DDN
Drink and Drugs News
9 March 2009
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HOLDING FAMILIES
Setting a joint agenda for support services in Bury

BODY TALK
How clients can regain physical and emotional control

COMMUNITY VISION
A new direction for services – social inclusion for clients

PLAN TO SUCCEED
Starting a drugs service from scratch? Listen to users...

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DDN Drink and Drugs News

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Editorial – Claire Brown

Culture of ideas

Inspiration or madness? Variety is the spice of life!

Looking at our letters page this issue reminds me why I enjoy working on *DDN* so much. What's codswallop to one reader is inspiration to the next, and while you might take the view that there's no pleasing everyone, to me it's the sign of a healthy pulse. Keep 'em coming! Which brings me to the culture of idea-sharing that runs through this issue.

Sandwell services may have found the prospect of working side-by-side with each other in the same building daunting to begin with. But they are already enjoying the reality of joined-up working – particularly (despite some initial trepidation) with their commissioners.

In Leeds the community drugs services have coordinated their treatment citywide, involving GPs, mental health, housing and employment services and DIP employees, as well as drug workers. They talk about the benefits of listening, learning and sharing best practice – especially with their service users, who can help them get good ideas off the ground quickly.

In Bury the collective vision of a whole raft of family support services is coming to fruition after a challenging pilot, and the positive results are being reflected in a much more cohesive experience for all members of the families they treat – not least the younger ones who would find it difficult to express what they need, but who are responding readily to the more effective outreach.

It's not easy setting about a joint initiative – the sheer hard work involved comes across in each of the articles, and there must have been times when some participants felt like walking away in frustration. But the benefits in each case have far outweighed expectation, according to each of our regional authors – and that's worth shouting about.

This issue

News in Brief

Closing time

Two thousand pubs have closed in the UK since the tax on beer was increased in the 2008 budget, according to the British Beer and Pub Association. While increasing the price of alcohol is seen by doctors and health campaigners as one of the key ways of addressing growing rates of alcohol-related illness, the association says the tax increase has led to the loss of 20,000 jobs in the sector in the last year. It wants the government to abandon further increases in excise duty as well as its planned mandatory code for the industry.

Make it SNAPY

A three year project to enable professionals who work with children affected by drinking – whether their own or someone else's – to share resources and good practice has been launched in Edinburgh. The Scottish Network of Alcohol Professionals for the Young (SNAPY) will work to promote better and earlier identification of problems and improve joint working. It is estimated that around 65,000 children in Scotland are living with the effects of parental alcohol misuse – the Scottish Government has announced a wide range of measures to tackle alcohol misuse in the country (see story page 4). *www.snapy.org.uk*

Wales warning

Hospital admissions for alcohol related liver disease rose by more than a quarter in Wales between 2000 and 2006, delegates at Swansea Drug Project's recent *Reducing alcohol harm* conference heard. Medical professionals are also reporting more and more people under 34 with symptoms of alcohol-related illness, and more than 30 per cent of referrals to alcohol treatment services in 2006-07 were for people under 30 – delegates called for more action to tackle the problem of alcohol misuse in Wales. 'As a society we must promote and encourage sensible drinking, and alcohol retailers and licensees must also have a community and moral responsibility,' said Ifor Glyn of Swansea Drugs Project. 'Happy hours, two for the price of one or other similar promotions are not helping and should be discouraged.'

Scots get tough on alcohol

Strong drinks will no longer be sold for 'pocket money prices' in Scotland, under plans set out by the Scottish Government. Minimum pricing for a unit of alcohol, a ban on 'three for two' style shop promotions and local flexibility to prohibit off sales to those under 21 are among the measures contained in *Changing Scotland's relationship with alcohol: a framework for action*.

A legal obligation for licensing boards to consider 'whether alcohol-related problems in their area warrant an off-sales purchase age of 21' will be established, says the document, and local police chiefs would be able to request this at any time. The plans also aim to ban supermarkets from selling alcohol as a 'loss leader', restrict display and marketing of alcohol to specific areas within shops and create a legal power to introduce a 'social responsibility fee' for some retailers, with details to be developed over the course of the year.

'Our coherent strategy for stemming the tide of alcohol misuse is bolder than anything seen before in Scotland,' said health secretary Nicola Sturgeon. 'The scale of Scotland's alcohol misuse problem is shocking – 42,500 alcohol related hospital discharges, 1,500 deaths per year, soaring rates of liver cirrhosis, the eighth highest consumption in the world and a £2.25bn annual cost in extra services and lost productivity.'

'Plummeting prices and aggressive promotion' had led to a surge in alcohol consumption, she said. The measures, which will form part of the forthcoming Criminal Justice and Licensing Bill, have been modified 'where appropriate' in response to the government's consultation, but are still controversial.

According to *The Scotsman* newspaper, some industry bodies are preparing legal challenges to the measures, and the National Union of Students in Scotland has organised a 10,000 signature petition against raising the age for off-sales to 21. The Portman Group has accused the government of 'not listening to reason' and called the raising of the legal purchase age 'a crazy idea'. 'These plans will punish all drinkers while only scratching at the surface of our drinking culture,' said chief executive David Poley. 'People who drink to get drunk would not be influenced by these measures.' However chief executive of the Scottish Licensed Trade Association, Paul Waterson, said his organisation welcomed the focus on irresponsible promotions and agreed with minimum pricing.

The measures have also been welcomed by the medical establishment. 'The health consequences of alcohol misuse are serious and severe,' said chair of the British Medical Association (BMA) Scotland Dr Peter Terry. 'The BMA fully supports a wide-ranging strategy that tackles price and availability, which we consider are key to successfully addressing this problem. We particularly welcome its proposals on minimum pricing and promotions, as evidence shows that the increased affordability of alcohol is driving the damaging levels of consumption in Scotland.'

President of the Royal College of Physicians Professor Ian Gilmore said advocating a minimum price for alcohol was taking the lead, 'both in the UK and internationally', and that his organisation strongly supported 'this evidence based approach.' 'We would urge the UK government to adopt a similar approach,' he said. The UK government is currently consulting on the details of a mandatory code of conduct for the drinks industry (*DDN*, 12 January, page 5).

Available at www.scotland.gov.uk/Publications/2009/03/04144703/0

Needle exchanges save lives *and* money

Needle exchange programmes are not only a prime harm reduction tool, they are also an extremely cost effective use of NHS resources, according to new guidance from the National Institute of Health and Clinical Excellence (NICE). *Needle and syringe programmes: guidance* aims to reduce the transmission of blood borne viruses through 'optimal provision' of programmes to supply sterile injecting equipment and advice on safer injecting and disposal.

The guidance highlights how programmes can operate most effectively, particularly by increasing accessibility through location and opening hours, and through the services provided. It aims to encourage use of the services by existing drug users, as the programmes serve as an effective means for professionals to gain access to otherwise hard to reach groups and explain treatment options, it says.

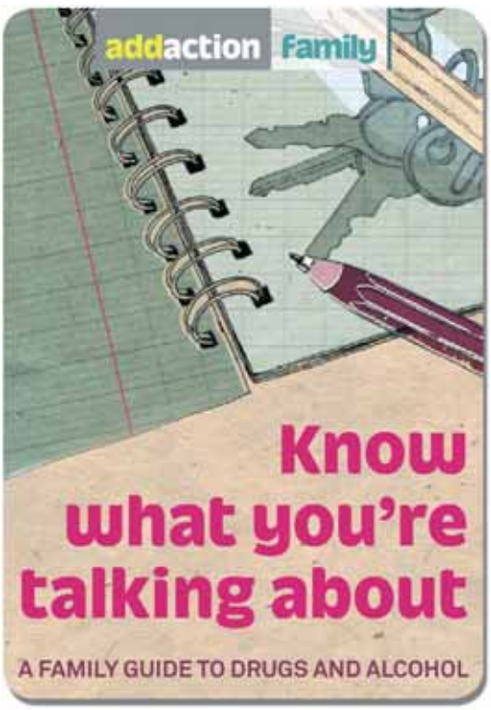
Provision of services 'varies widely' in different areas, however, and the guidance calls for local authorities to develop plans to make sure programmes are available to meet local need – recommending more data collection, service user input and consultation with local communities.

