From FDAP in association with WIRED

DDN
Drink and Drugs News

27 March 2006
www.drinkanddrugs.net

Special edition

LIFE BEYOND PRISON
Support and services Inside and Out

DISCOVERING FREEDOM
An ex-user talks about using his experience

LETTERS AND COMMENT
Addiction and adoption – the backlash

THE WITHDRAWAL
Coming off heroin – part III by Prof Clark

1st Announcement and Call for Papers

2nd National Conference on

Reducing Drug-Related Deaths

Wednesday 15th November 2006

The Lowry Hotel, Manchester

Building on the success of the 1st conference, this year's event aims to push the agenda further by looking at progress, current issues, and solutions for reducing drug-related deaths.

The conference will include a variety of speakers, workshops and poster presentations which will share good practice, encourage debate and promote networking.

You are invited to submit papers/posters relevant to the conference topic/themes

- Policy and practice issues around tackling drug-related deaths
- Confidential inquiries
- The provision of Naloxone for users
- Blood Borne Viruses
- The role of Prisons in reducing BBV and reducing overdose deaths
- Polydrug use
- Cocaine related deaths
- Overdose prevention
- Debate: what impact will an increase emphasis on abstinence services have on Drug-Related Deaths?

All abstracts and presentation papers should be sent electronically to salman.desai@gmas.nhs.uk.
All submissions will be peer reviewed.

To receive details about the conference and how to register please

e: info@gmas.nhs.uk
t: 01204 492419
f: 01204 497029

Full programme and registration details will be sent to you soon.

Greater Manchester Ambulance Service NHS
NHS Trust

Published by

CJ Wellings

On behalf of

FDAP Federation of Drug and Alcohol Professionals

WIRED Empowering People

Drink and Drugs News in partnership with:

Adfam Families, drugs and alcohol

The Alliance Taking treatment forward

ANSA Association of Nurses in Substance Abuse

drugsandalcohol today

EATA European Association for the Treatment of Addiction

THE FEDERATION

LDAN London Drug & Alcohol Network

Mentor

RELEASE

SMMGP Substance Misuse Management in General Practice

Drink and Drugs News

27 March 2006

Editor's letter

Interesting that 'lack of communication' should come up as one of the chief concerns of the Prisons and Beyond conference (page 9). Solutions for more joined-up working were put forward at many of the interactive groups – in common with many of the conferences we attend.

The organisers of this one, NOMS Prison Drug Strategy Unit, emphasised that they would take feedback on board. Copious notes were taken and reports will appear on FDAP's website on Tuesday 28 March, so it will be interesting to see how delegates' views will play their part in shaping the ongoing agenda.

Our special focus in this issue dives into the world of prison drug treatment, and comes out with many of the issues that are raised elsewhere in the field. Chief among them is having no time to do the job you trained for because the next set of targets is looming. (Co-incidentally, our next Q&A-er is asking for advice on her target-driven culture at work [page 19]. Anyone have any ideas?)

The snapshot of work in prisons also highlights the myriad of complex issues that go with this environment, many of which can go undetected, mistreated – or simply lost in the system. Picking out just a few subjects for features was difficult, and pages in no way reflect all that's going on. But the work we've featured shows not only the complex skills and dedication needed, but the necessity to have full-on support and resources to do such demanding work.

For all the talk in high places about keeping people out of the loop of drugs and crime, we have to make sure that the outcome of prison is a supportive, joined-up system where housing and employability go hand in hand with a true feeling of self worth and belief that prison opened up new options for living life differently.

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

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

Designer:
Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

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

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

Printed on environmentally friendly paper by the Manson Group Ltd

Cover:
Design Pics Inc. / Alamy

In this issue

News in brief

Testing times

Scottish Drugs Forum director, David Liddell, is uneasy about proposals to use parents' drug test results when taking children into care. 'We would have concerns about the narrow focus on drug use as this is not in itself an indicator that people are bad parents,' he said. 'The big issue is how we get early help and support to these families... there is considerable fear among parents with drug problems about coming forward for help... we also have to be careful that we do not drive problems further underground resulting in those children who most need help receiving it at too late a stage.'

Solvent dangers

DrugScope has warned that latest Department of Health figures on drug use among young people reveal a largely hidden problem of volatile substance abuse. More 11 and 12-year-olds were found to be abusing glue and aerosols than illegal drugs. Martin Barnes, chief executive said: 'This is concerning given the acute health risks associated with solvent abuse. Despite the high profile given to deaths associated with other harmful drugs such as ecstasy, more young people under 15 die using volatile substances... we need to ensure that young people and those working with them are aware of the signs and risks.'

Playing safe

Primary school children in Lancashire will be the first to try a new drugs board game. 'Joint efforts – primary edition' has been adapted from the secondary school version that educates children on handling situations involving different kinds of drugs. Strategic director of Lancashire DAT, Tom Woodcock, said: 'Some people might think this is an early age to start educating young people about drugs but we make no apology for being the first to get there with the facts.'

Last chance for stardom

The deadline is nearing for entries to the Tackling Drugs Changing Lives Awards. The Home Office is looking to reward people 'who go the extra mile every day', whether working in treatment centres, educating young people, or supporting the families of service users. Nominate a colleague, friend, family or current or ex-service user for the drug worker or team award by 31 March and they could win £10,000 for their project or organisation. Entry forms are online at www.drugs.gov.uk/awards2006

Recovering drug users help to educate others

A DVD educating young people on the dangers of substance misuse has been produced with funding from the Scottish Drugs Challenge Fund, and is available to all interested organisations involved in the drugs education field.

The Reel Deal training resource is the result of a year's work, collecting the experiences of recovering drug users. Video clips, including interviews and drama sequences, are used to tackle issues surrounding drugs misuse, and have involved the public, private and voluntary sectors. Launching the resource, the Lord Provost of Edinburgh, Lesley Hinds, commented that it had attracted interest from across the UK and as far afield as Vienna.

'I believe that this type of innovative resource is an excellent way to engage young people,' she said. 'It will help us begin to tackle the issues of substance misuse.'

The Reel Deal Partnership, which produced the resource, involves Transition, an organisation bringing learning and employment opportunities to recovering substance users; Fast Forward, a youth drugs and alcohol peer education programme; and NHS Lothian and Media Education, who promote positive change in the community.

Reel Deal: Iain Shaw, director of Media Education and Lesley Hinds, Lord Provost of the City of Edinburgh.

For more information visit www.reeldeal.org.uk

Alcohol Concern takes campaign to the door

A call for urgent investment in alcohol treatment was made by Alcohol Concern, who presented postcards to government from all over the country in support of their 'Spend £1, get £5 free' campaign.

The charity took 18 campaigners and service users to the Department of Health to emphasise that only one in 18 people get the treatment they need. The demonstration took place on the second anniversary of the government's Alcohol Harm Reduction Strategy to demand more support for the UK's 8.2 million people with an alcohol problem. With alcohol misuse causing 22,000 deaths and costing around £18 billion each year, Alcohol Concern is calling for the government to close the huge gap in service provision for problem drinkers.

'If the government is serious about reducing the damage that alcohol misuse does to individuals, families, communities and the economy, then it needs to act now to make alcohol treatment the priority it so urgently needs to be,' said AC chief executive, Srabani Sen.

I am a one in 18: Alcohol Concern take their campaign message to the Department of Health in an urgent call for realistic funding.

Careers website needs your story

FDAP are currently putting together a careers information section for the drinkanddrugs.net website – to promote the drugs and alcohol field as a place to work. As part of this, they are building up a library of career profiles of people working in the field.

They are keen to include in this, profiles from across the field, including: prison CARATs workers, arrest referral workers, housing workers, drop-in workers, outreach workers, DIP workers, counsellors in day care settings, counsellors in rehabs, nurses, GPs, psychiatrists, probation officers, and social workers.

There is an online form for people to provide their portfolios, at www.drinkanddrugs.net/jobs/profilesform.html, which should take around 5-10 minutes to complete.

Young people trained in street marketing use FRANK branded sofas to catch the crowds at Brighton and Hove Albion FC. Local DAAT and youth projects helped with recruitment of the local young people, who distribute information and advice on drugs. The street marketing teams are now active in 30 areas across the country, raising awareness of FRANK, the government's national drugs information helpline, which has taken more than 1 million calls since its launch over two years ago.

Support for cocaine users reaches across Scotland with eleventh site

Help for cocaine and crack users is spreading across Scotland, with Cocaine Anonymous' arrival in Edinburgh.

The support group reported a good turnout to its first meeting in Edinburgh city centre, which is the eleventh site for meetings north of the border. Participants are introduced to the 12-step programme developed by Alcoholics Anonymous with just one requirement for membership – the desire to stop using drugs.

The first CA Scotland meeting was held in Glasgow five years ago. Since then the organisation has grown and helped more people, many of whom are addicted to more than one substance.

The Edinburgh meeting is classed as 'open', which means that it welcomes anyone interested in finding out more, as well as those who have a problem and need support.

Meetings take place at Turning Point, 9 Forrest Road, Edinburgh at 7.30pm, Wednesday nights.

More information about CA Scotland at www.cascotland.org.uk or by phoning the Scottish helpline on 0141 959 6363.

Young people head for positive futures

More than 100,000 young people have benefited from the Positive Futures programme since its launch three years ago, according to the Home Office's third *Impact Report* on its progress.

The programme now operates 115 local projects across England and Wales and looks to find ways of helping young people to find routes back into education and employment. More than 46,000 young people are currently involved in Positive Futures projects.

Half of project partners mentioned in the report have identified lower drug use among participants, as a result of being involved and 68 per cent suggested a fall in crime.

Home Office Minister, Paul Goggins, said the programme was 'proving to be a constant success in our local communities, engaging with young people and helping them to accomplish significant achievements'.

'This report is a glowing endorsement for all the hard work and determination put in by the individuals who ensure their local projects improve the lives of young people,' he added. 'I applaud them for this work.'

Notes from the Alliance

Daren Garratt reflects on the issues raised by Professor Neil McKeganey's article 'Enough is enough' in our last issue (DDN, 13 March, page 10).

In his 1972 book *Folk Devils and Moral Panics*, Stanley Cohen talked of how the emergence of highly visible, deviant groups can result in a campaign of media stereotyping and political manoeuvring that establishes these individuals as a threat to society and allows our moral guardians the space to spout solutions to curb this rising problem. Sadly, this is usually achieved via the systematic demonisation, dehumanisation and even destruction of individuals, their circumstances and needs, choosing instead to lump everyone into a homogenous body of evil.

In short, it's 2006 and drug users are the new asylum seekers.

I started to dwell on this when I first read about Tough Choices, and the very real possibility that users could be arrested for spurious reasons and sentenced to a community drug programme, despite no other charges subsequently being brought against them. Was this legislature intended to tackle crime or an individual's right to use Class A's?

Sadly, my fears were further compounded when I read Neil McKeganey's recent article on how to solve the problem of drug-using parents.

Prof McKeganey rightly and indisputably highlights our collective responsibility to respond appropriately to the needs of children who are/maybe in vulnerable situations.

Unfortunately though, when statements such as 'individuals who are addicted to illegal drugs make terrible parents' start to get bandied about, it immediately whiffs of a sensationalistic, McCarthyesque witch-hunt that has no grounding in reality because, to put it bluntly, policies of blame and punishment for the vulnerable and dispossessed are neither practical nor conducive to a healthy society.

For many drug-using parents, it is the desire to keep or regain access to their children that provides the trigger to change and move forward. Take the children away, take the reason away – how is that a responsible policy?

As Rhoda Emlyn-Jones observed in her presentation on 'Hidden Harm' at the ninth National Conference on the management of Drug Users in Primary Care: 'Most children do not want to be saved from their parent. They want us to help save the parent and the family.'

Maybe that's the policy we should all be embracing.

