside an ability to provide people with a new focus in life, fitting perfectly with the current drive towards recovery.

At Turning Point we run integrated recovery services within both the community and the criminal justice system, and our staff are no strangers to the enormous benefits that sport and exercise can play in a person's recovery journey. In the past year alone we have provided clients with more than 3,700 hours of physical activity, with the benefits clearly demonstrated through both positive feedback from service users and the outcomes recorded on our information management system, which indicates that clients are more than 6 per cent more likely to leave services drug free if they have been involved in some kind of physical activity.

Turning Point's substance misuse services offer a variety of physical activities, and of all clients who took part during the past year, only 5 per cent left the service with a non-planned treatment exit. In Gateshead, for example, project worker Richard Cunningham recently organised a football tournament, where staff and service users from different local agencies competed against one another to win the 'recovery shield'. 'The event was a real success, and got a number of our clients who had lost an interest in football because of drugs and alcohol the confidence to get back into sport,' he said.

Football isn't for everyone, of course, and Turning Point also offers a range of other physical interventions to clients, including gym, badminton, gardening, squash, football, cycling, swimming, tennis, walking, bowling and fishing. Some are more strenuous than others, but they all provide a method by which we can help to structure a person's free time and reduce their desire and need to misuse drugs or alcohol.

At Turning Point's South Westminster service, which is commissioned by Westminster council, one project is really making its mark. Instructors from British Military Fitness (BMF) – all of whom are serving or former members of the armed forces – have been putting service users through their paces twice a week in London's Hyde Park.

Westminster council's cabinet member for adult services and health, Daniel Astaire, sees a real benefit in providing service users with physical exercise, and fully backs the British Military Fitness scheme. 'People who have been dependent on drugs or alcohol face a number of difficult issues when rebuilding their lives and establishing themselves back in the community,' he says. 'This scheme provides a new way for them to get their lives back on track and build their self-confidence and independence, while also providing structure in their daily lives and a sense of belonging to a supportive group.'

British Military Fitness now operates in 105 parks in the UK and boasts 20,000 members. The work they do with Turning Point clients is similar to the classes they carry out with the general public, but tailored to meet service users' specific needs and take into account the additional challenges they are working to overcome.

While the BMF instructors run the class in a disciplined, military style, they also give service users a great deal of positive feedback and encouragement. 'One of the instructors is a real character and cracks jokes throughout the sessions,' says session supervisor and Turning Point substance misuse worker, David Parkinson. 'It takes the participants' minds off the fact they are pushing themselves to their limits.'

The service users who take part in the BMF programme have varying fitness levels and are all at different stages on their recovery journey, with some abstinent for over a year while others have only recently begun to access services. The sessions resemble the kind of circuit classes available in

Far left: *Instructors from British Military Fitness put service users through their paces twice a week in London's Hyde Park.* ***Left:*** *Now abstinent from drugs and alcohol and physically fit thanks to their twice-weekly sessions with BMF, service users took on the gruelling National Three Peaks Challenge.* ***Above:*** *Turning Point's David Parkinson (left) and Laurence Dawson.*

OVERY

most gyms but participants benefit from being outdoors, which adds to overall wellbeing.

The class begins with a warm up consisting of stretches, a gentle jog and some short drills in pairs which are designed to increase agility, balance and trust. The main part of the hour and a half, however, is more demanding – a mixture of activities where teams compete against one another and series of sit ups, push ups and burpees. The session ends with an 800-metre run, more stretching and the kind of natural high and sense of accomplishment that drugs and alcohol are unable to provide.

Becky*, 50 is a former crack cocaine user but with the help of the scheme has been abstinent for five months and is now studying maths and English in college. 'BMF keeps me busy and physically it makes me fitter,' she says. 'I used to take crack cocaine but have been clean for five months now. After I finish exercise my mind is clear and because I'm busy I don't miss my old friends. I'm now at college and would like to teach people who are illiterate to read and write.'

The British Military Fitness groups also work on another level – creating an environment in which service users can develop healthy and supportive relationships with each another. There is a real sense of camaraderie within the group, with people looking out for each other and encouraging one another to push themselves further than they would probably go if they were just working out on their own in the gym. The sessions also provide an alternative setting for them to open up to the member of staff supervising the sessions about problems they may be experiencing. This can then be flagged up to their relevant worker and dealt with appropriately.

British Military Fitness Instructor Ian McClelland says the sessions he runs with the service users in Hyde Park are the best part of his job and help to reflect the everyday reality of overcoming addiction. 'Throughout their recovery from substance misuse, a person goes through peaks and troughs, just as they will with physical exercise,' he says. 'Some days things are going great but other days our motivation drops. When things get hard, you want to stop but there is always a way to keep going. If people learn this through the sessions we run, they can apply the same principal to everyday life. This can be really useful in helping them to overcome addiction and to achieve things they never thought they could.'

The BMF instructors themselves get so much out of running the sessions with the service users that they took it upon themselves to organise a fundraiser in their spare time in October, providing people from local businesses with the opportunity to enter a strength and conditioning masterclass in return for donations. Turning Point service users helped to marshal the event, which raised more than £1,500 to enable BMF to do even more positive work.

This comes as excellent news to David Parkinson, who says he has noticed a 'huge decrease' in the use of drugs like heroin and crack cocaine since service users began attending the tailored training sessions with BMF. 'The natural high of endorphins through exercise takes away the need to use stimulants like crack cocaine,' he says. 'Some of the people we support were using drugs every day before we began engaging with them. They were caught in a vicious cycle of drug use, but BMF has given them a routine, and a purpose. They have been able to cut down or completely stop their drug use and begin to rebuild their lives.'

Many service users attending BMF have given up drugs and alcohol completely, but this summer four went one step further. Now abstinent from drugs and alcohol and physically fit again thanks to their twice weekly sessions with BMF, they took on the gruelling task of completing the National Three Peaks Challenge, climbing the UK's three highest peaks in 24 hours (*DDN*, October, page 4).

John*, who is a former rough sleeper and was a regular crack user, was one of the group who successfully climbed the three peaks. 'I've gained so much from this,' he says. 'I'm a lot healthier and feel so much better in myself. I've climbed the three biggest peaks in Britain and now I feel I can do anything and really move on with my life.'

This is testament itself to the role physical activity can play in someone's recovery, and something that Turning Point will continue to explore with BMF and its other new partnerships in the future.

**Names have been changed.*

Sarah Creighton is media and communications officer at Turning Point

TAKING CONTROL

A recent conference promoting best practice in DRRs was hosted by the service users themselves. **Ros Weetman** reports

WHEN IS A CONFERENCE NOT A CONFERENCE? When there are no keynote speakers, no name badges and it's all about the workshops. In late September, service users from Leicestershire and Rutland and West Yorkshire probation trusts hosted a day showcasing best practice in criminal justice drug treatment from around the country.

With around 200 delegates gathering in Leicester – including frontline workers and managers from probation trusts, treatment agencies and commissioners – the day promised to inspire and challenge those with the power to improve the range and relevance of drug treatment available to offenders.

The recent report of the national drug rehabilitation requirement (DRR) review undertaken by NOMS revealed that many drug users made subject to a DRR as part of a community sentence found their treatment offers reduced as a result of commissioning restraints, local service level agreements and lack of protocols between the probation trust and treatment agencies. Treatment was less likely to be tailored to the individual, who instead had to fit into a fairly rigid pre-determined structure, which rarely focused on recovery.

In response, NOMS funded a number of best practice projects to promote innovation and creativity in DRRs, focusing on three areas – improving peer mentoring and service user engagement, incorporating ETE and promoting abstinence and recovery. The conference was the showcase for these projects, hosted by service users from two of them, and with a huge variety of workshops on offer.