'Evidence shows that needle and syringe programmes are not only an effective way of tackling blood borne viruses among injecting drug users but that they also actually save the NHS and public sector money,' said director of NICE's public health excellence centre, Professor Mike Kelly. 'Estimates suggest that the cost to the NHS of caring for someone who injects drugs is around £35,000 over their lifetime. From a societal perspective the average cost rises to an estimated £445,000 over the lifetime of each injecting drug user when you take into account the high cost of crime, including criminal justice costs.'

Vice chair of the Public Health Interventions Advisory Committee, Dr David Sloan, said that although HIV rates remained relatively low among the UK's injecting population, those who shared needles were 'extremely vulnerable to any future outbreak.' The guidance has been welcomed by a range of bodies including the NTA and the Advisory Council on the Misuse of Drugs' hepatitis C prevention working group.

'This guidance highlights the important role that needle and syringe programmes play, both as a way of opening the door to drug treatment and in reducing the health harms caused by injecting drug use,' said DrugScope chief executive Martin Barnes. 'Largely as a result of the introduction of needle exchanges in the 1980s this country has one of the lowest rates of HIV/Aids infection among injecting drug users anywhere in the world. However we cannot afford to be complacent. It is essential that needle exchanges are available to all those who need them. Drug users across the country should have equal access to sterile injecting equipment. We hope that today's guidance will lead to an improvement in the provision of needle and syringe programmes in those areas that are currently not well served.'

Guidance available at www.nice.org.uk/Guidance/PH18



Know your stuff: Addaction has produced a new guide to provide basic information on drugs and alcohol for parents and carers. ***Know what you're talking about*** contains advice on how to talk to children about drugs, what to do in an emergency and the effects and legal status of a range of substances. A recent YouGov poll found that 42 per cent of respondents were 'very concerned' about the availability of drugs to young people. 'Many parents don't feel confident talking about drugs with their teenage children,' said Addaction spokesperson Martin Booth. 'But we know that discussing the subject as a family can help stop young people getting into trouble. This guide gives parents basic information to make them more confident about raising the issue.'
Guide available to download at www.addaction.org.uk/?page_id=246

ACMD: Increase hep C testing

All services in regular contact with injecting drug users should increase the frequency of diagnostic testing for the hepatitis C virus, according to a new report from the Advisory Council on the Misuse of Drugs (ACMD). More research is also urgently needed to build the evidence base on the impact – and cost effectiveness – of interventions on hepatitis C incidence, according to *The primary prevention of hepatitis C among injecting drug users*.

According to the report, it is likely that between 120,000 and 300,000 people are infected with the hepatitis C virus in England and Wales and about 50,000 in Scotland, with between 85 and 90 per cent of infections acquired through injecting drug use. Perhaps unsurprisingly, people who have been injecting for a long time are increasingly likely to become infected with the virus – however one of the periods where risk of transmission may be at its highest is in the first year of injecting, says the report. Health Protection Agency statistics show that one fifth of injecting drug users in the UK become infected within three years of starting to inject.

A combination of interventions is necessary for prevention, it says, including making sure that services offering methadone also provide sterile injecting equipment, and that needle exchange facilities help entry into drug treatment, as also set out in the new NICE guidance on needle exchanges (see story page 4).

'The ACMD's report has highlighted that the number of hepatitis C infections is not declining and in some groups may be increasing,' said chair of the council's hepatitis C prevention working group Matthew Hickman. 'Research suggests that among people injecting for three years or less prevalence has almost doubled in the last 10 years, from 12 per cent to 21 per cent in 2007. Positive and good evidence on the impact of interventions is emerging. The findings show that a combination of interventions with increased coverage is likely to be most effective in preventing hepatitis C.'

Full report available at drugs.homeoffice.gov.uk/publication-search/acmd/acmdhepcreport2?view=Binary

'Text to FRANK', says new service

A new SMS service for young people has been launched by the government's drugs information service, FRANK. People can now text for advice and information from trained staff on any drug related issue, with trained advisors available to respond to questions 24 hours a day.

The SMS service complements the existing phoneline and website and has the potential to reach more than 6.5m young people, says the government – text is now the most common form of mobile phone use among young people. The government hopes that the immediacy of the format will appeal to more hard to reach groups, and the texts will be anonymous and not show up on phone bills.

FRANK is also launching an online self help application to help people take control of their cannabis use, based on the principles of cognitive behavioural therapy (CBT). The programme contains advice on things such as coping with peer pressure and how to deal with cravings. The services have been launched to coincide with the new FRANK cannabis campaign launched last month (*DDN*, 23 February, page 5).

'We hope that by working to support young people through services that are more discrete, accessible and immediate, while also less stigmatising, we are able to challenge many of the traditional barriers associated with obtaining anonymous advice,' said FRANK spokesperson Chris Hudson.

www.talktofrank.com

UNODC: 'positive balance sheet' for century of drug control

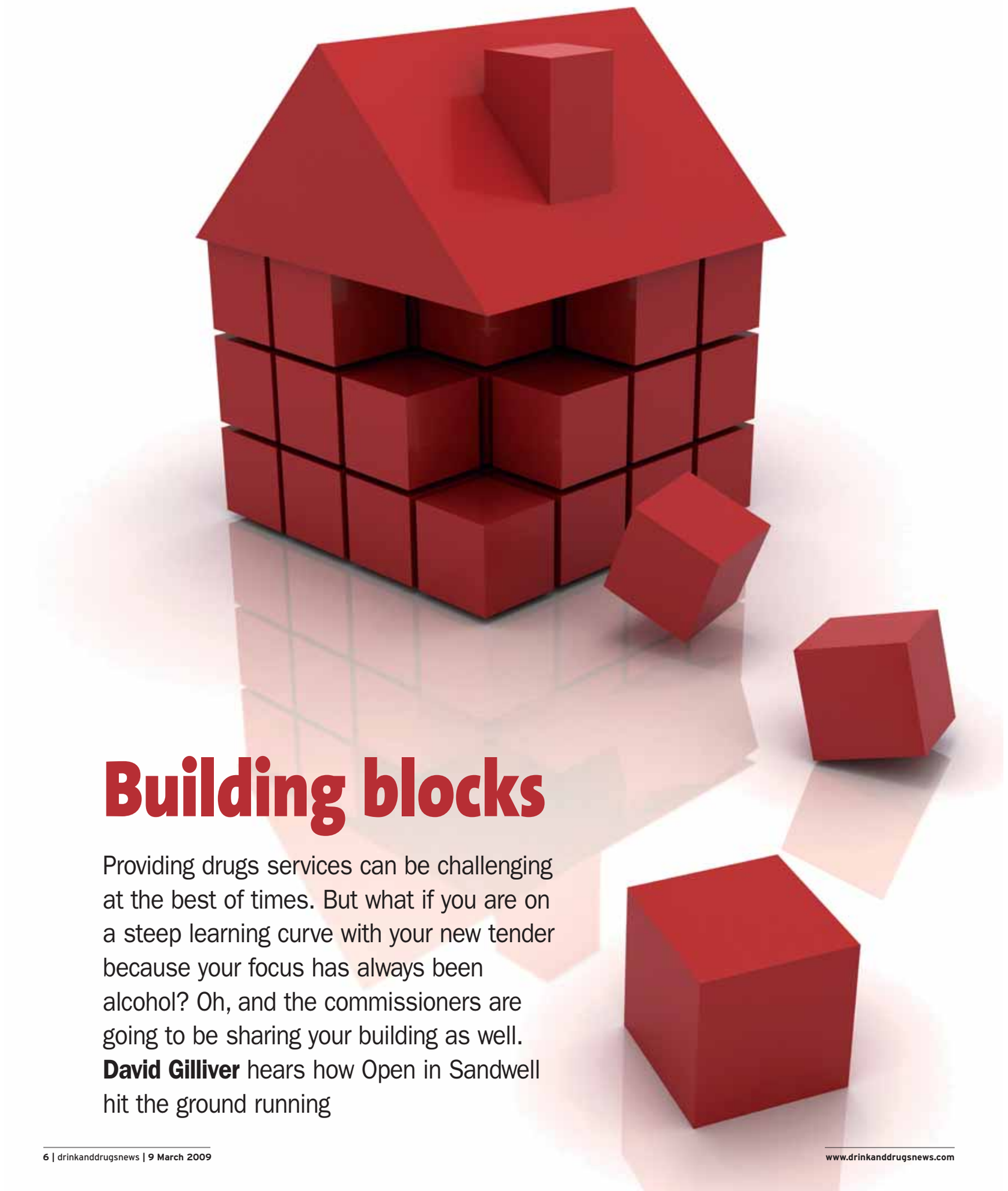
'From a historical perspective, the first century of drug control shows a positive balance sheet,' executive director of the United Nations Office of Drugs and Crime (UNODC) Antonio Maria Costa told delegates at a meeting to mark the hundredth anniversary of the first international drug control conference.