And to impose a 12-month sentence of change on parents is completely unrealistic. For those of us who work, support, live with, socialise with or are problematic drug users, it is understood that opiate dependency is a chronic, relapsing condition and not the selfish 'choice between the drugs they are addicted to or the children that they love', that some would have us believe. Moving on from opiate dependency requires time, support and motivation. It does not require forcing a human being to live under the ticking time-bomb of losing everything you live, love and work for because you can't conform to the inappropriate demands of outsiders who fail to grasp the complex realities of your difference.

How long until someone suggests forcing these 'addict parents' to wear brown triangles whilst out in public, thus making it easier for them to be identified, vilified and dealt with? Think about it.

'First they came for the acquisitive criminals, but I didn't speak out because I wasn't an acquisitive criminal. Then they came for the drug-using parents, but I didn't speak out because I wasn't a drug-using parent. And then they came for me, and there was no one left to speak out for me.'

It's scary.

Daren Garratt is development manager at The Alliance.
More reactions to this article appear on our letters pages.

Professor Neil McKeganey's article 'Enough is enough: when addiction must mean adoption', published in our last issue (DDN, 13 March, Page 10) has provoked strong reaction by telephone and email. Respondents have been critical of Prof McKeganey's views – and occasionally of DDN's decision to publish. We would like to make clear that DDN does not necessarily agree with the views that it publishes, but that it is firmly committed to the value of full and open debate. We aspire to be even handed with all points of view, and welcome letters and comment from our readers.
Claire Brown, editor

Life's not black and white

An appalling article, based on opinion, prejudice, no evidence and total lack of understanding of life: that is my personal response to Professor Neil Mckeganey's piece.

When I was a child my father said all was black and white. There was always a right way and a wrong way and if only I understood this, then all would be OK. If only life was so simple. What he failed to say was for most things there were shades of grey!

How can Prof McKeganey (how dare he!) make statements like 'children are profoundly damaged by their parents' drug addiction' and 'individuals who are addicted to illegal drugs make terrible parents'.

Even all the many professional people who collectively wrote *Hidden Harm* did not make such statements. This extremely helpful report used the evidence and gave a balanced response, including 'parental problem drug use can and does cause serious harm to children at every age' and 'effective treatment of the parent can have major benefits for the child'.

I feel that all of us working in this field, like *Hidden Harm*, acknowledge that parental drug use 'can and does cause harm' but I totally reject McKeganey's extreme statements (his words) that all children are damaged, 'all' people who use drugs make terrible parents and addiction must mean adoption. For me these statements could only be made from an ignorant, prejudiced viewpoint from a non-clinician and from someone who has no knowledge or understanding of this field of work.

Equally worrying are his statements like 'addict parents can come off drugs and when they do that they can become the loving, caring parents that their children need them to be' – again I repeat this could only be said by someone who has absolutely no understanding of addiction, drugs, medicine or in fact parenting!

It really concerns me that somebody with such little understanding can have the title of professor of drug misuse research at the University of Glasgow and be quoted, particularly in Scotland, so much.

I feel you got this one wrong, giving him this platform to further promote his radical views.

Dr Chris Ford, GP

Saddened at paternalism

We, the Sex Drugs and HIV Task Group of the RCGP, were saddened to read Professor McKeganey's opinion regarding what should happen to the children of drug users. Wide clinical experience, not to mention high quality research evidence, suggests that what was inferred – drug users are unfit parents – is not true.

We are also saddened because Professor McKeganey seemingly has not had the privilege of working long term alongside those drug users who have benefited from modern multidisciplinary care, drug detoxification and stable methadone use, which enables men and women to lead fulfiling lives not just as individuals but parents. While the safety and care of children are obviously of priority within the primary health care team, removal of children on the basis of evidence obtained from surveys such as those cited does nothing to achieve this. We very much hope that such opinion-based paternalism has been more widely condemned to history.

Dr William Ford-Young FRCGP, chair RCGP Task Group for Sex, Drugs & HIV and Dr Stephen Willott MRCGP MPH, lead for drugs, RCGP Task Group for Sex, Drugs & HIV; on behalf of the RCGP Sex Drugs and HIV Task Group.

Same old same old...

Sadly, I am never surprised to read articles that purport to blame society's woes on drug addicts. The latest outburst from Professor McKeganey is just that. Riding on yet more tabloid publicity on toddlers dying after taking parents' methadone or children as young as 11 overdosing on heroin.

It goes without saying that every death of a child is a terrible tragedy, but the public needs to know the real numbers. The figures from infant overdose in Scotland – where 97 per cent of Glasgow dwelling methadone patients are on daily collection regimes among the 10 and under age group – 11 such overdoses occurred during the period 1993 to 2004. Too many of course, but far less than those attributed to the accidental ingestion of a wide range of over the counter medications and household cleaning agents. If your toddler finds your methadone, you are a terrible parent – but if he stumbles on the paracetamol or bleach, it is a tragic accident. So has anyone seen anything about the agony of the parents or is the element of human pity gone because they were thoughtless, careless and loveless junkies?

The bottom line of his article appears to be that drug users' lives are in such chaos and so exposed to criminality and violence due to having to find the drugs they so desperately need, that it becomes impossible for them to be good parents. Perhaps a good look at how we could get rid of criminality and violence would be a good start?

The Professor makes a number of unwise and unsympathetic assumptions, the first of which appears to be that we can quantify the quality of love. Yes, it could be argued that drugs disconnect individuals from their feelings (show me a heroin user of any vintage who is not medicating against depression) and un-medicated emotions are preferable when bringing up happy children. I wonder how those prescribed strong drugs for bipolar conditions or chronic pain feel about that idea? But of course, they have no choice over their condition.

Read more carefully, it's those using illegal drugs that are the bad parents and what makes them extra bad is when they are really poor as well. Wealthy drinkers who beat their wives – perhaps they should be banned from marriage? Maybe the army of researchers who lurk about addiction services – those for the poor that is – perhaps they should take a trip to up market rehabs in Arizona and glean information from models and rock stars?

Anyway, as Larkin and Keats might have said 'They fuck you up your mum and dad, they may not mean to but they do; Half in love with easeful death, they couldn't spare the rest for you'. Who said we spend the first half of our lives being screwed up by our parents and the second screwing up our kids?

'Enough is enough' is much too complex for a quick sound bite. What we are really talking about is a profound abyss of emotional and social deprivation across generations, for which the proposed fix of 'addiction must mean adoption' is woefully myopic.

'If I coulda sold ma weans (thoughtfully translated for those of us who have never met a Scot or seen 'Trainspotting') I would have.' Hey Neil, have you not heard of the global market in children, to the infertile or the sexually deviant. I think £15,000 is about the asking price for a young Caucasian. How many of your interviewees actually sold their kids? Let me guess. None. It's more hyperbole to build a case to oppress those whose life realities don't fit your prejudices.

At work I meet good parents who use, terrible ones who use and of course really average or poor ones who don't use. But most relevant, so many very scared ones who won't access help because of the fear perpetuated by articles such as Professor McKeganey's.

The sound bites 'the obligation is on us' and 'we should set a time frame' should get noticed by an ideologically bankrupt government, one that relies so heavily on blaming drug users for almost everything.

'And if you tolerate this then your children will be next'.

Gary Sutton,
head of drugs services, Release

Missing the point

I am writing in response to the article by Professor Neil McKeganey. Whilst I respect his knowledge and experience in the field, I am concerned that his views somewhat 'miss the point' and serve to stigmatise further those people that we work with.

There can be no doubt that the problematic use of heroin can cause significant difficulties for those wishing to care for children. There cannot also be dispute that as professionals we have important responsibilities under the Children Act to protect young people. We also however have a duty to advocate on behalf of the people we work with, and challenge the assumptions and generalisations made about them.

The issue of wide-scale problematic heroin use is undoubtedly a contemporary one, as available statistics

will demonstrate. It is something that has correlated directly with post-1979 social and economic policies that have served to polarise society. Income inequality is wider than at any post-war time, social housing has been decimated and stigmatised while traditional industries have disappeared, leaving structural unemployment. Heroin use has emerged endemically in areas most affected by such social change.

If this notion of structural causation is accepted then surely the response to the problem should be to remedy such inequality – if income was re-distributed, public housing programmes re-instated and full employment once more prioritised then the conditions leading to problematic drug use would lessen. So would of course, the harm to children of drug-using parents.

To attach the 'blame', and 'responsibility' onto parents is accordingly nonsensical, aside from being ethically questionable. It also serves to distract attention from the social factors presented above. Suppositions such as 'drug addict parents will always tell you that they love their children' as presented by Professor McKeganey, are loaded with enormous connotations that have the same effects.

What logically then would Professor McKeganey's proposal, for greater levels of adoption after an inflexible period of time, achieve? It would lead to an acceptance by society that people using drugs cannot care for children – the very same society which has enforced the conditions that lead to heroin use in the first place. It may go some way toward negating immediate risks to children, but would do nothing to stem the tide of parents problematically using drugs within a context of deprivation.

As with all policies which focus on 'the individual', it would be curative and not preventative. Adoption agencies would simply be at breaking point. Parents would also become far less likely to disclose drug use, and thus harder to reach. Ironically, the very children we would be 'helping' would also grow up themselves into a society still acutely affected by drug use, because underlying issues would not have been addressed.

I feel that Professor McKeganey may suggest these views are naïve and utopian. I would respond that whilst people in prominent positions such as his continue to demonise people that use drugs, rather than the disastrous policies that have led to such a situation, then utopian they will remain.

Luke Tibbits, by email

Enough is enough:
when addiction must mean adoption

'Read more carefully, it's those using illegal drugs that are the bad parents and what makes them extra bad is when they are really poor as well. Wealthy drinkers who beat their wives – perhaps they should be banned from marriage? Maybe the army of researchers who lurk about addiction services – those for the poor that is – perhaps they should take a trip to up market rehabs in Arizona and glean information from models and rock stars?'

Danger in discouragement

The level of hidden harm to children in families affected by drugs and alcohol misuse is so great, we must all continue to work towards a range of solutions and do nothing to discourage parents from coming forwards for treatment.

In 2005, Addaction began to set up its four-year Breaking the Cycle project, precisely to respond to the current huge gap in services. We know there is nowhere near enough evaluated evidence of what works, despite the establishment of some well-regarded individual family services. So Breaking the Cycle is aiming to close a gap in identifying parents who have not previously entered treatment and to identify children at risk earlier.

This is not a new major social issue, nor are the arguments that surround it. But we know that emotion can make politicians sit up and listen, and also obscure reality. It is not good enough to polarise arguments emotively whilst failing to emphasise solutions, because that will keep us stuck in the same place. In 1988, well before we had collected robust evidence in the UK on the increased generational prevalence of drug use, factors associated with improved outcomes for children included voluntary participation of the parent in treatment, and living with older family members who do not use drugs.

Comments demanding the removal into care of all children of drug users were being made then, as now and debate became polarised. While arguments raged, the focus moved away from progressing solutions for the child.

Parental drug misuse can certainly be profoundly damaging to children. The impact of problem drug use can be equally severe. That drugs continue to be the focus of such commentary, rather than alcohol, highlights not only the risks but also the stigma associated with illegality, lifestyle, dealers, needles and methadone.

Just as some drinking parents may never be able to provide a safe family life, whilst others are able to use services effectively, there are many cases where parents with drug problems are loving and capable of responding to support in childcare and domestic arrangements, to make very rapid changes to meet their child's needs.

Sixteen years after the 1988 study we now have a framework for working under *Every Child Matters*, a visionary policy which some believe will take ten years to take effect. We now have approximated data on the scale of risk that is hidden – 300,000 children at risk from parental drugs misuse, including 50,000 in Scotland and 1,000,000 children at risk from parental alcohol misuse, according to Alcohol Concern. 160,000 drug users are now in treatment in England and Wales. We must work together to deploy the expertise of those who work with children, and the capabilities of the drug and alcohol treatment sector, and focus on the real needs of parents, extended families and children.

We don't have enough foster carers, adoption places, nor any comprehensive evidence of what works to respond to hidden harm. With an approximate 8,000 shortfall in foster care placements, it is clear that greater investment is required in improving options for the child.

Dealing with hidden harm means engaging the parent with treatment and improving their ability to respond to their children.