What do you do when your bid for extra funding is not successful? If you work for Surrey and Sussex Probation Trust as the treatment provider for DRRs, you go ahead anyway. The trust's alternative DRR delivery model workshop detailed the outcomes achieved and the benefits of involving service users in treatment planning. Willowdene Farm, meanwhile, showed how it had opened its doors to local West Mercia offenders on DRRs and offered them a 12-week training experience to help them become job-ready.

Leicestershire and Rutland Probation Trust's work-ready group showcased how agencies can offer National Open College Network qualifications and work experience, while its peer mentoring project demonstrated how service users on a DRR were offered the opportunity to become fully involved in their recovery and train as peer mentors.

Turning Point worked in partnership with West Yorkshire Probation Trust and Bradford College to deliver a service user support project, with a peer mentor co-leading the workshop to explain how he is now in a position to support others, while the West Yorkshire Probation Roads to Recovery project aims to highlight the benefits of having multiple recovery pathways as part of the DRR and offering abstinence as a valid treatment option.

What do you do when your bid for extra funding is not successful? If you work for Surrey and Sussex Probation Trust as the treatment provider for DRRs, you go ahead anyway.

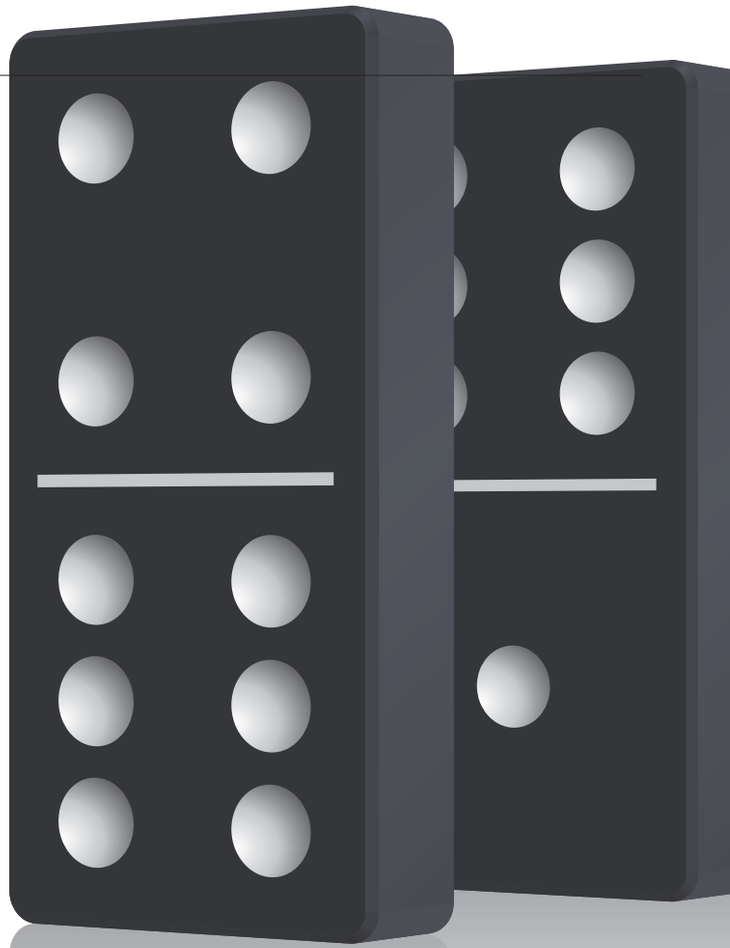
Building Skills for Recovery (BSR) is the latest programme in the NOMS suite of accredited substance misuse interventions, tailored to the individual needs of offenders through key work, care planning and mapping techniques, and its workshop provided the opportunity to find out more about session content and delivery style as well as feedback from the pilot evaluation. At the London Probation Trust intuitive recovery project, meanwhile, delegates could find out about intuitive recovery training sessions from both offender and offender manager perspectives.

The North Yorkshire Recovery Project by North Yorkshire Probation Trust aimed to show that providing probation, police and DIP staff with appropriate training to 'speak recovery' is an essential first step, while another workshop challenged delegates to think again about how to encourage offenders on DRRs to have the ambition to make lasting changes to their lives.

There was a real buzz about the day, with the lack of name badges encouraging people to introduce themselves and talk to each other over coffee breaks and lunch. Peer mentors were able to talk informally to delegates about their experiences of being in criminal justice treatment services and offer a personal perspective on successful recovery. A professionally-made DVD featuring service users from Leicestershire and Rutland Probation Trust shown after lunch proved to be both moving and inspiring about the possibilities for recovery, and copies were made available for delegates to use in their own services.

So did the day achieve its aims? Feedback indicates that delegates were inspired about what could be achieved with a lot of hard work and relatively small amounts of funding – and in some cases no funding at all. The proof of the day's success will be when probation trusts, treatment agencies and commissioners begin to think outside the box about creating a robust and relevant treatment service for offenders subject to DRRs. This may be a smaller group in comparison to the wider treatment service group, but they have both specific and wide-ranging needs, and a well-designed DRR can be a real catalyst for recovery.

Ros Weetman is substance misuse policy and development manager at NOMS. ros.weetman@noms.gsi.gov.uk



TROUBLE AHEAD?

At this year's Alison Chesney and Eddie Killoran Memorial Lecture, Rosalie Liccardo Pacula looked at how recession can affect alcohol and drug use

The global recession and financial crisis has decimated national budgets, substantially reducing the ability to provide financial support for a range of services geared at addressing important social and public health problems. When unemployment rises for sustained periods, public budgets shrink, and services get cut. In most instances, non-essential services are cut first, which in many cases are those assisting vulnerable populations.

In the case of addiction, however, the problem caused by economic recessions goes beyond a reduction in services. Many believe that the problem is made worse by an increase in substance use and rise in the incidence of addiction caused by a behavioural response to the psychological stress of a recession. So the flow of individuals into addictive states also rises during economic recessions, or so it is believed.

The science supporting this belief is actually quite mixed, and indeed evidence from the alcohol literature suggests that the relationship between economic recessions and dependent use in particular is quite the opposite. Heavy drinking declines during periods of significant economic downturns, at least in developed countries.

An American economist, Chris Ruhm, was the first to clearly articulate the economic model and to rigorously test it using sophisticated statistical techniques.

Findings from his work revealed a more nuanced relationship between economic fluctuations and drinking. In particular, the relationship clearly differs depending on whether we examine light or heavy alcohol use in a population. When indicators of heavy drinking are used (number of drinks consumed, binge drinking, liver cirrhosis, drunk driving and cardiovascular disease), the evidence shows a pro-cyclical relationship with the economy, *ie* when the economy declines, heavy drinking also declines.

Heavy drinking declines during economic recessions for a simple reason – heavy drinkers spend a larger share of their income on alcohol. When incomes decline, they have to cut back to make sure they can still afford necessary goods like food, clothing and shelter.

Light or recreational drinkers, on the other hand, spend a much smaller share of their income on alcohol in the first place. And indeed, the models show counter-cyclical relationship between light or moderate drinking (defined as fewer than 10 drinks or fewer than 20 drinks) and the economy.

The literature examining the effect of business cycle fluctuations on illicit drug use is far less developed than that for alcohol, due in part to limited measurement of illicit drug use, and in particular problem drug use, at the national level. Nonetheless, two recent studies provide consistent evidence that youth and young adult consumption of illicit drugs appears to be counter-cyclical.