The International Opium Commission was held in Shanghai on 26 February 1909, and led to the Hague International Opium Convention. Representatives of the 13 countries that attended the meeting gathered in Shanghai last month to mark the centenary, with UNODC using the anniversary to advocate the benefits of drug control.

More than 40,000 tons of opium were produced annually at the beginning of the 20th century – mainly in China and India – with national and imperial economies dependent on the revenue it produced, while last year Afghanistan produced less than 8,000 tons, said Mr Costa. Afghanistan now produces 92 per cent of the world's opium, and coca leaves are only grown in the Andean countries of Columbia, Peru and Bolivia. Drug-related deaths number 200,000 per year worldwide today, with tobacco responsible for 20 times that amount.

'Compared to a century ago, drug demand and supply have been brought under control,' he said, but called for more development help for countries where drugs are grown and trafficked. He acknowledged that the vast worldwide criminal black market in drugs was 'an unintended consequence of drug control' but said policy changes to combat it should be 'against crime, not in favour of drugs'. Reducing demand was 'priority number one', he stated.

Measures to tackle demand needed to be tied in with addressing the underlying causes of drug misuse, president of the International Narcotics Control Board (INCB) Hamid Ghodse told delegates. 'Special attention should be given to the social causes underlying the drug problem, which should be adequately addressed by social policies. Successful prevention programmes are often the result of long-term investment.'



Building blocks

Providing drugs services can be challenging at the best of times. But what if you are on a steep learning curve with your new tender because your focus has always been alcohol? Oh, and the commissioners are going to be sharing your building as well. **David Gilliver** hears how Open in Sandwell hit the ground running

'When we moved in we didn't have phones, we didn't have the internet, a fax, anything. We've had to really think on our feet and get around problems creatively.' Graham Woods is senior practitioner at Open, a new drug service in Sandwell in the West Midlands. The area had been without any tier 2 drug service provision since last March, but in September the tender was won by Aquarius. There was one slight drawback however – Aquarius Sandwell had no experience of providing drug services, so the service has had to be built completely from scratch.

Aquarius provides alcohol, drugs and gambling services across the Midlands and has been operating since the late 1970s. But while other Aquarius offices do drugs work, Aquarius Sandwell had been exclusively focused on alcohol.

Part of the Black Country, Sandwell is situated on the outskirts of Birmingham and has a population of around 300,000. 'It's a very economically deprived area, one of the most deprived in the country,' says Graham Woods. 'It consistently comes near the bottom of surveys on education, the economy and everything else. It's also very ethnically diverse – there's a long established South Asian population and it borders Handsworth so there's also a large African-Caribbean population, as well as a growing Polish community. It's very mixed, which means there's a lot going on but you have to be very creative with services to make sure they're accessible to everyone. It can be a big challenge in that respect.'

And it can be even more of a challenge if those services have to be built up from nothing. Woods was previously a prison CARAT worker who took up his position at Aquarius last year. 'I'd moved across to Aquarius because I was interested in alcohol treatment,' he says. 'But within weeks of me arriving the manager said "we've won the drugs contract and we need your help setting it up", because I had recent drugs background and knowledge.'

The service started operating at the beginning of December and, although things were unsurprisingly challenging at first, it is now bedding in and running smoothly. 'There's been a lot of legwork and working on mobiles, that kind of thing – it's been hard,' he says. 'It's really taken off now though – in the last couple of weeks it seems like people have become aware of us. We've got computers, phones that work and the word's getting out there that's there's a tier 2 service – the referrals are flooding in.'

At the moment there are five other staff – a manager and four drug workers, all new and all from different backgrounds. 'There's one who has a counselling background but is new to drug work, one who's still a serving prison officer – a CARAT officer who does drug work for us here part time – and one who's done work in young offenders' institutions as well as drugs organisations. It's a very good and mixed team.'

Aquarius thought the service should have a name that reflected the accessibility of the service. '"Open" was chosen because that's the impression we want to give – open doors, open minds.'

Open now has a needle exchange up and running and has been actively pursuing community outreach work. 'We do drop-in clinics at local hostels and housing associations, and we're in the process of setting up clinics in GP surgeries as well,' he says. 'The focus is to try and link health and drug services in Sandwell.'

Alcohol services are extremely well established in primary care in Sandwell, thanks to Aquarius, and the service aims to replicate that with drugs. 'Aquarius have done a lot of groundwork and they've got alcohol practitioners in pretty much every doctor's surgery and alcohol workers in A&E. With the drugs services we're trying to take that as our model, so that there are practitioners in primary care settings and hospitals. At the moment if you have an overdose and get taken to hospital in Sandwell there isn't really any follow-up care – they give you naloxone to bring you out of it and pretty much send you on your way. There's no referral process or anything like that, so we're trying to really get bedded in with the primary care side of things.'

One of the other main focuses of the new service will be work with BME groups. Aquarius has a history of engaging with minority ethnic communities, with dedicated Asian alcohol workers and good contacts with the Polish community, and there will also be a focus on working with people with disabilities. 'We're trying to engage with people with mental and physical health issues as well,' he says. 'The DAAT did a needs assessment a few months ago to look at what was missing in Sandwell and where services really needed to focus – what came up was a stimulant service, physical and mental health issues and BME communities. So those are at the top our list.'

It is still relatively rare to have services focusing primarily on stimulant use, with most still largely opioid-based. Sandwell has problems with both crack and powder cocaine – in common with similar communities across the country, falling prices and widespread availability have meant that cocaine use is no longer the preserve of upmarket bars and nightclubs, but a routine part of a night out for many young people. 'Heroin always gets the attention and it always gets the money, but cocaine is massive, and certainly that's the case in Sandwell,' he says. 'You see a lot of people abusing alcohol and cocaine – those are the main drugs of choice here – and because there had been no tier 2 services since March, those people had nowhere to go to get help whatsoever.'

'One of the first documents I got hold of was a report from our local service users group, SAVE (Sandwell Addicts Views Expressed). They produced a report on perceptions of services that they actually won an award for because it was so well done – I used that as my guidebook, really.'

The service is located in the same building, Metro Court, as tier 3, the DAAT and service user group. It is a newly refurbished office building in West Bromwich with its own counselling and treatment rooms. While that undoubtedly makes practical sense on many levels it has also unsurprisingly caused a little friction.

But a major plus must be that joined up working actually becomes a more of a reality than an empty phrase – has it meant that things run more smoothly on a day-to-day basis? 'Tier 3 and tier 2 are basically next door to each other now, so there's none of that hanging around for referrals and waiting for messages to be returned and so on. We just talk to each other and sort things out.

Could this actually be something like the perfect model then? 'Those are the kind of words that get bandied around by commissioners here when we have the big meetings – that we could be leading the way with this sort of model. Commissioners want this to work so that other regions can see it's a good idea. You will get resistance – not everybody likes sharing an office with a commissioner. But it is going to be interesting to see how it all goes.'

It's still obviously very early days but where does Aquarius see Open in a year's time? 'We'd like to have a real community presence and a presence in the doctors' surgeries so that people know who we are. We'd like to see a bigger team and us really rooted in the area, so that when people think 'drugs service', ours is the name that comes to mind.'