Deborah Cameron, chief executive, Addaction

Think of the children

It is a good thing that Neil McKeganey keeps our attention focused on the needs of children whose parents have serious drug problems. He and his colleagues have done important work in making these problems visible and they are far from trivial. However strongly one aligns oneself with the rights of drug users and advocates on their behalf, clearly there are children of drug users who witness and experience awful things and sometimes it is right that society intervenes. Indeed, arguably these children receive considerably less attention than they merit within a policy environment that remains fixated on crime prevention.

However, local authority care and, ultimately, adoption are options that already exist where drug-using parents are unable to care adequately, so I am unclear what new initiative is proposed. Furthermore, being 'looked after' by the state or adopted is itself an acknowledged risk factor for developing drug problems and the systems for such provision are already under profound strain. If even a quarter of the 350,000 children he refers

to entered the care system I suspect it would implode as, according to the British Association for Adoption and Fostering, there were only 5,354 adoption orders for the whole of England in 2003 and a total of 60,900 children in local authority care as at 31 March 2005 (BAAF 2006). Clearly, no perfect solution exists, but on this basis the case for increasing adoption seems neither realistic or desirable.

Although Neil asserts that 'there is an army of social work staff and voluntary agency staff who can provide near 24-hour a day support to these families' it seems to me that these are rarely as numerous as this quote suggests, nor (in many cases) are they very well equipped to provide specialised responses to families where drug problems are most severe. In Kent, we have seen useful developments within a new service for drug using parents provided by KCA that gives rapid access to treatment and intensive support from specialist staff. This is an ongoing programme and we are still learning lessons about how to be most effective whilst gradually developing expertise among the practitioners and agencies involved. It is not a simple task but early signs are nevertheless encouraging and the costs of operating the service seem likely to be outweighed by the eventual care costs they are averting. However, such services remain scarce in England and, although they are no panacea, they seem to have considerable unfulfilled potential.

A second strand of our response might well be encouraged within family planning services. Drug users – notably women – often lack family doctors or access to family planning services that have the desired expertise or approach: unintentionally or otherwise, drug users are routinely stigmatised within such services. Low threshold, drug-user friendly family planning clinics run from treatment services are rare, yet might prevent many unplanned pregnancies and could be a potent way for services to become more accessible and relevant to women drug users.

On grounds of humanity, effectiveness and economics, it seems preferable to me that we invest resources and energy into developing these sort of responses. Neil McKeganey is right about the seriousness of the issue but, I believe, wrong about the solution.

Neil Hunt, director of research, KCA; chair, UKHRA

Reference: BAAF (2006) Summary statistics on children in care and children adopted from care, and searching for birth relatives in England. www.baaf.org.uk/info/stats/england.shtml

Ardent 12 stepper

I was appalled to read Peter O'Loughlin's response to the article on RAPt's new day centre. (*DDN*, 13 March, page 6). It seems, having done a quick google search on Peter, that he is quite vocal about promoting the 12 steps in *DDN*, and in slating pretty much any other type of treatment available (especially harm minimisation).

It is quite clear that Peter is an ardent 12 stepper, but it also appears that he may have misread the book. Even the Big Book claims that moderate drinking may be appropriate for some. Harm minimisation could be considered as a way of keeping someone alive long enough so that they can get into recovery (12 step based or otherwise). Is it not a pre-requisite of 12-step recovery that one has to be 'ready'?

I am also curious as to how Mr O'Loughlin can be so sure that the new day centre is a success. The 12 steps have long been questioned as to their effectiveness. RAPt, on its website, claims a huge success rate of over 50 per cent (which makes other 12 step rehab organisations pale in comparison, such as Hazelden in the States, which claims to have the highest success rate, at 17 per cent). However, if you ask to look at the research which came to these amazing conclusions, you will be ignored.

RAPt is a rather worrying step towards US-style religious-coercion-as-drug-treatment. *DDN* seems intent upon promoting their cause. Perhaps a little research into the negative effects of 12 step programs would make for an interesting article.

Name and address withheld

No single answers

It is always nice to be praised, so I thank Dr Peter O'Loughlin for his kind words regarding our Island Day Programme in Tower Hamlets (*DDN*, 13 March, page 6). However, RAPT's success in delivering abstinence based programmes should not be extended into an argument against harm reduction.

There are many drug users in Tower Hamlets whose immediate circumstances are so difficult that it is unrealistic to expect them to give up drug use in the short term. The health (and often the lives) of these people is protected by the excellent harm reduction and low threshold services available in that borough, who also present, for many, the first step on the road to independence.

There are also drug users in Tower Hamlets who feel able to put a drug-fuelled lifestyle behind them, but who do not want to commit to total abstinence from all substances, and their needs are met by services provided by Lifeline and Addaction.

Happily for us, there are also drug users in Tower Hamlets who want to aim for recovery through a 12-step programme, with the support of professional counsellors and the self-help network provided by NA and AA. We are there to meet their needs, and are proud to be part of the range of services offered to drug users by Tower Hamlets DAT.

In this example, the DAT has recognised the need for a full 'menu' of options for drug users, including abstinence – its not either/or, but needs led. In the coming months, RAPT will be promoting this model to other commissioners. I would agree with Dr O'Loughlin that the abstinence option is insufficiently available in many parts of the country, but it should be developed as an addition to other services, not an alternative.'

Mike Trace, chief executive, RAPt (Rehabilitation for Addicted Prisoners Trust)

Core empowerment

I thought I would drop a line regarding your cover story on 'Empowering the Core' (*DDN*, 13 March, page 8).

I am the chief executive of The Core Trust and CoreKids. We have been using a wide range of group and individual therapies in the treatment of addiction for the last 20 years. Our structured day programme, which most London borough purchase, offers group ear acupuncture, qi gong, meditation, yoga, art therapy, creative writing and individual acupuncture, shiatsu, reflexology, homeopathy and nutrition. These are all offered alongside group and individual psychotherapy, counselling and family therapy as well as practical parenting and life skills.

We use the 'energy therapies' to help clients rediscover their whole selves and give them tools and skills that they can use to manage their feelings and create an atmosphere of personal responsibility, bringing choice back into the lives of people who believe they have none.

Our programme started on the margins 20 years ago but is now part of the mainstream of treatment provision in London and has a reputation of being highly professional and successful. We offer auricular acupuncture training and have trained hundreds of other drug and alcohol workers to provide this successful and cost effective treatment.

We have found that using 'energy therapies' alongside more traditional talking cures offers the clients the possibility to understand and build a full life beyond addiction.

If anyone would life to find out more about our project they can contact www.coretrust.co.uk or call 020 7258 3031.

Carolyn McDonald, chief executive, The Core Trust and CoreKids

Substitute prescription

I am writing in response to Robbie Corrie's article (DDN, 27 February, page 8). I am pleased he is starting to prescribe as a nurse in the substance misuse field. I have been prescribing for almost a year now, and have had a very positive response from service users. I hope more nurses and pharmacists will take up the opportunity/challenge of substitute prescribing.

However Robbie Corrie states that supplementary prescribing involves being supervised by a doctor; this is not the case – it is a 'voluntary prescribing partnership' (DoH definition). The doctor (independent prescriber) agrees the clinical management plan, which is then reviewed at regular intervals – at least annually. My clients only see the doctor if I am on leave or if they have a medical problem.

I had an article on substance misuse prescribing, including a case study of a client I have stabilised on buprenorphine, published in *Nursing Times* on 21 February; this should be available on their website shortly.

Beverley Harniman, clinical nurse specialist – substance misuse, Villa Street Medical Centre, London.

Email your letters to claire@cjwellings.com or write to: Claire Brown, Editor, Drink and Drugs News, CJ Wellings Ltd, Southbank House, Black Prince Road, London SE1 7SJ.

Letters may be edited for reasons of clarity or space.

Prisons and Beyond

The first 'Prisons and Beyond' conference in Leicester gave a snapshot of what's working well in prison drug treatment – and what's not. 'Too much paperwork' and 'not enough resources' were perhaps to be expected, but other thought-provoking feedback reflected a need for better communication and care planning to take the client out of the continuous loop of crime and prison, and back into the community. DDN dropped in on the debate.

It is vital that prisoners receive continuity of care beyond the prison walls, to prevent them returning, says Martin Lee, head of the NOMS Prison Drug Strategy Unit.

The questions tackled at the 'Prisons and beyond' conference last month in Leicester, included what this continuity of care should involve, and who should deliver it.

Delegates came from all areas of the criminal justice system, as well as community based services. With 'lack of communication between services' highlighted frequently in workshops as a fundamental problem, this had to be a good start.

The picture that emerged over the two-day event, was of hard-pressed staff struggling to get to grips with changes in the prison service while stretching resources. There was lack of centralised record-keeping, poor communication between different teams and prisons – and little wonder then, that the prisoner was getting lost in the middle of the system.

But the conference wanted ideas and inspiration on how to do it better. Speakers from all areas of prison, probation, health care, community-based services and voluntary sector providers of treatment services in prisons gave their views, and delegates fed back their own experiences.

The debate comes at a time of ongoing change for the prison service. A new five-year strategy, released by the Home Office in February, promises 'significant changes' according to Martin Lee. Cath Pollard, head of treatment programmes policy at NOMS, said the range of new sentencing being introduced in April, as part of the Criminal Justice Act, aims to provide psychosocial intervention within the first 28 days, as well as speeding up resettlement and treatment arrangements on release. Targets have been set to improve the treatment system, by ensuring first-night medication, five-day stabilisation and 28-day psychosocial support by 2008.

The Scottish Prison Service has a programme of improvements underway to integrate services better, with the goal of reducing re-offending. Central to this is developing the harm reduction agenda:

'We have changed focus from a punitive response to harm reduction,' says the service's addictions adviser, Karen Norrie. With 62 per cent of the 23,000 admissions found to have a substance misuse problem, this is not only seen as a realistic response, but one that will encourage prisoners who previously injected under cover to come forward for support, she says.

A robust training strategy has been central to this process, alongside work with communities. The prison service drew up a memo of understanding with the police, explains Norrie, and have agreed to analyse statistics on a quarterly basis and review individual care planning. It's all part of the culture change, she says: 'We need to stop saying we can't do, and ask "how can we do..?"'

Elsewhere in the conference, the need to replace a target obsessed culture with more meaningful care planning came across loud and clear. Ruth Parker of the Scottish Prison Service was among those to emphasise that plans should be based on individual needs – at the top of which were substance misuse and housing. Sorting needs for different client groups was a multi-disciplinary process, started at admission and carried through after release. She added that it was important to be aware that 'one size doesn't fit all', but that it was about responding to the individual.

Shereen Sadiq, of the Home Office Drug Directorate, told delegates that although programmes for drug using offenders were related to crime reduction, 'because that's where our money comes from', it was not just about getting individuals into treatment, but about being proactive.

The feedback from sessions indicated that it's not just about being proactive, but about better communication between everyone who comes into contact with the client – from the minute they enter the criminal justice system, until the point when they are released back into the community and given the support to re-integrate.

Conference quotes

'If we are to make a real impact, NOMS needs the best people available to deliver drug treatments.'
Martin Lee, head of NOMS Prison Drug Strategy Unit

'It's a waste of resources and demotivating to people to keep asking the same questions. We have lost the prisoner in the middle.'
Cath Pollard, NOMS Strategy Unit

'It's very important we achieve the same standards in prison as in the community.'
Karen Norrie, Scottish Prison Service

'It's naïve to pretend the prison system can sort out the problems of society as a whole.'
Dr Brian Doherty, prison medical director

'How many of us have spoken to prisoners who have purposely set out to get themselves to prison to be in an environment where drugs are not around?'
Sian West, NOMS Wales

'All that is needed is more joined up thinking and partnerships, with new initiatives introduced at a sensible pace, properly piloted to ensure they work.'
Norman Preddy, WGCADA

'One of the problems we have faced has been emphasis on target attainment, looking at the number of people assessed as the be all and end all.'
Brian Arbery, Adapt

'There is still a culture of my nick, my rules.'
Mike Trace, RAPt

'We saw a prisoner who had completed his sixth basic skills test. This costs money – and eroded the prisoner's confidence in the system.'
Andrew Dickinson, NOMS

More communication and support, and fewer obsessions with targets please, was the feedback from many prison workers particularly those struggling with increased demands in CARAT services.