Data from a US sample of youth aged 16-18 shows higher marijuana use associated with unemployment rates. So as the economy gets worse, marijuana consumption rises in this age group. There are similar results for cocaine use.

A subsequent study expands the age range (now 15-19 year olds) and considers separately the results for 20-24 year olds. Again there is a counter-cyclical relationship between marijuana use and cocaine use for the youngest cohort and similar evidence supporting a counter-cyclical relationship between cannabis and the economy for young adults in the US.

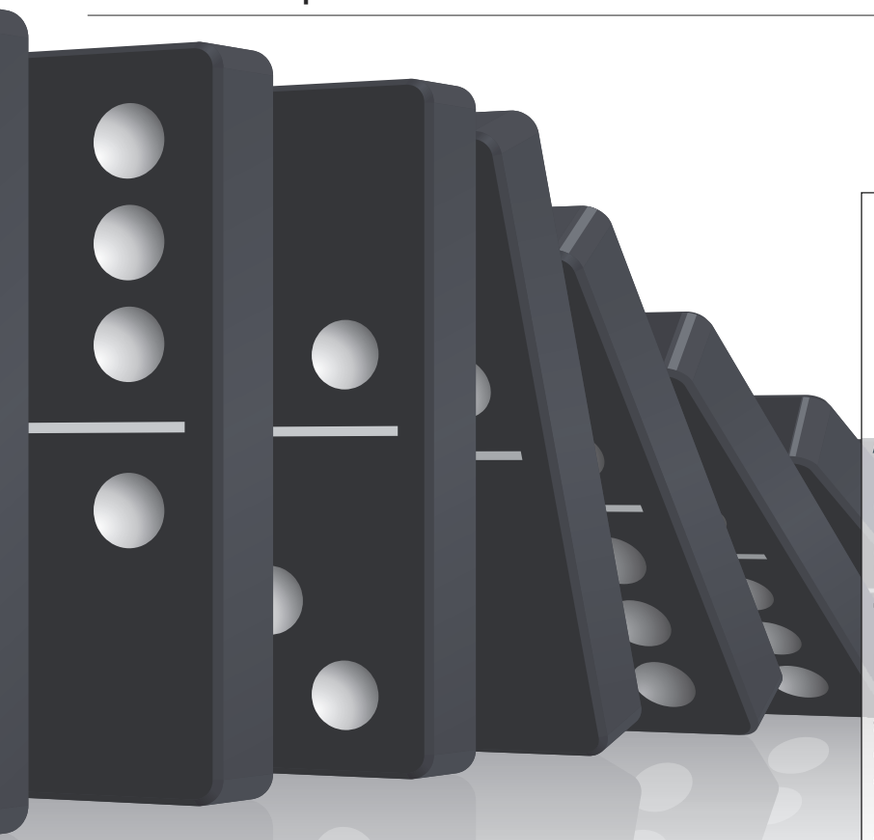
By engaging in drug selling, teenagers are able to partially or fully offset income lost from their legitimate employment, so the effects of the economic downturn are not felt as strongly. Moreover, once part of the drug-selling network, they have a better awareness of where to buy drugs at a lower price. Thus, the enticement of young users into the black market during periods of high unemployment appears to offset the negative income effect caused by the bad economy.

A very similar result was demonstrated in an entirely different household population in Australia. However, there was a completely different result in an older cohort, aged 35-49, whose relationship with drugs reflected the economic downturn. Perhaps youth are more willing or able to engage in black market alternatives during periods of economic slowdowns than adults, as there is no real loss in their general income.

Understanding the economic mechanisms that also influence behaviour during recessions gives several key insights, firstly on type of use. Light use of alcohol moves counter-cyclically while heavy use moves pro-cyclically. There is evidence that the same may be true for illicit drugs, although the literature is too thin to be conclusive. The fact that indicators of light use rise during periods of economic downturns implies that initiation rates are rising during these periods. Thus the dynamic flow of new users into the using population will generate greater need for treatment in the future, so reductions in treatment funding for short periods during recessions should not be sustained.

The evidence that casual use rises during periods of economic contractions suggests that prevention may be an even more important policy lever during periods of economic downturns. Community leaders and policymakers need to think seriously about effective prevention strategies during recessions, as doing so can have significant long-term benefits if the prevention strategies are effective at discouraging initiation among vulnerable populations.

Because youth unemployment rises so significantly during periods of economic recessions, youth are particularly vulnerable. The empirical evidence shows clearly that youth in particular are far more likely to seek employment in



> **'In the case of addiction... the problem caused by economic recessions goes beyond a reduction in services.'**

the black market selling drugs than even young adults, which has very serious implications for society, as the bonds with conventional institutions, respect for law enforcement, and prospects for future economic success are all reduced.

Prevention strategies aimed at protecting youth need to focus not just on substance use but also on the employment prospects in legal markets. Maintaining these individuals in legitimate employment is the only way to diminish the lure of economic opportunities provided by black market dealing.

Fundamentally, these insights all stem from the recognition that income effects can have a powerful influence on individual behaviour, even when that behaviour involves the consumption of an intoxicating and highly addictive substance. The economic literature is clear that consumption of addictive goods is responsive to changes in both income and relative prices, and as such economic fluctuations in the business cycle can influence consumption in ways consistent with normal economic behaviour.

On average, these income effects dominate the adult population – but it is not yet clear whether the behaviour observed for young drug users is being driven by psychological effects associated with downturns, or a willingness to seek and obtain other replacements for market income. Understanding this will be vitally important in determining the best policy response to support our vulnerable youth.

This article is an extract from Dr Pacula's speech at the last month's lecture in London, organised by Knowledge-Action-Change, www.kachange.eu.
Dr Pacula's fully referenced work is published in the International Journal of Drug Policy, Volume 22, Issue 5 (2011).

Out of work AND INTO DRUGS

Cláudia Costa-Storti, Paul De Grauweb, Anna Sabadashb and Linda Montanaria give insight to the links between economic recession, unemployment and drug treatment

SINCE 2007 the recession has hit most industrial countries and raises the question of how economic hardship affects illicit drug users' decisions to enter drug treatment.

Unemployment has an important influence on drug use. It is useful to make a distinction between 'being unemployed' at the individual level and the aggregate unemployment rate. There is considerable literature studying the links between drug use and the individual employment situation that finds that causation runs in two directions – that is, a lack of employment is a factor that leads individuals to more serious drug taking, whereas more serious drug involvement works against stable and better paid employment.

The question of how macroeconomic employment prospects affect drug use – as measured by the aggregate unemployment rate – is less well researched. Even less is known about the effects of the aggregate unemployment rate on the probability of drug users entering treatment.

The decision of drug users to enter treatment is influenced by many factors, including personal motivation and various external issues. One of these external factors is the state of the economy, and more specifically, the employment prospects for the drug user.

Our hypothesis was that the 'payoff' for entering treatment increases when the unemployed drug user has a greater probability of finding a job after treatment. The existing literature suggests that paid employment contributes to an individual's ability to create a drug-free life, making it possible to become economically independent, to integrate into a wider social network and to boost self-esteem.