Setting up an entire service from scratch in the space of a couple of months is no mean feat – what advice would he have for anyone who might find themselves in a similar position? 'Listen to what everyone else has got to say first,' he says. 'Ask lots and lots of questions and, obviously, listen to service users. One of the first documents I got hold of was a report from our local service users group, SAVE (Sandwell Addicts Views Expressed). They produced a report on perceptions of services that they actually won an award for because it was so well done – I used that as my guidebook, really.

'If anyone's going to know what kind of services are required, it's service users themselves,' he continues. 'Commissioners will have an idea, other agencies will have an idea but it's guesswork and speculation. Service users know what the gaps are and they know what needs to change. People need to get service users onside from the beginning.'

POST CARD **FROM SUFFOLK**

Hello from the Suffolk Partnership for Addiction and Care Engagement (SPACE), the Suffolk-wide user and carer involvement group. We were established around three years ago now and are going from strength to strength.

We meet up every month at one of the local county council buildings in a room provided for us. We have recently managed to secure funding through our local DAAT pooled treatment budget and capital funding streams and this funding will not only pay rent for a small office in a local treatment provider agency called the ICENI Project but will allow us to spend over £3,500 on equipment to put in it! This has taken almost three years to work out and secure and is a huge coup for us – we are heading into a very important era. Our message to other groups who may struggle for funding or recognition is persistence, persistence, persistence!

We attend all our seven main drug and alcohol treatment services, every six weeks for around two hours at a time alongside Paul Simmons, the DAAT user and carer coordinator. We use this time to talk to people using those services about their care plans, complaints and praise for their treatment. We feed back to the services themselves and discuss the best ways forward.

Our first ever service user involvement training is taking place on 17 and 18 March. The training will give current and up and coming user involvement activists in Suffolk a good basic understanding of the Suffolk treatment system, how it should be working, how it is funded and the NTA and local service and strategic level meeting and steering group structure.

Over the last year there has been an increase in service user representation on interview panels for frontline staff, 11 different group consultations have taken place on topics including helping design aftercare specification, improvement of needle exchange services and input into the adult treatment plan and tendering exercises, and well over 100 individual interviews on a range of other issues. And there is much more – a postcard is too small!

View our website at www.spaceusergroup.com or email us at info@spaceusergroup.com

Online opinions

A taster of our website forum at www.drinkanddrugsnews.com

On The Advisory Council for the Misuse of Drugs:

Is it because the council does not know its 'A' from its 'E' that the government are increasingly ignoring the advice of the ACMD? Or is it because it restricts its observations to illicit drugs, and nearly completely ignores licensed and prescription drugs, thus dealing only with the minor part of our country's drugs problems?

An addict doesn't really care whether a substance is illegal, licensed or prescribed. When he's not wanting or trying to chuck his habit, he cares only that he can get 'something' to see him through the next hours, and so 'uses' all three types of drugs according to availability.

Because the ACMD membership is mainly comprised of psychiatrists, pharmacists, their fellow-travellers and chemical industry supported academicians, they will obviously wish to protect their own professional and commercial areas of operation, and so are happy to leave out licensed drugs and pharmaceutical drugs, and target only illicit drugs with their categorisation, 'advice' and control.

This very nicely diverts government and public attention away from the vast and very real problems of alcohol, tobacco and prescription drugs. But it contributes NOTHING to moving our country towards the drug-free society desired by the majority. Quite the reverse in fact.

Posted by WritingWrongs

On support groups:

I work for an organisation that provides emotional and practical support to families affected by a loved one's drug or alcohol misuse, and one of the ways we support people is through support groups, I believe that they work for those who use them but they are not for everyone. I am also the parent of a drug user and I had support through RODA back in 1997-99 and so I know it worked for me – being able to talk openly and honestly without being judged helped me to cope better with my son's addiction. Groups can play a vital part in helping both the family member and the user.

Posted by Tedrick

'Does running blindfolded through a forest while someone beats a drum reduce the likelihood of reoffending? Does holding hands and behaving like a wolf reduce the trauma of childhood sexual abuse?'

Bark at the moon

Upon opening my recent copy of *Drink and Drugs News*, I needed to do a double-take on your nature awareness article (*DDN*, 23 February, page 6) to check that 1 April hadn't come round sooner than I thought.

It appears that while Geoffrey recognises that there is no evidence for the programme's effectiveness, it works on same principle as equine assisted therapy. While I have my own doubts over the effectiveness of EAP, using Geoffrey's logic I'd suggest that hamster assisted therapy (HAT) would have the same impact as, like horses and trees, they are also part of nature. Would the NTA perhaps examine the opportunity to fund a study into cockroach assisted therapy (CAT)?

Geoffrey tells us that he doesn't know how it works but it does. What does he mean by this? Does running blindfolded through a forest while someone beats a drum reduce the likelihood of reoffending? Does holding hands and behaving like a wolf reduce the trauma of childhood sexual abuse – although I must admit that I have little knowledge of the psychology of wolf behaviour. Perhaps Geoffrey has studied wolf behaviour and its similarities to human behaviour, and the lessons we can learn from wolves?

Geoffrey continues by informing us that the programme seems to work better with a younger age group. 'Up to about 12', he helpfully reports, continuing that after that it becomes a little bit more difficult. I wonder why?

The programme also seems to have better outcomes with women 'because they tend to be more organised'. This sweeping generalised statement, based on absolutely no evidence whatsoever, sums up the whole basis of the article. Even if we accept the fact that women are generally more organised – although I'm not really sure what this means – how does it make them better at finding trees while blindfolded or acting like a wolf?

The whole article is frankly insulting to those of us who have spent many years offering service users robust evidence-based programmes that have demonstrable outcomes. The whole idea that the worldwide addiction field has missed a major treatment intervention is also offensive to those who have devoted significant portions of their lives studying and researching addiction.

I'm disappointed that *DDN* sees fit to publish an article more akin to alchemy than science. As a practitioner and commissioner with nearly 20 years in the field, I subscribe to *DDN* to hear about programmes based on research evidence and best practice. I'm sorry Geoffrey, I don't believe in fairies or the power of trees to assist in recovery from drug and alcohol problems.

Derek Wilson, by email

Rhythm of life

Nick Barton's article on the value of work as a central part of the journey through recovery and into a safe, independent future (*DDN*, 23 February, page 10) and Geoffrey McMullan's description of his work as a nature awareness therapist (page 6) both identify what is at the heart of Inishfree's drug and alcohol rehab programme.

Since we opened our doors in 2003 we have emphasised the importance of work and of connecting to natural rhythms. We put this into practice in our smallholding with sheep, ducks, chickens and an extensive vegetable garden. All our residents spend the day tending the fruit and vegetables that we all eat and caring for the animals that also end up on our plates.

We are the UK's only anthroposophically based rehabilitation centre. Rudolf Steiner emphasised the importance of engaging the will in order to fulfil one's life's task. Many people with a history of problem drug and alcohol abuse have found it difficult to develop self-motivation and self-discipline.

The smallholding with its daily tasks provides the ideal opportunity to strengthen the will and to build a healthy rhythm into our life. We also find a sense of belonging and the joy of having achieved something on a daily basis. Working with plants and animals provides an opportunity for learning responsible behaviour as well as reconnecting with the natural world which nourishes and sustains us.

Matthew Byng,
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Talking abuse

I would like to say a huge thank you for publishing the article 'Coping Skills' (*DDN*, 26 January, page 14) about substance use in relation to dealing with the legacy of sexual abuse.

Finally, I thought, someone is not only thinking about, but actually doing, something regarding this subject! About flipping time! Working in a busy city centre Harm Reduction Centre, being involved in a few other projects dealing with vulnerable adults, and working as a qualified integrative counsellor, I have always been amazed by the number of service users and clients I have had the honour of working with that have struggled to deal with the legacy of sexual abuse and rape through substance use.