CARAT – Counselling, Advice, Referral, Assessment and Throughcare – services play a vital role in assessing new prisoners who are identified as having a drug problem, giving them advice, and referring them to the drug service they need.

Since being managed by the National Drug Programme Delivery Unit (NDPDU), services have become more target driven, giving some CARAT workers cause for concern that prisoners are being pushed through treatment while service quality is compromised.

Gail Styles, head of drug treatment integrity and support at the NDPDU, emphasised that the unit had a remit of improving infrastructure, securing funding, providing training, and ensuring integrity of programmes through audits.

CARAT workers at the conference were concerned that they were not getting enough support to meet increasingly difficult targets and implement changes. Some reported feeling de-motivated by a growing workload.

Styles defended targets as a way to maintain and attract funding, and reported that the numbers of prisoners assessed and completing treatment had been increased through each year's targets. Services had exceeded these targets in 2005 and were on track to deliver still higher targets this year.

NDPDU support manager, Jo Sim, emphasised that the unit was actively engaged in developing integrated working, to improve services and cut duplication:

'We are here to support you,' she told CARAT workers. 'The numbers are important, but the quality is more important. We are part of the system.'

In a separate session looking at how integrated care could be improved in prisons, Michael Stoney from the Scottish Prison Service explained how the IT based case management system allowed agencies and service providers to access the same information so that referrals could be actioned.

Cath Pollard from NOMS said identifying IT programmes was just one of the areas being examined, to improve communication between the community, custody and different establishments, and improve efficiency in CARAT services.

Spending less time on assessment and having more capacity to deliver support and treatment would give CARAT workers more job satisfaction, she suggested.

Working with a CARAT team can offer diverse opportunities to develop new initiatives and bring about improvements to the prisoner's journey.

Amy Graham from HMP/YOI Onley was rewarded for her recent achievements with the title 'CARAT worker of the year'. She was recognised particularly for designing and delivering training to new staff, organising liaison sessions between resettlement staff and CARAT staff, setting up a harm reduction group, organising a drug awareness week, and assisting with the national 'Prison? Me? No Way' initiative.

Sue Cornwall from HMP/YOI Swinfen Hall, Brian Lewis from HMP Usk and Prescoed and Marlene Penswick from HMP Wymott were runners up for their diverse initiatives on team engagement, training, and effective service user engagement.

If I ruled the world...

'I would move the emphasis back to treatment and prevention, not criminal justice...'

'If I can't have a world with little or no drugs, I want a world with easy access to treatment services, said **Norman Preddy, chief executive of WGCADA – the West Glamorgan Council on Alcohol and Drug Abuse.**

'I want a world where all services are properly funded and systems are in place. I want joined-up thinking, effective partnerships, and initiatives at a sensible pace.

'Drug users deserve the same high standards as those suffering from kidney disease and heart disease. I would move the emphasis back to treatment and prevention, not criminal justice... I would have better treatment options.

'I would look at development and motivation, through cookery classes, walking, gardening, learning life skills... and have more involvement with other agencies – housing, training and employment.

'My ideal world would include more focus on abstinence rather than harm reduction, improved partnerships, seemless contact with the criminal justice system, better transfers, increased resources, and consultation with service users.'

With years of specialist knowledge between them, the chief executives of four of the biggest voluntary sector agencies agree it's time to drop the defences and work to a shared vision.

Voluntary agencies have developed a mass of specialist knowledge of substance misuse treatment in prisons – and are also well placed to give a critical view.

The chief executives of Adapt, Lifeline, Phoenix House and RAPt all reflected on the progress that had been made over the last ten years, but suggested that a culture of competition between agencies was stifling opportunities to share expertise.

Ian Wardle described how Lifeline had started up 'with more curiosity than knowledge' at a time when 'prisons were something of a therapeutic black hole'. But with 148 workers now in 25 prisons, and a great deal of expertise, he acknowledged that his organisation had become extremely competitive in common with the rest of the sector.

'Lifeline has grown by at least 600 per cent in the last five years,' he said. But there was a strong emphasis on throughcare and 'a sense of working together that has never left us'.

Wardle was concerned that the sector was unable to 'speak with a common voice' on crucial issues.

'One of the biggest weaknesses over the last five years is the failure to address harm reduction and needle exchanges,' he commented.

Brian Arbery from Adapt agreed that there was too much isolation between agencies, and cited a target-driven culture as a possible reason.

'One of the problems we have faced has been emphasis on target attainment, looking at the number of people assessed as the be all and end all,' he said. Upping treatment numbers and having prisoners transferred suddenly was a stressful regime for CARAT workers, distracting them from their primary objective of helping people.

Since starting up in 1990 Adapt had challenged existing beliefs, particularly that you can't work with people with an imposed order. During national expansion, the agency's staff had been referred to as 'care bears' – 'which sums up our staff, getting people into care,' said Arbery. He criticised 'unwarranted interference' in staff management and hoped to reduce the isolation between agencies.

The chief executives of Adapt, Lifeline, Phoenix House and RAPt all reflected on the progress that had been made over the last ten years, but suggested that a culture of competition between agencies was stifling opportunities to share expertise.

'We need to talk about what we do next in terms of collaboration,' he said. 'At the moment it's hit and miss. We need to take the prisoner to a point where they can function in the outside world.'

Bill Puddicombe from Phoenix House was optimistic about the bigger picture, believing that 'we're on the verge of achieving something great' through partnership working. He believed that performing to contracts gave the opportunity to perform clear tasks, with clear consequences, which agencies had a duty to exceed if possible: 'Take the money or whinge – but not both,' he said.

The voluntary sector 'brings the largest repository of knowledge, as we were there before the government recognised the need for services,' said Puddicombe, 'but the best solutions come from partnerships'. We should not be precious about what we've developed, he advised, but could learn from Scotland's inclusive approach. 'We need to consolidate the treatment game,' he said, ensuring what's achieved is not lost when someone comes out of prison.

Mike Trace of RAPt acknowledged 'broadly good' progress over the last 10 years. RAPt grew up doing 12-step programmes in prisons the South East and now run CARAT and DIP services in prisons, with 26 contracts across the prison estate.

For the most part prisons were 'clear about what we're working towards', he said but there were still some outdated cultures that did not match the new generation of contracts, with an imbalance of penalties and rewards, and 'swingeing punishments'.

'There's still a road to travel… still a culture of my nick, my rules,' said Trace.

'We're not really examining what affects the outcome – and there's a danger of staying comfortable.'

If I ruled the world...

'I would roll out opioid substitution treatment... across UK prisons.'

'We have evidence of what works [on harm reduction] in prisons – but it needs to be carefully evaluated,' said **Neil Hunt from KCA and the University of Kent and chair of UKHRA**, who would begin his stint of world power by undertaking a rigorous programme of quantitative and qualitative evaluation.

'We have a duty of care to people in the prison setting... we need to think carefully about things that conflict with people's use of prison as a relatively drug-free environment.

'I would roll out opioid substitution treatment – methadone and buprenorphine – across UK prisons. And I would roll out needle exchanges – though more cautiously. The evidence base is not as strong as we'd like, but there's very patchy provision at the moment. Evidence from other countries has shown that syringes are not misused, and sharing is reduced – there have also been reduced overdoses where it's been introduced. It's also a vehicle for keeping drug users in contact with services.'

Lack of dedicated dual diagnosis services too often means prisoners' problems are misunderstood or ignored. Dr Gulshan Dhanani told conference how her team at Wormwood Scrubs stops patients from slipping through the net.

'We are all trying to do our best for the client but there is no communication between us... The information needs to be available and follow the person wherever they are sent. The only way it's going to work is if each one of us as professionals links in with others'

Many prison staff are unsure what to do with prisoners with dual diagnosis, which means they are often referred to either substance misuse services or mental health because there are few joint services available.

Basic needs like diagnosis are often hard to come by, according to staff who spoke out at the conference, with some struggling to even find out if a prisoner is under mental health services and unable to make diagnosis or pass on vital information when making referrals.

Without notes, staff are forced to rely on what the prisoner can tell them about their diagnosis, treatment and care, but many have a poor memory and there is a danger of prisoners being re-referred to services where treatment is started from scratch.

Addiction psychiatrist Dr Gulshan Dhanani believes the right ingredients are there to provide a collaborative service, but the communication and shared information isn't there.

Models of integrated care using experts from both substance misuse and mental health is expensive for a service already short on funds. Addiction psychiatrists combine training in both specialist areas.

'We are all trying to do our best for the client but there is no communication between us. We can't just accept that there is no funding, we represent our clients and have to speak for them,' she said.

'The information needs to be available and follow the person wherever they are sent. The only way it's going to work is if each one of us as professionals links in with others – even if it's on a one-to-one basis.

'Prisoners want to get on with lives – it should be an easy process.'

There is a large cross over section among prisoners, she said. Many misuse substances to deal with mental health problems, while drug misusers can often develop mental health problems. Many of Dr Dhanani's clients prefer to use opiates to legal medication to control symptoms of mental health problems because there are fewer side effects.

Drug and mental health workers are cutting through the bureaucracy of waiting for national guidance, already sharing information, working through issues of confidentiality and agreeing to provide basic necessary information. Some prisons are developing the use of shared notes and new consent forms to reflect this.

To work well, this collaboration needs to extend to services offered outside prison as well as inside, to ensure the client receives continuous care, helping to guard against overdose and death when the prisoner's tolerance has gone down.

Dr Dhanani's team, based in Wormwood Scrubs, is an example of good collaborative working. Funded by Central NW London Mental Health Trust, the team has a special unit where prisoners identified with addiction problems are sent. They undergo a full mental health and substance misuse assessment and dual diagnosis is treated.

Staff working in both mental health and substance misuse teams undergo training and attend multidisciplinary team meetings.

Such collaborative working also helps to cut duplication in the system – reducing the number of assessments carried out to establish the same basic information. It's not only better for the prisoner, but makes best use of available resources, Dr Dhanani points out.

If I ruled the world...

'I would have a strategy that was ethically, politically and socially persuasive.'

'I would have a strategy that was ethically, politically and socially persuasive,' said **independent consultant Karen Whitehouse**.

'Good policy is a mix of ideology – the ethical, political and socially desirable – and realism. I would ask: is it necessary, achievable, measurable?

'You need to look at how to bring people with you, so I would look at how to reduce harm from them becoming involved in the prison drug use culture.

'I would want an interesting and holistic approach to drug treatment, equipping people with ways to improve the whole picture of their lives.

'It would be integrated and involve the whole prison. Activities are very important to replace drugs; they're as important to a recovering drug user as treatment is.

'Resources would be realistic – including staffing – and would meet diverse needs. BME clients and women would be included on an equitable basis.

'There's not sufficient investment at the moment, and we're not doing enough to meet diverse needs.'

Working in the prison setting gives the opportunity to help people who would not normally seek help and support. Ronno Griffiths gives an insight to working with substance misusers who were sexually abused in childhood and explains the sensitive approach needed for this particularly vulnerable group.

While it is not the case that all people who have been abused go on to develop substance misuse problems, or that all those who have a drink or drug problem have been abused, there is a strong body of evidence to show that a high percentage of those substance users in treatment programmes have been abused in childhood.

It is widely acknowledged that people who have a drink or drug problem are significantly present in the prison population. These factors explain why so many workers within the criminal justice system are reporting that they are responding to disclosures of sexual abuse.

Substance use can ameliorate the short and long term effects of abuse. It acts as a pain and memory suppressant, can provide a redeeming relationship, a sense of purpose, belonging and safety, a means to both punish and reward the body – and in the case of injecting, of control over penetration and intimacy.