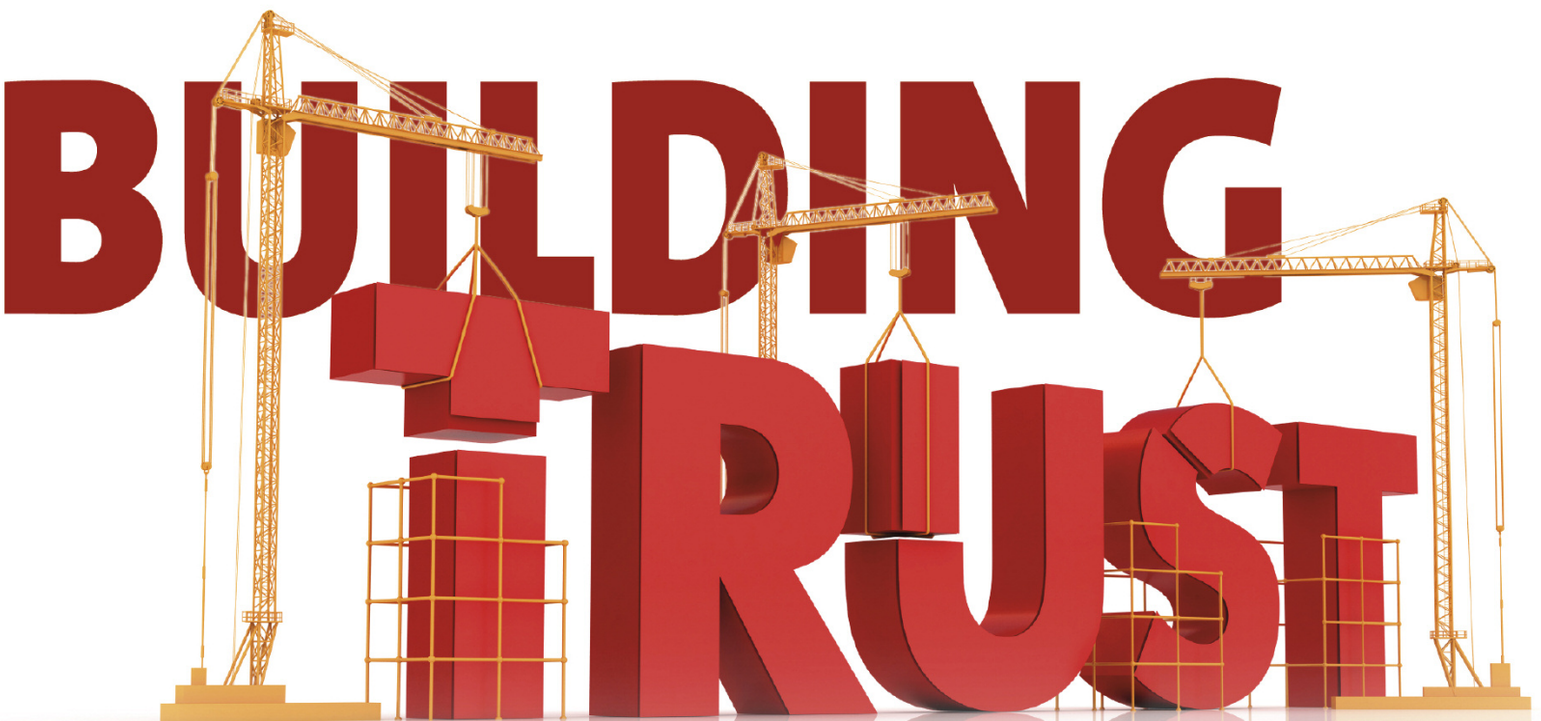
We tested this hypothesis econometrically using two different datasets – an EU-wide and German dataset. Our main findings were that unemployment has a significant negative effect on the number of drug users entering treatment. In general we found that the structural component of unemployment has a stronger impact on the number of treatment clients, *ie* when the number of structural unemployed increases the number of drug clients declines. The cyclical component of unemployment generally has a weaker effect on the number of drug clients.

The latter makes sense: when unemployment declines temporarily this is likely to have a weaker impact on the decision of drug users to seek treatment than when unemployment declines structurally. We also found that unemployed drug users seeking treatment are more sensitive than employed drug users to variations in the economy-wide unemployment rate.

Whilst our empirical results are encouraging, there is certainly more research to be done to check their robustness. This is especially the case as the quality of the data is far from perfect.

Nevertheless some policy conclusions can be drawn. Our empirical results confirm that the creation of job prospects adds significantly to the willingness of unemployed drug users to enter treatment. This lends support to the idea that drug treatment should include programmes to improve the job prospects of drug users.

This is an extract of research in the special edition of the International Journal of Drug Policy dedicated to the economic recession, drug use and public health.



The UK has lagged behind other countries in the diagnosis and care of people with hepatitis C, as well as in tackling the stigma attached to the virus. **David Gilliver** talks to the Hepatitis C Trust's chief executive, Charles Gore

This year marks the tenth anniversary of the Hepatitis C Trust, the charity that aims to make sure that people no longer die from 'this preventable and treatable disease'. The trust was originally set up to address the lack of reliable information about, and support for people with, hepatitis C, explains chief executive and founder member, Charles Gore.

'There were four of us with hep C who got together and decided we wanted this, because although there were more than 500 UK charities for HIV at the time, there was nothing for hep C.' He wasn't expecting to be anything more than a trustee, however – 'about four meetings a year and that would be that', he says. 'Then when we got Charity Commission approval the others turned to me and said, "you do realise you're going to have to run this?" Which was a major shock.'

A career in the financial sector had been curtailed when he became ill with cirrhosis, initially without realising he had it. 'I started out after university as a banker, which is obviously why I now work very long hours for virtually no pay – to make up for that terrible sin,' he laughs.

The trust's first move was to create as comprehensive a website as possible, he says. 'I looked around and saw that the only place where there was any information and support was for drug users, so I thought we should probably concentrate slightly less on that area, just because there was nothing at all for anyone else.'

This may have given the impression that the trust didn't see drug users as part of its remit in the early years, he says, something he's keen to address. 'It's completely not the case. I actually argued very strongly with NICE and got them to change the wording on the approval of the drugs for treating hepatitis C, to make sure there was no exclusion for drug users. Of course we now have a lot of projects going on with drug users, but then the whole idea was to try and concentrate on hepatitis C itself – not how you got it.'

On that note, has the stigma around the virus lessened over the years – have attitudes changed? 'I think a little bit, but it's still a really big issue, and one of the things we've always tried to concentrate on is that what's important is the fact that you have it, and that you can do something about it.'

The UK has traditionally lagged behind some other countries in terms of diagnosis and care of patients – does he feel that situation is improving at all? 'Yes I do, but slowly. Certainly in Scotland it's all changed. They had the 2004 consensus conference that I was very involved with, and which became their action plan, and they're aiming to treat 2,000 people a year, although they haven't got there yet. That would be the equivalent of 20,000 a year in England in population terms. It would be fantastic if we were doing that here, but we're a long way from it.'

The government's hepatitis C strategy, in fact, was commissioned just before the trust was established, which meant there was no opportunity for any input. 'It wasn't very good,' he says. 'All its targets and timetable were stripped out, and the action plan that followed didn't do anything.'

What the trust decided to do in response was to lobby for an effective liver strategy instead, he explains. 'You can't just go to government and say, "listen, your hepatitis C strategy's rubbish, will you redo it?"' We actually did get the liver strategy, but we've since had all these changes in the NHS that are delaying it.'

The trust has a number of ongoing projects to improve testing, referral and treatment for drug users, including peer education workers who visit treatment

'I personally wrote to every health minister in the world about three times and spoke to a whole load of them, to persuade them this was a special case. Because awareness is so low. And the problem is so big.'

services with some key messages, the first of which is simply the importance of getting tested. 'Don't just assume because you're an IV drug user that you've necessarily got it,' he says. 'So it's, "if you haven't, here's how to prevent it, and if you have, here's how not to transmit it to other people."'