But it saddens me that all too often I hear stories from clients about services not picking up on this issue or seemingly being to afraid to work with, and deal with, the topic of abuse. I'm in the process of trying to set up an organisation in Manchester that will aim to work with male survivors of sexual abuse and rape, and during the many conversations I've had with both statuary and voluntary organisations and professionals, I've heard people say 'actually, yeah, who the hell is working specifically with this issue?' and 'what you're wanting to do is so needed'. But as well as the fantastic supportive words I've had, I've also heard statements like 'do men actually get abused?' or 'so is this just for gay men then? I've even had a few people just smile and quickly change the subject.

In the field of social care we cannot be afraid of this word 'abuse', and we need to start talking about it now! Don't get me wrong, there are quite a few people out there that agree with me, but come on folks… start talking about abuse, start listening to people who want to talk about abuse and ask questions if you can. Let our service users know that we are not afraid of the subject and it's ok to talk about it. Only then can we really start tackling things head-on and really make a difference.

PS A huge thank you to Jools Hesketh and Mike Peirce… keep going guys!

Duncan Craig, Founder, Survivors Manchester ('supporting male survivors of sexual abuse and rape')
www.survivorsmanchester.org.uk

Mr Pharmacist

In response to the letter from John Belstead, a prison substance misuse doctor, (*DDN*, 23 February, page 9) I would like to make a few comments that may be helpful.

Over the years, I have found that the best person to find out the medication details from is the community pharmacist where the person actually collects their script. They will be able to supply details of medication, dose, frequency of pick-up, whether it is supervised and when the last pick-up was. They can usually tell you a lot about the person as they may have known them for some time and see them very regularly. Pharmacies are often open longer and are more accessible than drug treatment services as well.

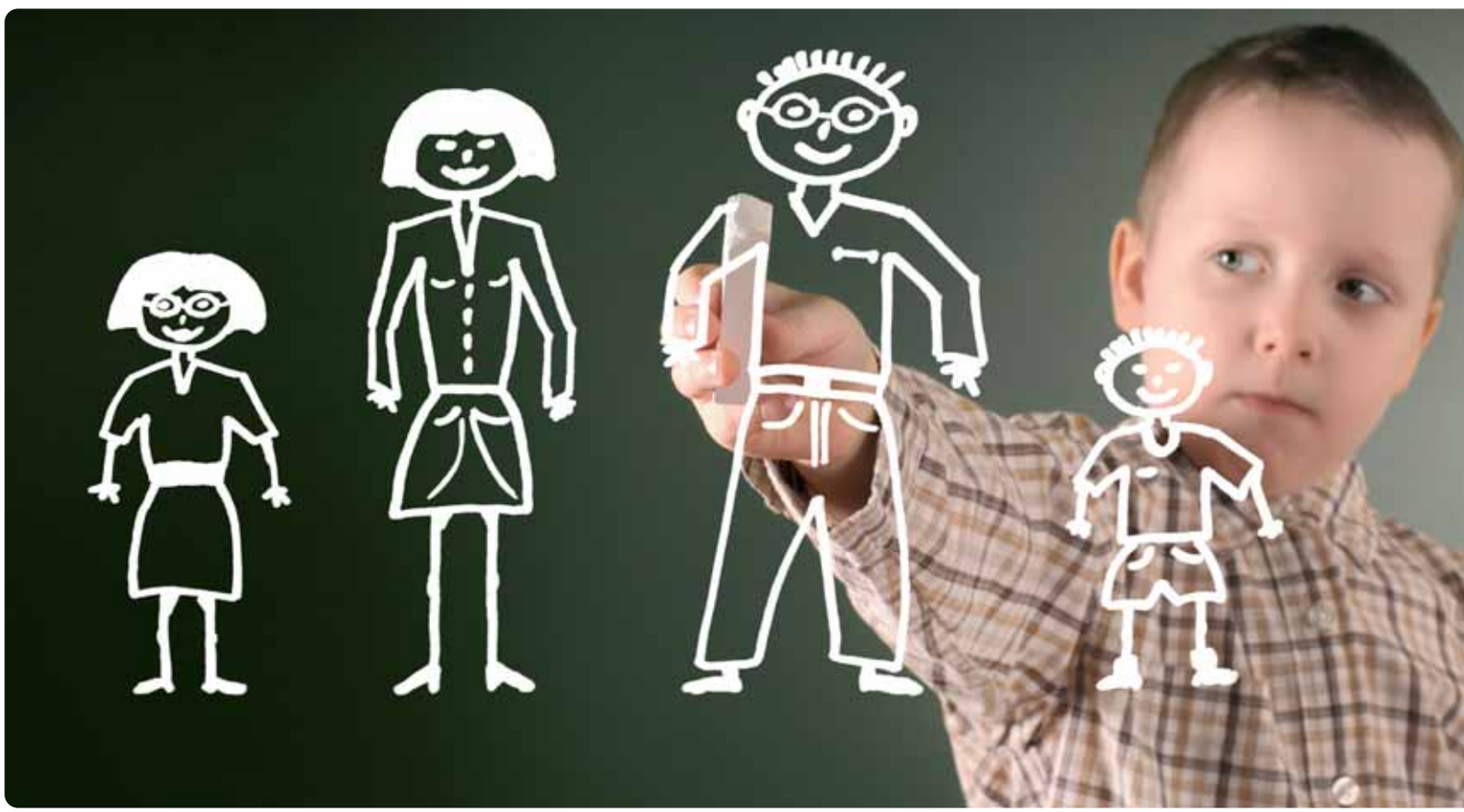
It is very strange that the guidelines for a maximum recommended dose of Methadone in prison is 40mg – is this really still the case? Why shouldn't treatment guidelines be broadly the same in prison as in the community – after all, prison medical services are now all Primary Care Trusts' responsibility and provided by primary care doctors. If anything, since daily supervised consumption is the norm in prisons, it is safer to give larger doses if needed.

A simple solution is asked for by John Belstead – well here are two to start with. Contact the community pharmacist, and campaign for better drug treatment in prisons to reflect treatment outside – which in itself will reduce problems moving from one setting to the other.

Dr Joss Bray,
substance misuse specialist

We welcome your letters... Please email them to the editor, claire@cjwellings.com or post them to the address on page 3. Letters may be edited for space or clarity.

Visit our discussion forum at the DDN website: www.drinkanddrugsnews.com



Holding Families is a service set up in Bury to help children, parents and families with the problems associated with significant parental substance misuse. The treatment service is holistic, aiming to deal with and respond to the needs of the family's children and adults at the same time.

The initiative came from a group of professionals who had seen the *Hidden Harm* report written in 2003 and the follow-up report three years on. Experience of working with children and families in Bury, and their knowledge of referrals from the local services involved, led to networking through strategic groups. They began gathering reports and attending conferences, developed a parental substance misuse course for professionals, and held a development day for social care staff and adult substance services to feed back on current practice.

The service targets high level 3 and level 4, which means working with children just under and actually with child protection status in social services. One or both of the parents will have a substance misuse issue, and the children might be living with them or have been removed. Getting involved with Holding Families offers parents the chance to work towards improving relationships with members of their families, be reunited with their children when care proceedings have taken place, and improve their parenting overall.

Families will have been flagged up as being affected by parental substance misuse through adult or children's services or by the families themselves. With these basic details, the Holding Families coordinator then seeks a referral form from the allocated social worker or lead professional, who will liaise with the family to inform them about the service. The social worker can then arrange to visit the family along with the Holding Families coordinator, to offer the service if they wish to get involved. If the family prefers not to engage, they are not abandoned, but offered alternative support and the social worker continues to be involved with them.

Once the family engages with the service, the children are allocated a children/young people's worker, whom they will see once a week. This gives them the chance to talk in confidence about their home life, parents and relationships. The work is focused on their parents' substance use and is as structured as possible, while taking account of their individual needs.

At the early stages the Holding Families service was unable to offer group work to young people, but there are now plans to work with the youth service in running a children's group, using their coordinator to arrange activities. The groups will have six sessions, three of them structured and three activity based, so children can meet others in the same situation. The idea is to reduce the social isolation that is a common difficulty with this client group, and to build their resilience through supporting each other. The inexpensive local activities on offer can be continued by the young people afterwards – part of the service's exit strategy alongside the continuing support offered by the young carers service.