The relationship between past sexual abuse and subsequent substance use presents many challenges for the individual, the worker and organisations. But there are now more opportunities for substance misusers to disclose and receive help and support – even if it is simply that they can 'be heard and believed'. This is especially significant for men who historically have found it harder to disclose sexual abuse because, for example, of assumptions about masculinity and a prevailing myth that it is only men who sexually abuse children, coupled with the wrong and dangerous belief that all those who have been abused go on to abuse others.

Set against this potentially positive aspect, the prison system can compound many of the psychological, emotional and behavioural problems experienced by individuals as a consequence of their past abuse. They face the minutiae of prison life with its enforced intimacy with other (sometimes aggressive) adults, and maybe with perpetrators of abuse; the lack of private facilities for conversations with workers; the reality of having to return to a locked, shared cell after disclosing intensely personal and often distressing information; the uncertainty and unpredictability arising from sudden moves to another activity or institution; lack of professional confidence or guidance in hearing disclosures; and the limitations imposed by targets and the sheer number of people that have to be assessed and who make up caseloads.

As well as the inevitable proximity and intimacy with others in all aspects of everyday life, it is possible that sexual assaults may be threatened or carried out, or sexual relations may become a form of currency or the only means towards affection – all of which is reminiscent of sexually abusive experiences in childhood.

Inevitably, people in prison are vulnerable to feeling powerless – a dynamic that was ever present in childhood. For some this feeds a sense of being unable to make any changes to their lives or environment, confirms a 'victim identity' whereby change is not possible. Others may identify with the aggressor and become aggressive and violent bringing further problems.

As the traumagenic dynamics from childhood are restimulated, the effects are heightened and reinforced. At the same time the learned means of coping with the effect and surviving in the world – the substance use – is no longer available. People are then especially vulnerable to alternative means of coping including unacceptable behaviour, self-injury and suicide.

It is important that both worker and service user understand the possible connections between past abuse and subsequent substance use. Understanding these can make assessment, interventions, casework and onward referral more effective.

Personnel should not all be experts on child abuse or detract from their remit, but they should respond with humanity. Make room for disclosure; keep focused on core business, but recognise the potential impact of withdrawal, stability and abstinence and the implications for triggers to lapsing – and above all, 'bear witness'.

If this does not take place in the right way, there is the risk of reinforcing betrayal and disempowerment, of causing more confusion, sabotaging the therapeutic relationship, increasing vulnerability to further harm – and missing opportunities to support people in making lasting changes to the quality of their lives.

Conference quotes

'Confusion over what care plan the client is being managed on is not conducive to good treatment.'
Michael Stoney, Scottish Prison Service

'Figures show injecting drug users are the largest risk group for Hepatitis C but 80 per cent will have no symptoms.'
Dr Eamonn O'Moore, consultant in communicable disease control

'Some young offenders feel they have to act tough, giving it the "Charlie big potato".'
Chrissy Hutchinson, Youth Justice Board

'It will help boost professionalism of staff if we can develop qualification frameworks to provide a way to get people's skills recognised.'
Simon Shepherd, FDAP

'Those who are drug dependent when they come into prison are twice as likely to try killing themselves.'
Dave Marteau, Prison Health

'What business are we in – is it reducing crime or improving health?'
Mark Gilman, NTA North West

'It's not just about getting individuals into treatment, but about being proactive.'
Shereen Sadiq, Home Office Drug Strategy Directorate

'Is there any point offering treatment in prison if on release they go back to the same thing without any support services there?'
Dr Gulshan Dhanani, addiction psychiatrist

If I ruled the world...

'There is a great need to fill the gap in providing treatment for alcohol misuse.'

Realism would underpin **prison medical director Dr Brian Doherty**'s reign in power, and he would start by taking on one of the biggest challenges within prison drug treatment services – public opinion.

'Does the health of offenders really matter? It's hazardous to be seen to give better care in prison than outside – it's not an easy message to sell. If we can't sell the concept [to the public and newspaper editors] on humanitarian grounds, we must sell it on utilitarian grounds.

'Drugs are not used because they're available, but because of their desirability against the surroundings. It's naïve to pretend the prison system can sort out the problems of society as a whole.

'Services need to encompass efforts to cut the transmission rates of HIV and Hepatitis, and to halt the return of TB among prisoners. There is also a great need to fill the gap in providing treatment for alcohol misuse.'

Prisons in Scotland are preparing themselves for the impact of the new smoking legislation outlawing smoking in enclosed public spaces from March 26. Karen Norrie described the countdown.

Smoking is the biggest killer in Scotland – causing 13,000 deaths a year. One in two smokers will die as a result of their habit with thousands more now thought to be affected by passive smoking.

Introducing the legislation in prison is challenging not least because more people smoke – 80 per cent compared to 28 per cent of the general population, says Karen Norrie from the Scottish Prison Service.

'Smoking legislation change is a huge amount of work,' she told the conference. 'It's very important we achieve the same standards in prison as in the community.'

Nicotine is now widely regarded as more addictive than heroin – and only around one in 20 people will succeed in stopping smoking without any help.

Prisoners will be allowed to smoke in their cells, in the open air or in an area designated as a smoking area by the governor in accordance with directions given by Scottish Ministers. Critics fear a total ban would lead to increased smuggling and put staff at risk of assault.

'Introducing the legislation in prison is challenging not least because more people smoke – 80 per cent compared to 28 per cent of the general population.'

The Scottish Prison Service is making a number of interventions available to prisoners who are assessed as requiring assistance with smoking. These include smoking cessation programmes, nicotine replacement therapies (NRT) like chewing gum and patches, one-to-one support work, healthy eating and advice.

By the spring there will be 84 addiction staff and 42 addiction nurses trained to provide advice or specialists for group work similar to that already available in the community.

Prisons across England and Wales are now preparing for the impact of the new legislation, which will see a similar ban introduced in the summer 2007.

Prison Chief Phil Wheatley told MPs at the Commons health select committee in November that he wanted to see smoking by staff and prisoners restricted to outdoor areas but thought prisoners should be allowed to smoke in their cells. He suggested putting smokers and non-smokers in separate cells, to protect non-smoking prisoners from second-hand smoke.

'We do need to make sure we do not cause significant problems for disturbed people arriving with us with already a multitude of problems, many of them coming off drugs, many of them with serious alcohol problems and many of them potentially suicidal,' he said.

Peer support can be a very effective way of crossing cultural barriers in prisons, as Yaser Mir and Urfan Azad found when they teamed up with Reading DIP to support prisoners from the Pakistani community.

Yaser Mir and Urfan Azad run ASIAN – Asian Services in Alcohol and Narcotics – a peer support group they set up in Reading for ex users and prisoners from the Pakistani community. Its aim is to provide psychological and social support, as well as practical guidance and help.

The project was established with the help of Reading DIP, who had noticed that low numbers of the Pakistani community were engaging with established drug services. Azad became involved through a chance discussion with Mir while he was working as a cab driver; he related his own experiences with class A drugs and the difficulties he had engaging with traditional drug services in the Reading area. Azad is now the lead community researcher in a Home Office research project targeting the Pakistani community in Reading.

The service visits Pakistani prisoners in HMP Bullingdon, and provides an outlet for prisoners to vent their frustrations about what they perceive to be institutionalised racism and Islamiphobia. These problems, say Mir and Azad, are often caused by the lack of information available to prison officers.

Drugs are a taboo subject among the Pakistani community, but ASIAN have encouraged more openness about drugs issues and this in turn has led to better relationships between prisoners and staff. Recently five Pakistani prisoners successfully completed the RAPt programme. Since ASIAN's involvement at Bullingdon, retention of Pakistani prisoners enrolled on drugs programmes has increased from 30 per cent to 80 per cent – without any extra funding, but through 'good practice'.

ASIAN emphasised the shame and stigma in the Pakistani community towards both drug users and prisoners: often prisoners will not even tell members of their family where they are. Azad has been involved in setting up projects with Imams as 'faith-based help is very useful' and they understand the particular cultural needs of the Pakistani community. This is not always easy, as many Imams have their own preconceptions around drugs and won't engage with users.

As well as in prisons, ASIAN are working with Pakistani youth and their work has gone some way towards breaking down the rivalry between Pakistani gangs in east and west Reading. As with all peer support it has to be flexible, they say, and able to tailor itself to the particular needs of the group you are dealing with at the time.

While it can be difficult to measure the results of peer support in an evidence-based way, ASIAN have plenty of anecdotal evidence supporting the project. Feedback at the conference showed demand for similar schemes to be available on a nationwide scale.

Guidance on peer support is available on both www.eata.org.uk and www.drugs.gov.uk

If I ruled the world...

'We need to find ways to implement alcohol treatment strategy.'

Andy Stonard, chief executive of Rugby House, would tackle prisoners' alcohol addiction in proportion to the scale of the problem.

'Alcohol is a substance and for a lot of prisoners alcohol is their main problem... we need to find ways to implement an alcohol treatment strategy. It would cost very little – we would just need a small training budget for staff, and could provide appropriate effective treatment.

'Many prison treatment services are in their infancy, and don't know of any evidence that they're effective. I'd like to see prison officers given more scope to work individually.

'Individual workers make the difference – you can seen the effects of positive ones on the state of prisoners.

'I would also like to see a range of half-way homes, safe houses or semi independent wings in prisons – a transitory period of prison for drug users' needs to be explored.'

Families can have a vital role in improving their relative's treatment outcomes, and reducing their likelihood of re-offending. Charities Adfam and Pact have joined forces and developed a toolkit to engage them effectively.

Next month Adfam is launching a toolkit designed to help drug and alcohol workers engage families in offenders' treatment. Partners in Reduction has been developed by the National Offender Management Service and Adfam, together with widespread stakeholder involvement.

'Families can help improve drug treatment outcomes and contribute to a subsequent reduction in re-offending. Ensuring there are adequate measures and services in place to support them in that role can make all the difference to a successful outcome for the whole family after a prisoner is released,' says Karen Whitehouse, consultant and author of the toolkit.

When it is distributed throughout the prison service, the toolkit will go a long way to meeting the needs of around 300,000 family members visiting offenders with a drug problem each year. It is likely to prompt prison drug services to conduct a more thorough audit of the provision they currently provide for families and their attitudes towards this group. There can be no doubt that some family members and visitors can undermine the treatment process, but service audits can highlight ways in which this problem can be tackled in a constructive and sensitive way.

Adfam has been working with the families of drug using offenders for more than 13 years and has used its expertise for the project. Starting initially with one part time out-reach project, Adfam now operates within a variety of prisons and is continually looking to develop new an innovative ways to support families of drug and alcohol using offenders.

'The effectiveness of our approach lies in understanding our service users and seeking to address their needs first,' says Vivienne Evans, chief executive of Adfam. By assisting families to get the help they require we can break the cycles of destructive behaviours and dependencies which so often exist in drug and alcohol affected families.'

Adfam's work at HMP Holloway shows some of the best practice and innovative approaches that can be achieved in family support when strong partnerships are developed. Working together with the Prison Advice and Care Trust (Pact), who have created an independent and comprehensive visitors' centre, Adfam can perform brief interventions on families who are visiting prisoners, and who may never have considered the needs they have for support. Families are also accessed through the prison's detox unit, where Adfam asks if there is a family that might benefit from support. The charity then offers them one-to-one counselling, a telephone helpline, support groups and regular training and education events, in conjunction with Pact.

'The partnership work we have been doing with Adfam at Holloway has been very effective,' says Andy-Keen Downs, Director of Pact. 'The support prisoners and their families receive is targeted and of a high quality. The model has been so successful that we hope to be able to implement it in more prisons.' Adfam and Pact have developed a joint working protocol and are currently looking at other prisons that may benefit from this partnership working arrangement.

The results speak for themselves. A recent independent review of Adfam Holloway showed that over the last two years more than 3,000 brief interventions had taken place by Adfam's support workers and counsellors. This initial contact is being backed up by post release and resettlement support. Helping families to maintain the skills they learn through their contact with Adfam remains a challenge to ensuring long-term success.