A second key message is that routes of transmission extend beyond injecting equipment, he continues. 'There's possible problems with crack pipes and straws for doing coke. And the third message is that it doesn't matter that you're a drug user – you have access to treatment, and if you're having a problem getting it, we'll help you get it. I really feel that if we can get those three things out into the drug-using community, and get rid of the myths, of which there are so many – if we can do that relentlessly for five years, we can really make a difference.'

In terms of awareness raising and testing, how noticeable are the differences between services around the country? 'It's unbelievable,' he says. 'I just went to a homelessness place yesterday that has two hep C nurses – absolutely fantastic. And then there's a service we know of that only tests 55 per cent of people, when they're supposed to be offering tests to 100 per cent. So we're looking at doing partnership work where we train people in testing, to explain the need for it and make them feel more comfortable about it.'

The trust has also just launched a testing bus that will visit hard-to-reach populations, such as those in homeless hostels, and it's also piloting a project with the local authority in Coventry to support people through testing and treatment, while another initiative is to encourage pharmacies – particularly those with a needle exchange – to offer free tests. 'That's a project that's very close to my heart,' he says. 'It's a really good opportunity to get at people, because that may be the only drug service they're in touch with.

According to some estimates, 80 per cent of those living with hepatitis C in Britain don't know they have it. Is that an accurate figure? 'That's a good question – it depends who you believe,' he says. 'It's certainly over 50 per cent. Weirdly, the government figures keep going down each year, even though the number of new infections is far, far higher than the number of people who are successfully treated. So, unless there's a lot of emigration among people with hep C, I'm not quite sure how that works. There's somewhere between 250,000 and 450,000 with hep C, so if we're talking 450,000, then, yes, it's 80 per cent who don't know.'

Treatment can affect different people in different ways, mentally and physically, and many find it a struggle to stay on the therapy. How effective is the counselling around treatment – do people tend to be given the right information about what it's going to be like? 'That's a really difficult skill, because it's about warning people sufficiently to prepare them, but without putting them off,' he points out. 'We have a helpline staffed by people who've got hep C, or have had it, so they really understand, and we're also working with nurses to promote a really practical problem-solution approach to this – "this is what you do if this happens" and so on.'

Ten years on from the launch, what are his ambitions for the trust now? 'Our vision is to stop people dying, and ultimately to eradicate it,' he says. 'The main areas are firstly, prevention – doing a lot more work with the drug-using community – and secondly, diagnosis, because we're diagnosing less than the number of new infections. We're actually losing the battle, so we've got to up that a lot, and that means awareness. But general awareness campaigns are very tricky.'

While the trust is doing as much as it can afford in terms of general awareness, he says, its main focus is on targeted activities, either among drug users or ethnic communities where the virus is particularly prevalent. 'And the third main area is trying to up the treatment rate, because that's how you stop people dying. And, obviously, supporting people who have been diagnosed.'

On a global level, hepatitis C is primarily a healthcare-acquired infection, he explains. 'It's almost always through reuse of syringes, but in medical interventions and dental work. At one point in Egypt a quarter of the entire population were infected, through an intervention in the '70s to eradicate a water-borne parasite – they basically lined people up and injected them one after another.'

So aside from Scotland, are there other beacons of good practice that we could be learning from? 'France were the leaders – they started in around '99 with their hep C plan,' he says. 'Then there's Australia, and I think Wales may be going that way with their blood-borne viral hepatitis action plan. I'm hoping that our liver strategy, when it eventually appears, will really make a difference, although that's probably a bit of a way off. But it's largely been ignored in a lot of countries, which is amazing.'

In order to help address this, he's also president of the World Hepatitis Alliance, which works with around 200 patient groups internationally, and he was instrumental in establishing World Hepatitis Day.

'Surprisingly, there are actually only four official disease days,' he says. 'There are millions of days like 'world diabetes day' but only four official World Health Organization days, which means they're approved by all the member countries. That's TB, Aids, malaria and – since last year – hepatitis, which is a major coup because they're effectively saying it has the same global priority as the big communicable diseases everyone's concentrating on with the Global Fund and Millennium Development Goals.

'I personally wrote to every health minister in the world about three times and spoke to a whole load of them, to persuade them this was a special case,' he says. 'Because awareness is so low. And the problem is so big.'

ONWARDS AND UPWARDS

This year's vibrant and enthusiastic Recovery Academy conference in Edinburgh was yet more proof of how the recovery movement is growing and transforming, says **Grace Ball**

'Most of the people I grew up with are dead, some of them are still in prison and some of them are on massive amounts of methadone, drink all day and are slowly dying.'

This sombre message set the scene for the annual Recovery Academy (RA) conference, held in Edinburgh on 27 September. The theme was *Recovery: growth and transformation* and Reg Hall, our keynote speaker, captivated an audience of more than 150 people when he described his recovery journey. Reg, who is on the Scottish Drugs Recovery Consortium board of directors, told delegates of his transformation from a person who 'played' the institutions to someone who was now working as a life coach within the criminal justice system, embodying the hope of recovery to others still 'institutionally stuck'.

The Recovery Academy has maintained a model of bringing together academics, policy makers and people in recovery to share ideas and experiences, and to help build a credible evidence base around what recovery means and how it happens, and our next speaker was a major coup and more than lived up to his reputation for academic innovation and inspiration.

Professor George De Leon, of New York, has been an international leading authority for his work in therapeutic communities for more than 30 years, and he spoke with wisdom and experience about how the harm reduction models heralded in the 1980s resulted in clients becoming less and less like recovering people. Treatment services saw fewer recovered people, he said, until the ideology of 'there is no recovery' influenced political thinking, couched treatment practice and initiated a body of research supporting harm reduction methodology.

Prof De Leon introduced his 'recovery 10-stage framework' to the audience within a context of his belief in a contemporary revival and growth of the recovery movement in the US and UK, and where the recovery process can be described as developmental learning within a self-help/mutual aid paradigm, building motivation and developing social learning. Treatment becomes an episode integrated within this wider sustained recovery process of trial-and-error staged detachment from active addition into long-term integration and identity change, he explained.

Professor Jo Neale of Oxford Brookes University debated the widely-used concept in recovery literature of a 'spoiled identity' (from Erving Goffman's 1963 *Stigma: notes on the management of a spoiled identity*), arguing that this is not an appropriate way to describe the recovery transformation and suggesting that a more useful focus on Goffman's work would be his 'dramaturgical approach' from 1959's *The*

presentation of self in everyday life, where the presentation of self is determined by the situations in which people find themselves.

Prof Neale argued that labelling drug users as 'spoiled' is simplistic, misinformed and derogatory, and countered that the authentic self is more complicated. It is only aspects of an individual's identity – rather than their whole identity – that might be 'damaged' or 'spoiled' at particular moments in time and in particular situations, she said. People who use drugs are not 'spoiled' anymore than people who do not use drugs are 'unspoiled', but stigma is very entrenched to the point where people in abstinent recovery will still be faced with stigmatising behaviours.

The initial plenary session was rounded off by presentations from associate professor David Best of Monash University and Turning Point Alcohol and Drug Centre in Melbourne, and Rebecca Daddow from the Royal Society of Arts (RSA). David Best spoke about contagion and social networks, and the importance of generating visible networks of supporting and supported champions as a foundation for inspiring and enabling the social transmission of recovery, as well as the need for clear recovery leadership and strategic thinking to support community-level activity.

He argued that, while recovery thrives in a multitude of ways in a diverse range of localities, recovery as a social movement is let down by political myopia and lack of assertive direction. There has been a deficiency in the promotion of evidence-based guidance, which has not followed through on the momentum initially created by the UK strategies, he said, and he called for more connectivity between the evidencing of recovery reality at grassroots level and those senior figures in groups and government agencies to prioritise and strategically support recovery goals.