Parents are invited to attend the Holding Families group every fortnight, for eight sessions. They look at the effect of their drug and alcohol use, the emotional impact on their children, their parenting skills, child development, and how they can move on from their situation to a more positive future. The social worker visits parents on alternate weeks to recap on everything learned during the group's sessions.

The social worker also facilitates three family meetings at the beginning, middle and end of the programme, to build resilience and work on exit strategies. The children/young people's worker attends the meeting to advocate on behalf of the children so that they definitely have a voice and feel confident telling their parents how they feel. Bury Substance Misuse Service keeps in touch with parents to give them ongoing support when they finish.

Linking up adult and children's services has historically been difficult, but we are working hard in Bury to change this. The Holding Families team is a virtual team made up of adult, children and young people's services, education welfare services, family advice and support workers, the children's centre development worker, as well as the Holding Families coordinator – who is based at Early Break, a young people's drug and alcohol service in Bury.

Initially the service began as a pilot, which was evaluated externally by Michael Murphy and his team at Salford University. The team found the model of offering concurrent treatment services to parents and children to be a powerful one: 'Change in either sphere helps the other to behave differently,' said Murphy. They also

Holding families

Services in Bury have found that setting a joint agenda has had dramatic results in improving not just efficiency, but the experience of all members of the families they set out to support. **Vicky Stewart** explains

reported that the pilot had shown that helping the parents to 'hear' their child's voice was an effective way of challenging their own substance misuse.

The successful outcomes of the pilot enabled the Holding Families service to secure three years' funding from the children's services prevention and partnership fund, which was used to appoint a coordinator – a post identified as necessary by the pilot evaluation. Having the coordinator based at the young people's service Early Break gives all the advantages of being involved with a voluntary sector service with huge statutory support, as well as helping to link together all agencies with the common aim of tackling the *Hidden Harm* agenda.

With representatives of both the young people's and adult services fully engaged as representatives of the Holding Families team, a steering group and an operational group were set up to move the service on from the pilot. As a result, the Holding Families work has become part of the core agenda for services, with targets and monitoring incorporated into day-to-day operations. A target written into *Bury children and young people's plan* is that 20 families a year need to benefit from the service. School attendance is monitored alongside the education welfare service, and a decision was made to liaise with health visitors to monitor development checks of children under five and their attendance of appointments.

Substance use in adults is monitored using the Treatment Outcomes Profile scores, and a parenting assessment is completed by the social worker at the beginning and end of each Holding Families intervention. In family meetings a 'family outcomes wheel' is now used so that families can score themselves as a group on their relationships, how drugs and alcohol affect them, and health and living arrangements. Safeguarding and child protection status is monitored after a family has participated in the service.

With a growing number of services now involved with Holding Families, each agency is now starting to see the benefits from their commitment to the project. Wendy Warrington of Bury Substance Misuse Service has been delivering the Holding Families groups for parents since the pilot project and says she is 'proud to have been a part of this extraordinary project from its humble beginnings where a small quorum of dedicated professionals sat around a table and thrashed out their vision.'

She adds: 'It was a challenging experience at times, as each agency brought to the table differences of opinion and ideas which they wanted to implement, but this was generally overcome with humour and understanding. The main aim was to provide a project that not only ticked all the right boxes, but that really would make a difference to the families involved. This would not have been possible without the commitment of all the agencies and the families who took part.'

A parent revealed the positive effect the Holding Families service had had on her: 'Me and my daughter are closer... she tells me more. She doesn't just keep it to herself and go out and do things. We have proper conversations. And we're getting that bond back again that we had before she running away and stuff like that. She can trust me and I trust her.' Another parent said: 'It made me stronger, it's really weird – you want to show your children that you love them so much but when there's an addiction in the way... if you're under the influence you find it easy to be loving and stuff but the true test is when you're being straight, when you're being straight headed. It's hard to explain. You look at other families and think they're the perfect family, their children are so happy. But it has made us stronger, it's made us spend more time together. It's made me want to save money for them for a holiday rather than me phoning for drugs.'

Reactions of children who had been involved with the service reflected the progress achieved: 'What's better for me is that mum... she's not crying anymore and is lots happier. The other morning she got up early and had my breakfast ready. I'd like her to do that every other morning as well. That was nice.'

Another child said it had helped his family as they had spent more time together, sorted problems out and got on better. 'Mum is not as moody, she's like she used to be – funny,' said another.

All parties – parents, children and the agencies involved – commented that the service had brought them closer together, which has given everyone the confidence to take Holding Families on to the next stage.

For further information on the service, contact the Holding Families coordinator, Vicky Stewart, at vstewart@earlybreak.co.uk or on 0161 7622608.

It's becoming increasingly accepted that wellbeing of mind and body are inextricably linked. In the latest of our aetiology series, Christine Mallalieu **describes how the Bowen Technique can help addiction clients regain physical and emotional control**

I have been involved in complementary healthcare for a number of years and have been a body worker – a term used to describe therapeutic work that involves touching and somatic understanding of the body – for the last seven. My experiences in the early days were of physical trauma, injury and illness, but in 2003 I was introduced to a charitable organisation specialising in the care and recovery of people with drug and alcohol issues.

This was a new area for me as I had little experience with this client group, but I began to explore how working with clients on a physical level had an impact on their emotional wellbeing. As a body worker, I come from a therapeutic tradition whose basic premise is that bodily processes are intrinsically involved in psychological processes and vice versa. In this field the autonomic nervous system (ANS) has long been recognised as a barometer of emotional intensity and internal conflict, and I believe that the mind and the body cannot be understood as separate phenomena – they need to be addressed together.

It is suggested that the autonomic nervous system controls more than 80 per cent of bodily functions – cardiac, respiratory, reproductive, endocrine, gastrointestinal – and is very susceptible to stress and emotional tensions. I would like to illustrate the variations in autonomic function, its role as a regulator of emotional intensity, and that the autonomic nervous system's function of maintaining parameters is essential to life – breakdown can lead to dysfunction and eventual death.

Now for the technical bit. There are multiple motor sensory loops in the body, sending and receiving information. They influence all body functions – for example,

'I have worked with clients who describe the feeling created from the treatment as being "class A" feeling, but created naturally.'

the immune system responds to changes in the body, with the appropriate immune reaction producing antibodies, and this loop stimulates signals that influence the individual's behaviour, such as sending stimuli to drink or rest. Consistent overriding of messages from the body to stop and rest could contribute to chronic illness. In other words, there is a split between spontaneous (instinctual) survival impulses on the level of sleeping and drinking, and other influences – for example, the pressures of modern life – which reinforce a dissociation from body signals. This process is known as self-regulation, the balance of the autonomic nervous system. To understand why this happens we need to recognise that self-regulation in the widest sense (including its autonomic/emotional aspects) is intrinsically bound up with complex neural and chemical motor-sensory loops. When we use our muscles, for example, there's not just an instruction from the brain, but feedback from proprioceptors in the muscles and joints which monitor changes in tension, pressure in the tissue, the position of joints and so on.

The word 'proprioception' means 'to be in touch with oneself' – the sense of the position of your body – and it is the basis of physical and emotional health. There are interoceptors in the organs, complex chemical connections between all parts of the body that relay a constantly updated picture of what's happening in the body. The body is also a relational organism, which makes it an open system, subject to modification by the impact of events and processes and the external environment.

The autonomic nervous system and the somatic nervous system (SNS) – the muscular system – are regulated by sensory-motor loops. The sensory input to the ANS concerns the exact nature of visceral (organs of the body) activity and blood composition, while the motor output actively modifies the organs, muscles and blood vessels. It has been suggested that the brain is dependent on the body for self-knowledge and rather than language being the necessary feature of self-knowledge, it is the critical multiple feedback loops which inform the brain about activity in the body which constitute the basis of all self-knowledge. Feelings allow us to make sense of our environment and act appropriately (note: self-knowledge is distinct from self-consciousness – the capacity to reflect on oneself. Self-knowledge supports appropriate actions in a survival context, and provides the basis for more sophisticated reflective activity).

Where this relationship fails there can be a breakdown of the sensory-motor loop. The sensory component (including sensation and feeling) is split from the motor function which is necessary for acting. Both feeling and doing are life-saving functions – together they constitute experience. Sympathetic physiology increases energy and readies the body for action – so it is also about the need to do, express, act.