Adfam is currently providing support for drug and alcohol dependent prisoners' families in Wormwood Scrubs, Feltham, Pentonville, Brixton, Wandsworth and Belmarsh. However these services are limited and do not have the space and capacity which the Holloway project offers. The charity hopes that, as NOMS continues to see the benefit of family engagement, greater attention and resources can be spent dealing with the full scale of the problem that drugs and alcohol are causing.

'There are around 7 million family members affected by someone else's drug or alcohol problem, Vivienne Evans points out. 'Without appropriate support for families in their own right, unfortunately some of those families will continue to be part of the problem as opposed to central to the solution to this country's drug and alcohol problem.'

Partners in Reduction: Engaging and Involving Families in the Reduction of Substance Misuse Problems in Prison will be available digitally as well as in hard copy. Email publications@adfam.org.uk for details.

'Families can help improve drug treatment outcomes and contribute to a subsequent reduction in re-offending. Ensuring there are adequate measures and services in place to support them... can make all the difference.'

If I ruled the world...

'I would attack drug related crime. Prisons should have no tolerance to drugs.'

Substances have to cause no harm to the user or others, said **Sian West, deputy director of NOMS Wales**.

'So I would attack drug related crime. Prisons should have no tolerance to drugs.

'I would make sure prison was a drug-free environment. How many of you have dealt with prisoners who are yearning to be in prison, to be in a drug free environment? It's a minority – but a desperate minority.

'We have to address drug-related crime and we can do that through treatment that impacts on offender levels and re-offending.

'We have to stop talking about "seamless" and start doing seamless, with pathways to education and housing. I would like to see the gap bridged between prison and the community with new facilities like half-way houses.

I would have no half measures and no compromises. I would want drug free prisoners. I will never forget the hope at a Narcotics Anonymous meeting.'

Conference quotes

'I would want an interesting and holistic approach to drug treatment, equipping people with ways to improve the whole picture of their lives.'
Karen Whitehouse, independent consultant

'There are a lot of obvious concerns about having needle exchanges in prisons, but evidence shows they don't occur,'
Neil Hunt, KCA and University of Kent

'Prisons were something of a black hole… the sector has moved on enormously in terms of professionalism.'
Ian Wardle, Lifeline

'Half of prisoners admit drug use prior to prison – which means there are 35,000 people in need of treatment at any one time.'
Martin Lee, head of NOMS Prison Drug Strategy Unit

'There is no automatic benefit to being a voluntary service. True, we don't charge a profit, but it's important that we then have a duty of care not to provide a bargain basement service.'
Bill Puddicombe, Phoenix House

'Sorting needs for different client groups is a multi-disciplinary process. Throughcare should be started on admission and carried through.'
Ruth Parker, Scottish Prison Service

'We are here to support you. The numbers are important but the quality is more important.'
Jo Sim, NDPDU

Clinical supervision requires commitment and responsibility both ways. Boundaries and clarity of purpose make the process much easier.'
Majella Greene, independent consultant

'Smashing, great, super. Let's have a look at what you would have won.'
Jim Bowen, conference dinner speaker

Prisons and beyond: reports online.

Reports by DDN on the following sessions appear on the FDAP website, at www.fdap.org.uk together with speakers' presentations.

Reports

The bigger picture: Martin Lee and Cath Pollard from NOMS and Karen Norrie of the Scottish Prison Service look at Drug treatment in a custodial setting, and prison-based drug initiatives.

CARAT Worker of the Year: award winners

If I ruled the world…: Leading experts give their views on what they'd do differently if they were in charge, to improve delivery of effective drug services in prisons and beyond.

Contributions from Neil Hunt (KCA and University of Kent); Norman Preddy (WGCADA); Karen Whitehouse (independent consultant); Dr Brian Docherty (Prison Medical Service); Andy Stonard (Rugby House); and Sian West (NOMS Wales).

Outside In: The chief executives of four major voluntary sector providers – Brian Arbery of Adapt; Ian Wardle of Lifeline; Bill Puddicombe of Phoenix House; and Mike Trace of RAPt, explain what they think outside agencies have to offer and talk about their experiences of working in prison settings.

Conference reporting team: Claire Brown, Carol Burns and Ian Ralph

Breakout sessions

CARATS and harm reduction: Ian Stewart (Glen Parva YOI) examines the role and future of CARATs services.

Community based sentences: Fiona Bauermeister (National Probation Service) and Andrew Dickinson (NOMS Pathfinder NW Team) look at Drug Rehabilitation Requirements and the management of drug users in custody.

Integrated care in prisons: Michael Stoney (Scottish Prison Service) and Cath Pollard (NOMS Prison Drug Strategy Unit) look at the new Integrated Case Management approach in Scotland and Integrated Drug Treatment System for England and Wales.

Working with users of crack cocaine and other stimulants: Michael Bird (Community Drug Service, South London) considers ways of working more effectively with this client group.

HIV and Hepatitis – update and implications: Dr Eamonn O'Moore (prison health and acting consultant in communicable disease control) looks at how shortcomings might be addressed in the management of BBV infection.

Peer led support: Urfan Azad (Asian Services in Alcohol Narcotics) and Yaser Mir (University of Central Lancashire) share experiences of delivering peer support in a prison setting.

Juvenile substance misuse strategy: Chrissy Hutchinson (Hindley YOI) and Clive Wilson (Wetherby YOI) consider implications of the strategy and look at examples of good practice.

NTA treatment effectiveness strategy: Nino Maddalena (NTA) looks at the challenges involved in implementing an end-to-end case management system.

Workforce development: Suzanne Fisher (Skills for Health) and Simon Shepherd (FDAP) look at occupational standards (DANOS) and qualifications.

Clinical management of substance misuse: Dave Marteau (Prison Health) considers how new clinical guidance will fit within the Integrated Drug Treatment System.

Abstinence-based treatment (rehab) vs methadone maintenance – finding the balance: Mark Gilman (NTA) looks at where the balance between these approaches should lie in a prison setting.

Throughcare, aftercare and DIP: Ruth Parker (Scottish Prison Service) and Shereen Sadiq (Home Office Drug Strategy Directorate) examine developments in the provision of throughcare and aftercare for drug using offenders.

Working with families: Karen Whitehouse (independent consultant) focuses on developing good practice in working with families of drug users – especially those held in custody.

Managing dual diagnosis and complex needs: Dr Gulshan Dhanani (Central NW London Mental Health Trust and Turning Point) looks at how best to address the needs of this client group and get appropriate support.

Responding to disclosures of abuse: Ronno Griffiths (independent consultant) considers the relationship between past sexual abuse and subsequent substance misuse and offending.

National Drug Programme Delivery Unit (NDPDU): Gail Styles and Jo Sims (NDPDU) look at the role and responsibilities of the Unit and invite views on its work.

Clinical supervision of staff: Majella Greene (independent consultant) explores the purpose and role of clinical supervision, what works and what doesn't.

The drug experience: heroin, part 3

In his latest Background Briefing, Professor David Clark continues describing the experiences of heroin users who have their lives seriously affected by their drug use, focusing on heroin withdrawal.

In the last Background Briefing, we started to describe the experiences of people whose lives are seriously affected by heroin. The experiences are based on those described in the seminal book *Beating the Dragon* by James McIntosh and Neil McKeganey, and our own research with clients on the Peterborough Nene Drug Interventions Programme.

The recognition by individuals that they are addicted to, or dependent on, heroin can take anywhere from a few weeks to several months or even years, depending upon the amount of drug being used, the frequency with which it was being taken, and the person's ability to fund their habit.

For the majority of individuals in each of the above research studies, the recognition that they were addicted usually came from the experience of withdrawal symptoms which arose when they purposefully attempted to stop using the drug, or through not having heroin available. The most common reason for being deprived of heroin is a lack of money to purchase the drug.

These withdrawal symptoms disappeared when heroin was used again. Some people are actually surprised to find that they actually needed heroin to function normally. They were no longer in control of their drug-taking; rather, it was controlling them.

These withdrawal symptoms included stomach cramps, vomiting and retching, muscle pains, the shakes, hot and cold spells, and headaches. Some people experience considerable discomfort and pain, and seek out the drug to escape or avoid this discomfort and pain.

The authors of *Beating the Dragon* describe Michael's experience, who was taken to prison at a time of his drug-using career that he had never experienced withdrawal, and never considered the possibility that he might be addicted to the drug.

Once he started to experience withdrawal in the police cell, Michael started to ask for help, believing that there was something wrong with him. The policeman knew what was wrong and asked, 'Did your pals not tell you this?'

Michael continued, 'but, as soon as I got out next day, I went straight for a hit and that was me, within seconds I was brand-new again. So that was me, I wasn't usin' it for fun anymore, I was usin' it 'cos I had to use it.'

Being deprived of the heroin they are using, for whatever reason, is absolutely fundamental to an individual's realisation that they are addicted to heroin. In the absence of such enforced abstinence, and its physical consequences, it is possible for a person to maintain a belief that while they are using heroin they are doing so out of choice, rather than because they are dependent on the drug.

'There's no sign that says, "you're now entering addiction", there's no big sign that says, "you'll need to stop now, if you go once more that's you". You just cross that line and you don't realise you've crossed it until you try to stop. I didn't think about withdrawal symptoms or anything like that 'cos I always had access to money.'

Heroin users will say that, apart from the experiences associated with withdrawal, there is little to indicate that they have become addicted to the drug.

'There's no sign that says, "you're now entering addiction", there's no big sign that says, "you'll need to stop now, if you go once more that's you". You just cross that line and you don't realise you've crossed it until you try to stop. I didn't think about withdrawal symptoms or anything like that 'cos I always had access to money.' (From *Beating the Dragon*.)

When heroin users realise that they addicted to the drug, they respond in a number of ways. Some accept that they are addicted to the drug, but decide not to do anything about it at this time as they are enjoying using heroin and/or the drug-using lifestyle. They are also able to fund their habit.

Other users do not want to continue using the drug, but they soon discover that it is not just a simple case of stopping. This becomes a difficult and often emotional time as they realise that they have no choice. They have to continue using the drug to avoid the physical symptoms of withdrawal.

Some of our interviewees described becoming depressed, others either considered or tried to commit suicide.

Many heroin users point out that they reached a time where they no longer experienced pleasurable effects of the drug. They continue to take it just to feel 'normal'. Some say that they never really experience the same effect as those first few times that they injected or smoked heroin.

Sometimes, family members or friends inform the heroin user that they believe that they have a drug problem. This appears to happen less frequently than one might expect. This may be because heroin users hide their habit well from their families, or because the family members choose to deny that there is a problem or simply ignore it.

When the issue is first raised, the heroin user usually denies that there is a problem. As long as they can sustain their habit and avoid the distress of withdrawal, they can maintain the belief that they are in control.

Irrespective of whether heroin addicts regard their addiction as a problem or not, once they become dependent, their lives become dominated by the need to feed their habit and to secure the means of doing so. In our next Background Briefing, we will focus on living with addiction.

Recommended Reading:

Aimee Hopkins and David Clark (2005) Using Heroin, Trying to Stop and Accessing Treatment. www.wiredinitiative.com/pdf/Nene1.pdf

James McIntosh and Neil McKeganey (2002) Beating the Dragon: The Recovery from Dependent Drug Use. Prentice Hall.

Tam Stewart (1996) The Heroin Users. Rivers Oram Press.

Set **Free!**

Twelve years ago Dean Byfield began following the crowd on his estate, drinking and taking drugs. But the novelty wore off and left him feeling suicidal and desperately ill. Here he tells how he not only discovered the will to live and recover, but turned his experiences towards helping young people from falling into the same trap.

I was 17 when I got involved with the local gang and started to smoke cannabis and drink alcohol. I lived in Coventry in the West Midlands on a council estate called Tile Hill, where most people seemed to have no vision or ambition. Boredom set in and we looked to drugs and drink to fill our time. I progressed to taking ecstasy while going out to raves and I remember us all just sitting in flats, getting off our heads on speed and trying new drugs; even all going into town on LSD, laughing at people.

We become more careless and boisterous and soon took poppers and cocaine. It was considered as fun and rebellious, until all within the space of a year my search for the next buzz led me to heroin and crack cocaine. This lasted for ten whole years of the deepest depression, pain, suffering, heartache, slavery and regret I have ever experienced in my life.