Rebecca Daddow, meanwhile, highlighted the findings from the RSA's Whole Person Recovery report (*DDN*, 6 December 2010, page 18), which makes a case for initiatives and services that are more personalised, better balanced between psychosocial and medical interventions, and better able to draw on a whole-community response to the problems associated with problematic drug and alcohol use.

The themes of the morning's presentations – how personal recovery growth and transformation is illustrated through different lenses of theory, philosophy, practice, knowledge and experience – augmented the discussions in a wide range of afternoon workshops, expanding the recovery knowledge base of delegates, whatever their situation – service users, family supporters, community activists, service providers, commissioners or political strategic planners.

What is striking about RA conferences is the warmth and enthusiastic atmosphere, with a wide mix of delegates networking, making new friendships and renewing old ones as they 'talk recovery'. The evaluations suggested considerable support for the academy, which will continue to run an annual event but which is also looking to grow in a variety of other ways.

'We are looking to link with, and support, people interested in sharing their knowledge and experience, and in working to promote innovation and activity around recovery.'

The presentations can be downloaded from the Recovery Academy webpage along with the delegate 'recovery tag cloud' (main illustration). These were paper clouds distributed in the delegate packs, with people invited to write down the words they associated with recovery as they occurred to them throughout the day. These were then collated and put through a 'tag cloud engine', which resulted in an amazing pictorial representation of what recovery meant to delegates as a group. This recovery tag cloud can be downloaded from the Recovery Academy website and is free to be used elsewhere.

So what is the Recovery Academy? The academy seeks to support the dialogue between a growing recovery knowledge base to influence policy and practice, and to promote innovation, knowledge and dissemination of recovery models and studies. We are clear where we stand in terms of our role within the recovery movement. We will support people promoting recovery by focusing on two areas – supporting the development of recovery evidence and growth, and developing mechanisms for disseminating and showcasing 'what works' in recovery.

There have been two 'local' recovery academy initiatives – one in north Wales and one in the north-east of England, and we have now developed an international component with the first meeting of the Recovery Academy in Melbourne attracting 18 people and with a series of further meetings and activities planned.

We are looking to link with, and support, people interested in sharing their knowledge and experience, and in working to promote innovation and activity around recovery. One of the main things we will focus on is developing our newsletter to promote recovery activities throughout the UK and cement our links to the international recovery movement, in particular around the evidence base.

We are very keen to hear from people who are actively engaged in developing recovery-orientated initiatives so we can report and share learning, and we are also eager to support people academically in writing up good practice, which again can be published via our newsletter and beyond. We do not have a formal membership process, but we have a growing database which we want to develop into a forum for discussion and debate.

We encourage anyone who wants to participate in this to get in touch, so if you are passionate about recovery and have any new initiatives that you are involved in, or would like to share ideas and thoughts about measuring and mapping what works in recovery, then please join us and become involved in our attempt to support a science to underpin the art of recovery.

Dr Best has stood down as the chairman of the RA, taking the role of vice-chair, and the academy is delighted that Rowdy Yates has agreed to take on the role of chairman. Rowdy has worked in the drugs field for 40 years and, prior to his appointment in Stirling University, he was the director and co-founder of the Lifeline Project, one of the longest established specialist drug services in the UK. He has published widely on addiction issues and will bring this expertise to bear in his chairmanship.

Grace Ball and David Best are directors, and Rowdy Yates is the chairman, of the UK Recovery Academy CIC

www.recoveryacademy.org,

email recovery.academy@hotmail.co.uk

For those living with the threat of alcohol-fuelled domestic abuse, Christmas can be a time to dread. However, a pilot abuse prevention programme is showing some impressive results, says **Stuart Goodwin**

SURVIVOR SUPPORT

More than a third of all cases of domestic abuse in England are alcohol-related, according to figures from the National Institute for Health and Clinical Excellence (NICE) – that's around 360,000 incidents a year.

While the Christmas season is one to look forward to for many people, for those affected by domestic abuse it's often the time they find the most difficult to deal with. The number of cases of alcohol-related domestic abuse traditionally increases at this time of the year, with people drinking more at Christmas parties or other social gatherings where alcohol is in plentiful supply.

Although there are many factors involved in domestic abuse, alcohol misuse has strong links with violence and – according to numerous studies – can influence both the likelihood and severity of violence in domestic abuse incidents.

As a national charity that helps people overcome drug, alcohol and other problem behaviour, Swanswell has recognised this and has created an Alcohol and Domestic Abuse Prevention Programme. This helps staff to identify, and work with, perpetrators and survivors of domestic abuse who might otherwise have been overlooked, and it aims to reduce reoffending by those arrested for alcohol-related domestic abuse and support the survivors of that abuse.

The pilot programme involved six tailored one-to-one sessions that can be used regardless of gender, with an emphasis on alcohol relapse prevention for perpetrators and safety planning for survivors. 'The aim of sessions for perpetrators is to reduce their drinking and the impact on the survivors and the wider society,' said substance misuse worker at Swanswell and programme lead, Suni Kaur. 'Through examining their drinking, behaviour and actions, service users are required to consider the choices they make. Sessions for survivors of domestic abuse are similar to those for perpetrators but with an added emphasis on safety planning – an opportunity for the survivor to identify times when they are more likely to be at risk so they can plan what they would do in those cases.'

Following training, Swanswell workers identified 105 perpetrators and 70 survivors of alcohol-related domestic abuse during the 12-month pilot, and Swanswell also received referrals to the service from a number of external agencies. The results were impressive, with 90 per cent of perpetrators and 86 per cent of survivors successfully completing the programme.

As a result of the pilot, Warwickshire Police reported an astonishing 73 per cent zero-reoffending rate of incidents of domestic abuse among those they had referred to the programme. 'The results of the project have been very impressive, with a vast majority of clients accepting the scheme and attending the sessions demonstrating a complete stop or a significant reduction in reported abuse,' said DI Roy Wheelwright of the force's Protecting Vulnerable People Unit. 'This has proven to be a significant initiative in dealing with what has long been recognised as a major trigger towards domestic abuse.'

If these results were mirrored nationally, the programme could help save up to an estimated £11.68bn on the associated costs of dealing with domestic abuse cases.

'Our Alcohol and Domestic Abuse Prevention Programme provides workers with the skills to identify people affected by alcohol-related domestic abuse, so they can provide effective support quickly,' said Kaur. 'It works well because it reduces reoffending in alcohol-related domestic abuse cases and supports the survivors too.'

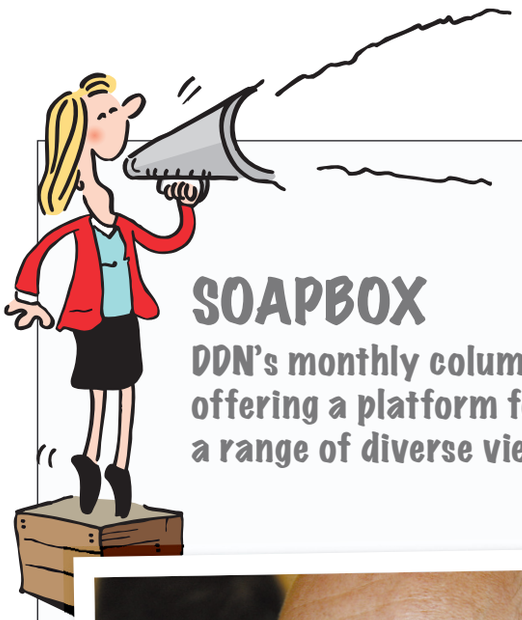
Stuart Goodwin is PR executive at Swanswell. To find out more about Swanswell's Alcohol and Domestic Abuse Prevention Programme, or for more information about the charity, visit www.swanswell.org.