The parasympathetic action, meanwhile, is a concomitant of coming down – disappointment, shame, guilt, despair, as well as contentment, peacefulness, satisfaction – feelings which involve a decrease in tension, withdrawal of energy inward and tend more towards introspection. Laughter and tears are both usually a sign of parasympathetic activity.

Sympathetic activity is catabolic – it breaks down substances in the body to produce energy for activity. Parasympathetic activity is anabolic – it builds up and restores. The parasympathetic phase is vital to the maintenance of long-term health. In optimal psychological and environmental conditions the body swings into parasympathetic mode to repair and maintain health.

Although sympathetic activity increases muscular tension, individuals with sustained high tension tend to have lower autonomic arousal than those with less muscle tension. Muscle tension creates a buffer, which reduces anxiety but may create loss of contact with oneself and others. It can be a negative loop that leads to loss of self-regulation.

Excess muscular tension can impair health because it constricts and inhibits spontaneous processes in general – including feelings and thoughts – such as breathing, and the venous (blood) and lymphatic circulation, which are responsible for clearing the body of toxins. On the other hand, chronic parasympathetic activation, which correlates more with psychological collapse and depression, may not be healthy either. Its characteristics are low blood pressure, sluggishness, organs and muscles lacking in tone and insufficient tension. In standard physiology the autonomic nervous system is a closed system, where homeostatic balance is maintained by innate self-regulation.

The psychologically and physically robust person has options for tolerating, adjusting to or acting upon the environment. The more limited a person's options are, the more likelihood of chronic psycho-physiological compromise in the direction of illness and behaviour, including self-management strategies like addiction. We can start to use drugs of all kinds – including caffeine, nicotine, alcohol and tranquillisers – to get ourselves into the preferred autonomic state, a sort of self-medication.

So while treating a client with physical therapy, we can invite them to explore and experience themselves as a body, a living, breathing organism. We invite them to integrate their physical sensation with their emotional experience, where previously there had been a disassociation or 'split'. An individual's body will be characterised by its own particular variations in muscle tone, body awareness, differentiation of muscle groups and tissue textures.

I specialise in the Bowen Technique, a soft tissue remedial therapy, which is gentle and non-invasive, and has proved invaluable in this area of work. It has the potential to make positive shifts within the body and can help in regulation of the ANS. It is a system of moves or rolls over muscles, ligaments, tendons, nerves, and all connective tissue of the body. The practitioner will stretch the skin a little to 'challenge' the muscle, and hydrate it, then a move across muscle fibres will encourage the appropriate response mechanism of the body to assess what has happened and what it wants to do about it. We are working within the fascia – the soft tissue – of the body, which can addresses structure, posture and support for the body, and acts as a communication system throughout it.

The therapy can be done with the client fully clothed, and a defining feature is the breaks the therapist takes between set sequences of moves. During these breaks the client is left alone for up to five minutes, allowing them time to digest the work being done. While using the therapy on clients with substance problems, I have experienced remarkable reactions. All of the clients I have worked with have enjoyed the experience and many have made huge leaps in their recovery as a result of being able to experience themselves on a physical level – some of their experiences have been of simply being able to breathe better and allowing themselves to take enjoyment in breathing.

They have also integrated their basic needs into their bodies – the need to eat, exercise, stand up for themselves, cry, accept praise, reward themselves and many more. To see the joy in a client who has been stuck emotionally, see them feel physical sensation and then the urgency to work with the issue is reward enough to the therapist. I have worked with clients who describe the feeling created from the treatment as being 'class A' feeling, but created naturally.

All this said, it is important that the therapist be properly equipped to deal with these vulnerable clients, as they can have a powerful reaction to treatment. Clients need a safe and stable environment where they can let go, and it is vital that the therapist feels confident to work at this level and that there are regular supervision sessions.

Could it be that in not addressing the body in addiction, we miss a crucial element in recovery for the whole person? Only by knowing ourselves better, on all levels, can we facilitate that in another – my grateful thanks to all the clients who have taught me valuable lessons.

Christine Mallalieu, associate practitioner, Homedetox www.homedetox.co.uk

A community vision

Leeds has introduced a new direction to its community drugs services – and it's offering a stepping stone to social inclusion to many people in the city, as **Lucy Smout** reveals

A man walks quickly towards a nondescript building, rings the bell and enters. He's anxious and lonely. He's welcomed into a cheerful reception area and greeted with a smile. It's early days in treatment for him so first impressions are important.

He's already had a screening and triage assessment. Today he's having a full consultation. A drugs worker takes him into a small meeting room for a private meeting. He tells his story and together they work out a care plan.

They also fix appointments with a nurse for a health check, a drugs therapist for a cognitive behavioural coping skills session, and a drugs worker about finding new accommodation. Then he sees a GP about his prescription.

His friend who has been in treatment for several months didn't turn up for her appointment. So her key worker has gone looking for her to find out what the problem is. This is what's known as assertive outreach, although experienced drugs workers still call it good old-fashioned follow-up.

The phone rings. The caller entered treatment several years ago and has recently moved into new accommodation in a new area, re-established contact with his family, and signed up for a training course. He's phoning to pass on some good news to his key worker.

Community drugs initiatives are not new in Leeds. Until last year there were five community drugs teams spread across the city. But in 2008 services in the city took a new direction. Safer Leeds awarded the contract for a new citywide service to a consortium called Leeds Community Drugs Services. It is made up of three community development charities and a GP practice.

Their vision is of drug treatment as a stepping stone to social inclusion for everyone in Leeds. Their holistic model merges traditional medical models of treatment with therapeutic and social support models and local community resources.

They aim to support and challenge service users to move from medical and therapeutic treatment to the community, using all the services they need to enable them to work towards lasting and positive life changes.

The three charities are Developing Initiatives Supporting Communities (DISC), St Anne's Community Services and BARCA-Leeds. The GP practice is St Martins, which delivers prescribing services across the whole city through St Martins Healthcare Services.

DISC started off in Durham City 25 years ago and gradually expanded across North East England and into Yorkshire and Lancashire. It runs basic skills training and the Leeds Drugs Intervention Programme (DIP), which includes services for drug users in the criminal justice system.

DISC director Mark Weeding said: 'We've always believed that the pathway from drug treatment to life change and progression – establishing jobs, homes and stable relationships – is crucial.'

St Anne's Community Services provides support, care and housing services for people in northern England who are homeless and have problems related to substance misuse, mental health or a learning disability. It started in 1971 when homeless people were offered food and shelter in Leeds Cathedral.

BARCA-Leeds has been running programmes for children, young people and families in Leeds for 15 years, including drug, mental health and employment services. Part of the model for the Leeds Community Drugs Services is based on BARCA-Leeds' successful model for north west Leeds, which had high engagement and retention rates.

St Martins is an award-winning GP practice with a long history of delivering specialist drug and alcohol services.

It's been an interesting experience bringing four organisations together. Initially the two Leeds charities St Anne's and BARCA-Leeds questioned the involvement of DISC, as a relative newcomer to the city. But they pulled together and pooled their strengths to create a partnership.

Although DISC is legally the lead contractor, the group of organisations is run as a genuine partnership, with decisions reached through discussion and consensus.

Mark Law, BARCA-Leeds director, said: 'Necessity has bred friendship, respect and trust. We share similar values and objectives and learn from our differences. We truly believe that as a partnership we can help people help themselves in a way that truly transforms their lives and lives of their loved ones.'

Anne Sunter, from St Anne's, added: 'We're all really willing to listen, learn and share best practice. I value the way we focus on service users and get good ideas off the ground quickly.'

There have been plenty of hurdles, including a delay in the handover from the PCT, and the creation of three new teams. Many staff had to switch to new premises and information management systems, while continuing to provide an ongoing service to service users.

But despite the hurdles there's a feeling that the service has huge potential. As Angela Walker from St

Martins said: 'We share the same attitude to problem solving. We get round the table and say, "here's a hurdle – how do we get over it?" There's no preciousness. I love the way everyone's committed to making it work.'