I was living in a nightmarish hell, living a struggle that was beyond my help or that of any other caring person that could see my decline. With all honesty I don't think I can put into words or portray the hurt that I or any other drug addict have been through. To look back turns my stomach, because of the hopelessness and despair. I thought long and had many sleepless nights, when I would think 'surely there is more to life than this'.

I started to look into religions, and studied Hinduism for two years, Buddhism – and then I got involved in spiritualism, meditation, and the occult. I would read tarot cards, angel cards, try crystal healing, read books on witchcraft and play on ouija boards. I got involved with mediums and we would have 'closed circles', where we would do trance-mediumship and invite 'so-called' spirit guides to speak to us in séances.

I immersed myself in this because I was lost and I sought to find an answer to life. Throughout my search for answers and truths, my drug habit remained and grew worse because I started to hear voices and gained mental health problems, I become very paranoid and was gripped with fear, although I believed in the New Age theory that if you die you go to heaven. I was learning to do spiritual healing and learned 'Reiki' in the hope that I would heal myself from my sickness. These are both hands-on healing therapies using spirit guides and symbols, so when my problems still remained despite my efforts, I felt more despair and anxiety.

I was lost and confused and I had really given up on life. I tried to commit suicide twice by taking overdoses, but thankfully that did not happen. Then I had an opportunity to go to Trinidad to do a drug smuggle. I had not long tried to take my life so I agreed, thinking I had nothing to lose. If I got through, I would go and use the money to rehabilitate myself, or if I were caught, then I would be locked up and fed and watered for a few years.

To think of that now seems crazy, but I was so desperate. I was supposed to be in Trinidad for three days but ended up there for two weeks. It scared me out there, but I put on a brave front. There was gang warfare going on and other crazy things, and I eventually decided not to go ahead with it due to a high police presence at the airport – lucky, as I was strip searched by airport police on the way back as well. Life grew worse and worse and I could not find a way out of this lifestyle; I just wanted to die to get a release from my pain.

Then a friend of my mum's came from Wales to tell me that she had a dream that I was in a coffin, and explained that it was a representation of how I was dead in myself and had no joy. She is a Christian and she told me all about Jesus and how he could change my life. Believe me, at first I thought 'oh I've heard it all before', but something deep inside me knew that if I did not change I would die; I was already contemplating suicide again and I was at such a point of desperation that I was willing to accept any help available.

'It is amazing to turn our bad experiences into good, to impact upon those who are setting out in life, to help them find their purpose and let them know that it is not in drugs or following the crowd that their answer awaits.'

With all that I had been through I was willing to accept the Christian way of life to change, thinking, 'surely that is better than committing suicide?' All of a sudden I felt a peace and security and overwhelming love that I had been searching for all my life. No drug had made me feel like this before.

I am now one year and eight months from that decision. I left my so-called friends and my dingy bed-sit to live in Wales, where I am now working for Teen Challenge. I have been into schools teaching others about the dangers of drugs in the hope of preventing them from experiencing the life that I have lived. It is amazing to turn our bad experiences into good, to impact upon those who are setting out in life, to help them find their purpose and let them know that it is not in drugs or following the crowd that their answer awaits.

I had tried the methadone procedure before but found that a very slow process, I just ended up using it when I didn't have any money to score drugs. I was also scared that I would become addicted to both methadone and heroin. When I came to Wales I was sick for three days – that is when I realised how much damage I had done to my system. I was being sick and my stomach was retching. This black and yellowy stuff was coming out of me and I couldn't understand where it was coming from, because I wasn't eating or drinking anything. The aches and pains all over my body were so bad at times but I kept listening to a prayer and music tape of healing to keep my mind off it. Time seemed to go so slowly, which is why many addicts give up – because they know that with £10 worth of heroin they will feel better again.

Mentally I was battling in another ballgame. I was having nightmares of past hurts and guilt, and emotions played on my mind as old experiences replayed themselves, which were blocked out before by heroin. The depression and anxiety weighed heavily on me along with the physical aches and pains, sickness and flu-like symptoms. It was so tiring on my mind and my head felt empty but full of pain because of the constant bombarding of these effects, but deep within I found a strength that kept me. When it got too much for me I would speak the name of Jesus over and over again and it would comfort me, and I kept reminding myself that I was getting there, onto the road of freedom.

This time was different because

although I had been here countless times before during my ten years of addiction, I had never really had this hope before. In the past there would be a void left if I managed to pass through the withdrawal; I would still be among the same people and clique of users. I didn't have a vision of where I was going or what to do, but most importantly I did not have Jesus, that special friend who understood everything I had been through, who loved me no matter what and who helped me by taking my cares and burdens.

As I looked towards getting through the day in front of me, my sleep patterns came back and I started to get used to living in reality again. The lady that I stayed with, Paula, worked in an office with Teen Challenge and when I started to grow restless and bored she took me to her office to help her with some work. When I realised that Teen Challenge worked with drug addicts I felt an amazing sensation that this was an open door for me to use my experiences to work with them and help. It was a bit like a déjà vu feeling. Teen Challenge has helped me deal with many emotions and helped my recovery and rehabilitation through helping others. It kept the reality of how much pain and suffering addicts go through fresh in my mind.

When I work in schools I see many young people starting out in life with their dreams and visions and ability to make life work for them, and it really helps to explain the dangers of drugs and to explode many myths about drug-taking through my real life experiences. This has given me a sense of purpose and direction, which we all can find if we really search for what motivates us and what we enjoy. Had I not made that decision and faced those inner demons, where would I be today? Still living in sickness? Enslaved to drugs? In prison? In confusion? No, I would probably be dead.

God has taught me that he has given each and every person special gifts; we are each a walking miracle, because there will never be another you. Yes it will be a fight and it won't be easy, but I now know that we can do anything we put our minds to and make those dreams and visions a reality. I truly feel set free.

I'm an ex-service user, clean now. I feel that my experience could deter young people from taking the route that I did. Do readers have any suggestions on how I can get involved?
Paul, Nottingham

Get inspired

Dear Paul
Read Dean's story on page 18. You may find inspiration from getting similarly involved with a service that arranges for you to visit young people in schools.
DDN

Information is your weapon

Dear Paul
Well the first thing I will say to you Paul, is that you say you are 'clean' – but you were not dirty before. It may be picking hairs but I had the same said to me, it is the language of the prejudiced that we adopt because at the time we have little or no self-esteem.

Now you are in a wonderful position of being able to tell your story from the horse's mouth. Now you have a few avenues you can take, getting involved in the education department and talking to students like I have done, or maybe children. But I cannot emphasise this enough: if you have an opinion on something you must be able to back it up with evidence based material, which most of us get from documents off the net. The site to go to which has one of the most comprehensive lists for drug websites is the Alliance's www.m-alliance.org.uk/index.html

You may want to go and work with drug users. Go and see your local drugs team and ask them if there is a users' group – if not start one. Lifeline and DrugScope are good for that information.

Whatever you do Paul, keep at it and you will get there, people like you who are stable ex users are sought after for your ideas and points of view. But please remember there is no right or wrong path, it is horses for courses; some people will benefit from a methadone maintenance script while someone else will benefit from a 12 step rehab. Keep all doors open.
David Wright, service user.

Two-way street

Hi Paul,
Aside from offering to share your life experiences so that others may benefit, you would probably gain a great deal also. I too am an ex-service user. Since leaving treatment two years ago I have become involved in several different aspects of drug treatment and education.

I was very fortunate, in that the workers at the rehab I was in were very inclusive in their approach to treatment, always explaining the roles of different agencies in my local area as I constantly badgered them for information during my programme. I attended many seminars and presentations, eventually becoming involved, constantly meeting people in the drug field as I went.

If I were you, my first step would be to find out what is going on in your local area first. I'm almost certain that there will be a few different agencies near where you live who are looking for people to get involved. More often than not, if you contact these places and arrange to pay them a visit in order to get a feel for what they do, you will find ex-service users working there. Those are the people you really need to ply for information as they will be aware of exactly what's going on in the Nottingham area.

I myself am working on putting a substance misuse education programme together for kids. I met up with a chap who works with kids who've been excluded from school. He works for a statutory agency that runs a 'pupil re-inclusion scheme' in my local area. As far as I'm aware schemes of this nature are operating in a lot of areas (especially cities), so I would consider that as a possible starting point.

I wish you all the luck for the future. Don't be disheartened is it turns out to be less straightforward than you first imagined. You have highly sought-after knowledge to offer the drug field, so don't be afraid to apply it!
Neil, Lancaster

Start local

Dear Paul
Firstly I would like to say well done for coming this far, as I know how hard it is to get clean, just keep going!

Like you I am a former user and now clean and have been for nearly five years now. When I came out of prison I found it hard to get a job because of my past, and felt like I was going nowhere and was getting quite depressed.

I then decided to do something positive with my life but didn't know where to start! I was visiting a friend in prison when I saw one of my workers from rehab and explained that no one would give me a chance with employment. They recommended that I contact the local drug services to do some voluntary work, which I did. I then started doing voluntary work for the organisation Energy and Vision, which specialises in drug education within schools.

I started off inputting stats from the schools that they visited, then they started to put me on courses to learn more about all drugs (effects to the body/brain *etc*) and I really started to feel self worth again and decided that this was for me. I did this for about eight months then a position came available, so I went for it.

I have now been employed for over three years. I now head up all the school programmes as well as delivering them by educating young people about the consequences of the drug culture and giving life story input – hopefully steering them away from drug use, as there was nothing glamorous about my drug use. I get so much out of it, but without doing voluntary work and going on courses this would not of been possible.

All I can suggest is get yourself some voluntary work and stick at it. It does pay off – I'm proof of that! Ok it's hard at first as money is tight, but I'm now on a good wage and really enjoy what I do. I haven't looked back; I've turned all my negatives in to positives and now buzz in a different way... naturally!

You have so much to give, go for it!
Winston Smith, substance misuse educator – head of schools, Energy and Vision

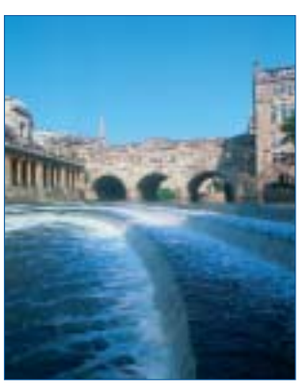
Reader's question

Since my new manager started six months ago, the culture of our organisation has changed completely. Everything now is about setting and meeting targets, and clients seem to come last. I raised my concerns with her at my one-to-one, but she just said 'welcome to the real world'. I've started to hate a job that I loved. Is there anything I can do apart from keep my head down or leave?
Eleanor, by email

Email your suggested answers to the editor by Tuesday 4 April for inclusion in the 10 April issue of DDN.
New questions are welcome from readers.

unhooked thinking

An unusual, international and multi-disciplinary conference enquiring into the nature of addiction



April 19th-21st, 2006

Bath, Somerset, UK

www.unhookedthinking.com

Supported by DDN

Places selling fast! Book Soon!

Given the date, you can pay from the end of this year's budget or from next year's.

Unhooked Thinking starts with a civic reception in Bath's historic Pump Rooms and a dinner on April 18th 2006, then moves to the equally historic Assembly Rooms for 3 days of discussion, illumination and examination of the roots and culture of addiction. For all you need to know and bookings go to the website.