PETER'S STORY

FOR THREE YEARS, Peter (not his real name) had been drinking much more than the recommended amount. His drinking affected his health and led to incidents of domestic abuse. Eventually, he reached the point where he decided he needed help, and referred himself to Swanswell.

Swanswell offered Peter interventions focusing on alcohol and domestic abuse. Sandeep, a Swanswell worker, explored patterns of alcohol misuse with Peter, his triggers for alcohol use, and ways of using coping strategies and avoiding risky behaviour.

While Peter found the work difficult, he 'enjoyed the process' and 'felt happier after completing the sessions'. With help and support from Swanswell, Peter has now reduced his alcohol consumption to within the safe drinking guidelines. There have been no further reports of domestic abuse and Peter has told us, 'As a result of the sessions, my health is much better, and I've been rewarded with a happy family life.'



SOAPBOX

DDN's monthly column offering a platform for a range of diverse views.

VIVA HARM REDUCTION

The advent of EuroHRN is proof that harm reduction is very much alive and kicking, says Neil Hunt

LAST MONTH, MARSEILLE WAS THE VENUE FOR A RATHER DIFFERENT *FRENCH CONNECTION* to the one that immortalised Gene Hackman's character Popeye Doyle, when almost 200 people from across Europe gathered for the founding meeting of EuroHRN – The European Harm Reduction Network.

It seemed slightly surreal to witness the birth of a new harm reduction network at a time when a naïve UK drug worker might have the impression that harm reduction is dead and buried. Nevertheless, the two-day meeting confirmed how central and important harm reduction remains within the UK's responses to drug use and the importance of enabling drug users in other parts of Europe to benefit from so much that we take for granted here, as well as some of the ways we badly lag behind other parts of continental Europe.

In the UK there is an important, ongoing debate about the balance of service provision during this period of economic downturn. Far-reaching public spending cuts mean we are seeing signs of disinvestment in needle and syringe programmes (NSPs), reports of pressure on people to move through opioid substitution treatment (OST) when they are not sufficiently prepared or supported, and a growing sense that people whose lives are not drug free are viewed as flawed and inferior.

The event launched a new publication, *Harm reduction in Europe: mapping coverage in civil society advocacy*, which will shortly be available from EuroHRN's website and which provided a powerful reminder that in many parts of Europe the issues are not questions about how good services are, but whether they exist at all.

For me, gaining a better understanding of the challenges that many eastern European states face in providing humane, effective services strengthened a sense that more privileged northern and southern European countries have a duty to share what works – or not – with those still trying to persuade their governments to fund basic life-saving services such as NSPs and OST. Conversely, the vigour and imagination of people working in many central European countries was inspiring and reminiscent of earlier days in the development of harm reduction in the UK.

At the same time, mixing with people from countries where services such as drug consumption rooms and heroin-assisted treatment have been mainstreamed was a reminder that the UK lags in important areas, and needs to learn from other parts of Europe.

It was valuable to learn that other EU states are also dealing with the tendency for systems that monitor public spending to become excessively preoccupied with performance targets, and that others share the concern that services are losing sight of how best to respond flexibly to the very people they are meant to serve as a result. This was a problem that I had imagined was uniquely British, but it emerged as a recurring theme in the richer European countries.

Likewise, the gradual morphing of information systems into an increasingly connected surveillance apparatus that focuses less on health and more on 'managing undesirables' was also a source of anxiety in places like the Netherlands. And in Portugal it became clear that there were concerns about the relationship between NGOs (*ie* the third sector) and the state, and the way this could produce passive, co-opted providers – concerns that resonate powerfully with the UK treatment sector.

The re-examination of the relationship between recovery and harm reduction that is such a prominent feature of British drug policy also turns out to have echoes in other European countries such as France and Switzerland. In both it was clear that there is an emerging maturity to the way these approaches are viewed, and the ways they can complement each other.

Indeed, although harm reduction was the unifying agenda, it was also clear that in many countries – especially the newer accession and candidate states – people are grappling with how best to respond to the spectrum of needs, with categories such as 'harm reduction', 'treatment', 'recovery' and 'reintegration' of secondary importance within generalised efforts to improve drug users' lives.

EuroHRN also saw the launch of a new network, the European Network of People Who Use Drugs (EuroNPUD), which promises a vital regional focus for developing meaningful inclusion. The whole EuroHRN event modelled good practice with the active participation of people who use drugs, and provided an encouraging example of the necessity of completely involving the affected population in policies and responses that shape people's lives.

The experience revealed many ways in which our responses to drug use are interconnected at the European level, and why this new network is one that we have many reasons to welcome and support at a time of both flux within drug policy and economic challenges that confront the entire region.

Besser spät als nie. Viva EuroHRN! Allons y!

www.eurohrn.eu

Neil Hunt is a freelance writer, trainer and researcher and member of the UK Harm Reduction Alliance

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As a fast developing Abstinence Treatment Service, we are now planning to extend our Hull team to work within the J2R partnership and have vacancies for:

4 X FULL TIME ADDICTION GROUP WORK COUNSELLORS

We are looking for experienced, skilled, and self motivated staff to deliver our innovative abstinence based DEAP programme within a community setting. DEAP consists of intensive group work therapy and one to one counselling, utilising a range of integrated counselling techniques, including CBT, person-centred psychodrama. Counsellors experienced in delivering 12 step treatment in a residential and community settings will be suited to this type of therapy. You will also have some responsibility in helping to deliver our pre-treatment engagement programme (RAMP).

WE ARE ALSO LOOKING TO RECRUIT 2 SUPPORT WORKERS FOR OUR NEW OLDHAM PRIMARY ACCOMMODATION

Pay scale up to 24K dependant on experience.

Please phone 0161 484 0000 for application & job descriptions
Closing date: 14th December 2011

We are an Equal Opportunities Employer – All positions require CRB clearance. Acorn Treatment & Housing Projects, registered charity No 1063589

Northamptonshire County Council

Northamptonshire Drug and Alcohol Partnership

FORTHCOMING TENDER OPPORTUNITY:
OPEN DAY – 16TH DECEMBER 2011

Northamptonshire Adult Drug and Alcohol Structured Treatment Service

Northamptonshire County Council is looking to award a single contract (subject to Cabinet approval) for its adult drug and alcohol services in Northamptonshire, with a renewed focus on sustained recovery from dependence by providing individual support and treatment packages of care.

It is intended that this will be an integrated service including criminal justice clients and will include all treatment requiring more than one face to face session up to and including detoxification. The system will be open access with a single assessment and co-ordination structure.

The Open Day is to enable all interested parties to hear about the core delivery components to be included in the contract and to find out about the Bravo Solutions e- tendering system which will be used for this tender which will be advertised in January 2012.

Interested parties who would like to attend the Open Day should contact Hilke Joyce on 01604 236635 or email Hjoyce@northamptonshire.gov.uk to reserve a place.

STOKE-ON-TRENT SAFER CITY PARTNERSHIP
PROCUREMENT OPPORTUNITIES

STOKE-ON-TRENT safer city PARTNERSHIP

Adult Community Alcohol Service
and
Adult Brief Interventions Service

Stoke-on-Trent Safer City Partnership is looking to identify and appoint a suitable provider/s to deliver these innovative service models.

Stoke-on-Trent Safer City Partnership is committed to the ongoing reduction of alcohol-related harm. These redesigned services provide new and exciting opportunities to further improve the quality of our local treatment system and most importantly, the outcomes for people affected by alcohol misuse.