There will be a host of breakout sessions — creative, informative and serious — too many to list here, but the plenary sessions go like this:

April 19th

The Greedy Addict Self
A conversation with Professors Jim Orford and Stanton Peele

The Self, Mysticism and Addiction
William Pryor

Addiction and Relationship
A chat-show with Professor John Davies, Dawn Hart, Tim Leighton and Professor Richard Velleman

Pandaemonium – friendship and betrayal between opium-addicted Coleridge and Wordsworth
Julien Temple introduces his film

April 20th

Medicalisation and Addiction
A conversation with Professor Peter Cohen and Dr Gordon Morse

Addiction to Conflict
A conversation with Yaqub Murray and Dr Alan Rayner

Addiction and Modernity
Professor David Courtwright

Good Addicts; Bad Addicts
A chat-show with Dr Stefan Janikiewicz, Danny Kushlick and Harry Shapiro

Pure – a 10 yr-old North London boy tries to get his mum off smack
Gillies MacKinnon introduces his movie

April 21st

Rat Park Heaven
Professor Bruce Alexander

What is there to cure?
A chat show with Professors David Clarke, Peter Cohen and John Davies

Real Addicts
Professor Stanton Peele

Addiction: Physiological State or Language Game
Professor John Davies

Where is Addiction Going
A Multimedia Theatrical Event

www.unhookedthinking.com

Advertising feature

SCOTTISH TRAINING

STRADA

on DRUGS & ALCOHOL

STRADA (Scottish Training on Drugs and Alcohol) provides multi-disciplinary training and education programmes to enhance the skills of all professionals in Scotland who deal with drug and alcohol misuse on a regular basis. The Programmes are based upon evidence of what has been found to work in practice. STRADA is funded by the Scottish Executive and is a partnership between the University of Glasgow's Centre for Drug Misuse Research and the Department of Adult and Continuing Education, and DrugScope – a UK wide policy and practice organisation.

Short Modular Programmes
We offer a range of 18 short Modular Programmes and now provide Practice-based Workshops aimed at intermediate and senior practitioners who wish to develop practice based skills in greater depth. These Programmes are available on our current timetable, which runs to the end of June 2006. A new timetable of dates will be available thereafter.

Academic Programmes
Two Programmes offering 60 postgraduate credits at Masters level provide enhanced knowledge and opportunities to relate theory to practice. STRADA is currently recruiting students for the Postgraduate Certificate in Addictions. This Programme is based in Dundee and begins in June 2006; the closing date for receipt of applications is the 7th April 2006. Prospective students for the Glasgow based Postgraduate Certificate in Addictions are also encouraged to apply; the closing date for receipt of applications is the 9th June 2006 and this Programme is due to begin in September 2006. Student recruitment for STRADA's Certificate in Business Administration-Developing competence in managing Drug and Alcohol Services will begin shortly, please contact us should you be interested in this Programme which is due to start in Autumn 2006.

Additional Programmes
In partnership with the Scottish Leadership Foundation, STRADA provides Leadership Development Programmes on partnership working to the Drug and Alcohol Action Teams.

We also provide specialist training on the implementation of 'Getting our Priorities Right' – the Scottish Executive's Good Practice Guidance for working with Children and Families affected by Substance Misuse. In collaboration with the University of Dundee, the STRADA sub-project, 'Children at the centre' delivers training to social workers on the interface between Child Protection, criminal justice, substance misuse and related topics. Another exciting development for STRADA has been the introduction of Bespoke Modular Training Programmes, which can be tailored to your organisation's requirements.

For further information on STRADA, contact:
STRADA
University of Glasgow
PO Box 16780
Glasgow G12 8WE
Tel: 0141 330 2335/2400
Fax: 0141 330 8086
Email: strada@gla.ac.uk
Web: www.projectSTRADA.org

HAMPSHIRE DAAT
Drug & Alcohol Action Team

Harm Reduction & Outreach Service

The Hampshire Drug & Alcohol Action Team are seeking written expressions of interest from providers with proven experience in delivering drug misuse treatment services for the provision of a Harm Reduction & Outreach Service to cover the West and Central area of Hampshire including the Winchester & Test Valley North areas.

The service will form part of the pan Hampshire Harm Reduction Strategy and will be a mobile service distributing injecting paraphernalia and providing harm reduction support & information and will be required to commence in September 2006

A restricted tendering procedure will be followed with the criteria for award of the contract to be:

- Organisation, economic and financial standing.
- Organisation track record of and commitment to the provision of substance misuse treatment services.
- Service User Involvement.
- Organisational capacity & capability to deliver a Harm Reduction & Outreach Service.
- Price & Best Value.

Process for application:

1. Written Expressions of Interest must be received by the DAAT by **12 noon on 7th April 2006.**
2. Upon receipt a Pre-qualification document will be sent to **ALL** interested parties to be completed & returned by **12 noon on 28th April 2006.**
3. Following assessment of the Pre-qualifying document, five organisations will be invited to tender for completion and return by **12 noon on 26th May 2006.**

To register your interest please contact Pat Hall, Hampshire DAAT, Capitol House, 12-13 Bridge Street, Winchester, Hampshire SO23 0HL.

CLOUDS

CONTINUING
PROFESSIONAL DEVELOPMENT

5-day residential in Glastonbury

Cognitive Analytic Therapy
and recovery from addictions

An introductory course

- Learn about the CAT approach
- Understand its application to recovery and change
- Integrate CAT ideas and tools into your practice
- Use CAT to understand our reactions to clients
- CAT as a model for supervision

June 5th - 9th 2006

£550 (incl full board) *Limited spaces - Book now!*

www.clouds.org.uk/research.htm

For more information please contact Carol Driver
Tel: 01747 830733 E-mail: carol.driver@clouds.org.uk

wdenis

Discounts available for FDAP Corporate members

- Alternative Therapies
- Care Homes
- Counselling
- Clinics
- Harm Reduction Advice
- Hospitals
- Needle Exchanges
- Social Housing
- Building & Contents
- Business Interruption
- Charity & Trustee Liability
- Employers Liability
- Medical Malpractice
- Motor / Fleets
- Professional Indemnity
- Public Liability

For full details of this 'Exclusive Scheme' and a quotation contact:

W DENIS INSURANCE BROKERS PLC
Brigade House, 86 Kirkstall Road, Leeds, LS3 1LQ

Tel: 0113 243 9612 / Fax: 0870 705 2986
mark.dutton@wdenis.co.uk

Authorised and regulated by the financial services authority

TAYLOR McGILL

BIBA

SPECIALIST INSURANCE SERVICE FOR Drug & Alcohol Addiction Treatment Centres & Professionals

Are you paying too much for your centre's insurance?

Based in the East Midlands but with UK-wide coverage, Taylor McGill is an independent insurance intermediary, established since 1991.

You benefit from:

- Lower Insurance Premiums – we understand the need to maintain your premium spend at the lowest possible level.
- Dealing with a Specialist - who understands your needs, problems and complexities
- Choice of many optional cover sections - allowing you to choose the cover you exactly require, tailored to meet your needs

For more information telephone:
Ian Hallett or Anthony Bound on 01949 838329

Registered and Head Office address: Harris House, Moorbridge Road East, Bingham, Nottinghamshire, NG13 8GG Tel: 01949 838329 Fax: 01949 839655 Taylor McGill Insurance Consultants Ltd are authorised and regulated by the Financial Services Authority. Company Reg. No. 4938373

Drug and Alcohol Service for London is an innovative agency providing a range of services to people experiencing problems with alcohol or drugs across London. SPARK, our dynamic young people's substance misuse training service, commissioned by the London Borough of Newham, brings creative methods of training, learning and harm reduction into the heart of the community.

Parent, Carer and Vulnerable Young People's Worker (Ref: 05/25)
Fixed term contract to 30.11.07
Salary: £26,289 p.a. inc. LW

To provide a targeted harm reduction, substance misuse education, and initial screening and referral service to vulnerable young people in Newham. You'll work closely with other members of the team to achieve the overall targets for the service, with specific emphasis on training/facilitating learning of Tier 1 and 2 staff working with vulnerable young people as well as working with parents and carers.

A minimum level 2/3 NVQ qualification in a relevant field is required, along with at least one year's experience working with these groups.

This post is eligible for Enhanced Disclosure by the Criminal Records Bureau.

For an application pack (paper/email packs available), contact:
DASL, Capital House, 134-138 Romford Road,
Stratford, London E15 4LD.
Tel: 020 8257 3068.
Email: jobvacancies@dasl.org.uk
quoting job title/reference number.

Closing date: 9 a.m. 12.4.06.

DASL is committed to the principles of equality of opportunity for all. Registered charity 299535

KINESIS
Mental Health Professionals

NEED EXPERIENCED STAFF?

Kinesis will provide...

- ✔ Recruitment solutions for ALL substance misuse services
- ✔ A selection of suitable CV's on request
- ✔ Excellent candidate-to-role matching - so your service finds the most appropriate project staff, nurses and consultants
- ✔ Experienced candidates for roles within...

Drug Action Teams **Treatment Services**
Youth Services **DRR and Arrest Referral**

...and more

Please call us now
0207 622 4827
www.kinesislocum.com

Kinesis Locum Ltd. are regulated by the Commission for Social Care Inspection
We are an equal opportunities employer

Your chance to make a difference

Throughcare Manager
HMP Bronzefield
£31,967 - £34,586 (rising to £37,803 on completion of a DMS or equivalent) and £2,000 market forces supplement

Are you attracted to an organisation that is high performing and has a proven record of effective service delivery to a range of offenders with a diverse range of needs?

Surrey Probation Area is working with UKDS, a progressive private company, to deliver a range of services with the focus upon resettlement. HMP Bronzefield is a women's local prison based in Ashford, Middlesex. It accommodates 450 women representing a diverse group within the Criminal Justice System.

You will take a lead in shaping a seconded team in a dynamic, multi-disciplinary environment and contribute to regime development. You will promote end to end offender management within the context of the National Offender Management Service, and take a strategic lead in Multi-Agency Public Protection Arrangements and Child Protection.

Applications are invited from those with considerable experience of working within the Probation or Prison Service. You will have a management background or be able to demonstrate relevant skills, with the commitment to developing yourself within a managerial position. A management qualification would be an advantage, although we provide training opportunities. The job requires you to demonstrate experience and commitment to the management of multi-disciplinary work, along with an ability to initiate and negotiate across a range of disciplines and partnerships. You will be performance driven, to deliver high quality services and meet targets.

This will be an appointment to Surrey Probation Area, with an immediate two to three year secondment to the prison. You will work closely with the Head of Resettlement, Bronzefield, and have the benefit of a local community link through the Staines Probation Centre.

To discuss this position informally, please contact Steve Niechcial, Joint Acting Director of Operations, on 01483 860191, or Liz Hales, Resettlement Manager, Bronzefield, on 01784 425690.

Our benefits include: *final salary pension scheme, flexible working, training and development opportunities and relocation assistance.*

Visit our website www.surreyprobation.org.uk for further information. Details of all our vacancies can be viewed on www.surreyjobs.info or telephone 01483 419440 (24 hour answerphone) for an application pack, or email recruitment@surrey.probation.gsx.gov.uk.

Closing date: Midday, 7 April 2006
Interview date: 18 April 2006.
Assesment Centre Date: 13 April 2006

Working towards Equal Opportunities. Applications from ethnic minorities and disabled people particularly welcome.

NATIONAL PROBATION SERVICE
Surrey

www.drinkanddrugs.net

Setting new standards for Social Care Professionals.

Specialising in the provision of Substance Misuse Personnel

Substance Misuse Workers
DIP Workers
Arrest Referral Officers
Project Workers
After Care and Thru Care Workers

rig
SOCIAL CARE recruit

THE PROFESSIONAL AGENCY FOR PROFESSIONAL PEOPLE.
Telephone **020 8249 6479**
Email **info@rigsocialcare.co.uk**
Internet **www.rigsocialcare.co.uk**

Positive

Providers of Specialist Staff within Substance Misuse and Criminal Justice

Specialists in:
• Drug Project Workers • Arrest Referral • Resettlement
• Probation Service Officers • Mental Health Specialists • DAT Managers
• Policy/Information Analysts • Commissioners

Positive Recruitment is an independent specialist agency. We have a constant supply of high quality, specialist candidates immediately available.

Our candidates are interviewed, referenced and have enhanced CRB checks.

Please contact **Sarah Turnbull** to discuss your recruitment needs on 0207 630 2050

Are you looking for a job? *To register as a candidate, please forward your CV and contact details to* ***st@positiverecruitment.co.uk*** *and one of our consultants will be in contact to discuss our current vacancies!*