All potential bidders are invited to attend a briefing session on the afternoon of Wednesday 16 November at the Civic Centre, Glebe Street, Stoke-on-Trent. Please contact Denise Cooper (Denise.Cooper@stoke.gov.uk) to book your place on either/both session and receive directions.

Please register with Bravo Solution **www.mcoe.bravosolution.com** to express as interest and receive further details (week commencing 7 November 2011)

Both requirements are being carried out electronically, details on obtaining the documents can be found at **http://www.stoke.gov.uk/ccm/content/business/general/procurement/current-procurement-opportunities.en**

TENDER OPPORTUNITY:

HMP Woodhill and Milton Keynes Drug and Alcohol Commissioning Group

Milton Keynes Drug and Alcohol Commissioning Group invites expression of interest for the provision of recovery focused substance misuse services in HMP Woodhill – local prison within the High Security Estate

RECOVERY FOCUSED SUBSTANCE MISUSE SERVICES IN HMP WOODHILL

Milton Keynes DACG is seeking expressions of interest from suitably qualified organisations that can demonstrate the knowledge, innovation and ability to deliver substance misuse services in a high secure prison environment and to meet the needs of its diverse population. Individual or consortia tenders will be considered.

The expected term of the service will be from 1st Oct 2012 to 30th Sept 2015.

It is anticipated that the contract will be awarded in April 2012 to allow sufficient time for security clearance before the go live date of 1st Oct 2012. The service will be outcome focused and will deliver a recovery based journey through treatment. The contract will have a payment by result element.

In the interest of stimulating the market and encouraging participation and innovation from providers, a provider briefing day will be held on 16th November 2011, Civic Centre Council Chamber, Milton Keynes Council, commencing at 1-3pm. All interested parties are encouraged to attend the event. Register attendance on the website.

This tender is also advertised on Milton Keynes Council's e-tendering website: https://in-tendhost.co.uk/miltonkeynescouncil/

In order to express an interest in this tender, please register your organisation, and then select "express interest". If you have any problems expressing interest, please e-mail eprocurement@milton-keynes.gov.uk or phone 01908-254688.

The PQQ will be issued formally on the 1st December 2011 and is to be completed and returned by 23rd December 2011.

The value of the contract will be in the region of £3.75million over the three years of the contract. The final budget will be agreed following central government announcements.

Milton Keynes NHS
Primary Care Trust

MILTON KEYNES COUNCIL

Ministry of JUSTICE

THAMES VALLEY PROBATION

TENDER OPPORTUNITY

NHS Sheffield is seeking expressions of interest from suitably qualified and experienced providers (including NHS, independent, social enterprise and third sector providers) to deliver the following service:

DRUG INTERVENTION PROGRAMME & DRUG REHABILITATION REQUIREMENTS (DIP & DRR)

- The DIP & DRR service **MUST** be co-located with the Integrated Offender Management Team (IOM) at 42 Sidney St, S1 4RH and must work effectively in partnership with IOM.
- The Drug Interventions Programme (DIP) aims to tackle drugs and reduce crime through engaging adult drug misusing offenders of specified Class A drugs (heroin and crack/cocaine) with treatment and other services to support them to stay out of crime. The DIP & DRR Service must **IDENTIFY** drug misusing offenders, provide an **ASSESSMENT** of their treatment and other support needs; and provide effective, consistent **CASE MANAGEMENT** to help break the cycle of drugs and offending.
- The DIP & DRR Service provider must provide services to offenders served with a DRR order including assessment, brokerage of treatment, biological testing and communication of outcomes to the Probation Service and the Courts.
- The service provider will provide embedded coverage of Sheffield Magistrates and Crown courts while these are in session.
- In addition to specific criminal justice services, the DIP & DRR Service will provide specialist advice casework and "Other Structured Interventions".

AN INFORMATION EVENT FOR POTENTIAL BIDDERS WILL TAKE PLACE, 22ND NOVEMBER 2011, 15:00-16:30

To reserve a place at the information event, express an interest and to request the Tender documentation please complete the form which can be found on our website. www.sheffield.nhs.uk/procurement/daatevent.php

The closing date for expressions of interest is midday on the 6th December 2011 and completed tender questionnaires are to be submitted by no later than midday on 7th December 2011.

If you have any queries, please contact the Healthcare Procurement Team, NHS Sheffield, 722 Prince of Wales Road, Sheffield, S9 4EU, or by telephone 0114 305 1276 or e-mail: shef-pct.DAATTenders@nhs.net

Positive About Disabled People

Addiction Team Leader

The Priory Hospital Woking
Full-time
Grade 8, £27,410 - £42,827

The Priory Hospital Woking is based in Knaphill, Woking. It is a private mental health hospital, specialising in the treatment of adult mental health issues offering a wide range of inpatient, outpatient, day care and therapy services.

An opportunity has arisen for a Team Leader, with experience of working with groups, to lead and manage our Addiction Treatment Team, which offers a high quality service in an acute mental health setting.

We are looking for a Senior Therapist to manage our Addiction Therapy Programme. We offer an intensive, abstinence-based programme with high levels of group therapy and a strong emphasis on aftercare support.

The successful candidate should have experience within the field, be conversant with the principles and practices of abstinence based treatment and hold a Diploma in Counselling or a Professional Addictions Qualification. FDAP membership or evidence of working towards this is essential.

Our service is based on a strong, friendly, multidisciplinary team with an emphasis on supporting our staff through regular supervision, staff support groups and annual appraisals.

We are also committed to providing foundation and training opportunities for staff at all levels and actively encourage professional development. In addition we offer a wide range of benefits including an employer contribution pension scheme and subsidised meals.

For an informal discussion or for an application form, please contact Joan Bendy in Human Resources on 01483 489 211 or email joanbendy@priorygroup.com

Closing date for applications is: 14th November 2011

The successful candidate will be required to apply for a disclosure at the enhanced level from the Criminal Records Bureau.

We are an equal opportunities employer.

www.priorygroup.com PRIORY

Individual care Innovative services Positive outcomes

Portsmouth CITY COUNCIL

EXPRESSION OF INTEREST INVITED FOR SUBSTANCE MISUSE SUPPORT SERVICES

Portsmouth City Council is looking for an experienced organisation committed to providing high quality accommodation based housing support services for people with substance misuse problems in the Portsmouth area.

Bidders must submit a completed PQQ return via InTend at *https://in-tendhost.co.uk/portsmouthcc/*

Closing date 20/12/2011

looking for new opportunities?

bdp Bristol Drugs Project

Bristol Drugs Project is an experienced, energetic and resourceful service delivering effective harm reduction and treatment services to over 3,200 individuals a year.

SHARED CARE WORKER

(Full time – 35 hours, permanent)

Bristol's successful Shared Care scheme provides treatment to over 1,600 drug users. Based in GP surgeries in the heart of communities you will assess opiate users, provide advice to GPs, monitor prescriptions and deliver recovery plans. If you are assertive and diplomatic, with excellent organisational skills and are able to work well within pressurised primary care settings, this is for you.

For an informal discussion contact Jayne Peters (0117) 987 6019.

Closing date: Thursday 17th November
Interview date: Thursday 24th November

Please contact Angelo Curtis, quoting the job reference, for an application pack: BDP, 11 Brunswick Square, Bristol BS2 8PE. Tel: (0117) 987 6004, E-mail: recruitment@bdp.org.uk

Safer Bristol

Funded by Safer Bristol – Bristol Community Safety & Drugs Partnership. We are committed to anti-discriminatory practice in employment and service provision; we especially welcome applicants from Black and minority ethnic groups, as they are under-represented within our organisation. No CV's agencies or publications.