The partnership has three huge assets. One is the partners' links with a huge range of services in the community. These range from treatment providers who specialise in day care, mental health and pregnancy to housing, employment and family specialists in DISC, BARCA-Leeds, St Anne's and other organisations.

The second is the support extended to the families and carers of service users.

DISC drugs director Avril Tully says: 'We don't work with drug users in isolation. They need a support network. The best support network is provided by people who love and care for them.'

These support networks and links to other services play a vital role in reducing service users' chances of relapse.

Thirdly, service users have been involved with the new service from the start. They designed the logo and feed into monthly management meetings.

New initiatives are underway. These include improving care coordination and rolling out new interventions, including one for stimulant users called Cracking It, and another called Back to You for people in recovery who want to take stock of their lives and look at what they want for the future. Work has also started on bringing other organisations into the partnership, and some of DISC's employment programmes like Progress2Work now share premises with the Leeds Community Drugs Services team in Seacroft in north Leeds.

To service users improved care co-ordination means not having to tell their story again and again to different people, and bringing their own strengths to their recovery.

And to any service users in Leeds reading this – it might be your first time. You might have been before. But the door is always open if you want to come in.

Lucy Smout is DISC press officer

Partners in criminal justice

Harry Matthews tells **DDN** about his role as offender manager at Enfield Substance Misuse Unit, London Probation Area

It's my job to assess suitability for statutory drug treatment/intervention for offenders appearing before the courts – I write the court report and make a proposal. I have offender supervisors to supervise the case, but I maintain overall responsibility for it – it's called the offender management model.

We're only a small team of five but we're co-located with the local Drug Intervention Programme (DIP). It's different in every borough, but here in Enfield we have the DIP and ourselves together on one floor and the treatment providers next door, which in our case is Rugby House. We're quite lucky – in other boroughs they might be in separate buildings. When people come to us for their supervision and treatment it's all mostly done under one roof.

We work in partnership – ourselves, Westminster Drugs Project and Rugby House, and we've been set up this way for the last four years. Before that we were located in individual probation offices, so it's a big change for the better to be co-located with all these other agencies – a much more intimate way of working.

Our work starts when the court puts a case back to us for assessment, and nine times out of ten that will involve someone who's appearing because the offence is specifically related to their Class A drug misuse. With anyone who appears in court for a drug-related offence – or who has a history of drug-related offending – if the magistrate or judge doesn't ask for an adjournment for a drug assessment then the court duty probation staff and/or solicitors can also suggest this.

> 'We're officially called a substance misuse unit, but we're also a PPO unit, as we deal with prolific and priority offenders as well.'

When the court puts the case back for a pre-sentence report and DRR assessment report, the benefit of co-locating means our colleagues in the drug team can do the drug assessment and I will do the pre-sentence report relatively quickly. This is usually conducted jointly at the same appointment and, if the offender is remanded in custody, a joint prison visit is usually arranged.

I make the proposal to the court based on my assessment and that of the drug workers as to whether we want the offender on a DRR, and the offender provides consent. If I suggest that proposal the court usually makes it, unless it thinks the offence is too serious and imposes custody – just because the court asks for the reports doesn't mean they're obliged to pass a DRR or community sentence.

It's very well organised – we have an established team in our local court, but the efficiency of the system will vary from court to court. Most of our business comes from our local court, but we will have dealings with other courts when it involves someone resident in our borough. I liaise with the manager of the DIP and the manager of Rugby House so there's a lot of formal contact, and all the staff get on well together. We also have a good system for organising appointments for the assessments – it's all very coordinated, although the picture at other boroughs may be different. London probation is divided into clusters, with three boroughs per cluster, and we're part of the cluster that includes Haringey and Brent – that's been the case for about a year and a half.

We're officially called a substance misuse unit, but we're also a PPO unit, as we deal with prolific and priority offenders as well – not surprisingly a lot of those offenders will also have substance misuse issues. We get referrals from lots of other places, including probation staff elsewhere, not just through the courts, but it has to be the result of someone committing an offence – we're a statutory service, so we don't work with people on a voluntary level.

Our colleagues in Brent aren't co-located, but I think co-location is crucial. In Haringey the SMU used to be co-located but they've temporarily moved back to the local probation office as the building they were in was overcrowded. If it's a large borough then the distance between you and the treatment providers can be significant and you lose that day-to-day personal contact which is important. If you don't have that the quality of the delivery of treatment under a DRR may suffer – assessments may take longer and early identification of possible referrals missed.

Understanding what is working and the 'pinch points' in the criminal justice system relating to drugs and alcohol is the aim of the Conference Consortium's forthcoming event, 'Drugs, alcohol, and criminal justice – how do we make a difference', on 25 June in London. Visit www.conferenceconsortium.org for details. In the run-up to the conference DDN will be hearing from a selection of people working within the system, to give insight to different roles and how they relate to each other.

Amber

transforming lives

Amber offers a safe residential environment for unemployed men and women aged 17– 30 who want the opportunity to make a new start.

Amber has a 15 year track record of getting people from socially excluded groups back into independent living, offering those who have lost their way the chance to put the past behind them and move forward.

A comprehensive package is available allowing the opportunity for a young person to progress from our rural centres back into an urban environment.

What we offer:

- An alcohol and drug free environment with supervised testing, counseling services and relapse prevention
- Removal from negative peer groups and influences, allowing individuals to break from negative cycles.
- The opportunity to learn skills and overcome barriers to progression, helping rebuild self-esteem and confidence
- In-depth needs assessment with an individually tailored action plan and regular progress reports
- Nationally accredited personal development courses, including basic skills and maintaining a tenancy.
- Bed spaces available on a block contract or spot purchase basis
- Value for money

In addition to the above, for young people ready to move into further education or employment our Bythesea Lodge centre in Wiltshire also offers:

- An urban environment, close to amenities
- Projects with British Waterways on Amber's narrow boat
- Opportunities to return to further education and to enter employment, with on going support
- Accommodation whilst working towards self sufficiency

If you would like further details of what Amber has to offer or would like to visit one of the Amber centres, please contact Olly Giddings, Recruitment Manager on: 01769 582022 or email olly.giddings@amberweb.org

"Amber could be just the answer you are seeking. The benefits to the individual and society far outweigh the costs"

rugbyhouse arp

Rugby House – ARP Drug and Alcohol Services

Rugby House-ARP provides a range of community and residential services in London for people with alcohol and drug related problems. The Organisation is underpinned by a strong learning culture and actively encourages personal and professional development of its staff. We value difference and divergence and would like to hear from you if you have the same values as us. We are currently looking to appoint the following:

Older People Specialist Alcohol Practitioner

Based in Hammersmith & Fulham. Two year fixed term contract.
Full time – 35 hours per week. NJC Point 31 – 34 (£29,197- £31,527 pa) including LW.

This is an exciting opportunity for an experienced, self motivated alcohol specialist to develop a new alcohol service for older people in Hammersmith & Fulham. Working as a part of multidisciplinary team you will deliver brief interventions using the Motivational Interviewing Techniques and support other professionals working with the older people. You will be expected to make a life saving difference in modifying the clients' attitudes and patterns of drinking using Screening and Brief Intervention (SBI), enabling the targeted client group to make significant health gains. You will have:

- *At least 3 year's experience of delivering specialist alcohol interventions in a wide range of settings;*
- *Experience of using accredited alcohol screening tools and undertaking brief interventions;*
- *A relevant professional qualification such as social work, counselling or nursing;*
- *Experience of case management and shared care models of clinical care;*
- *Experience of supporting non-specialist agencies and delivering joint care plans; and*
- *Experience of setting up a new service and working in a wide range of settings, including health centres and hospitals.*

Senior Substance Misuse Practitioner

Based in North London (no overnights).
Full time – 35 hours per week. NJC Point 31 – 34 (£29,197 – £31,527 pa).

Herbert Street is an intimate 9 bed residential project that is managed by a trained clinical supervisor, counsellor and systemic family therapist. Leading a team of skilled practitioners you will support them to deliver a comprehensive service to clients who wish to maintain abstinence and establish an improved lifestyle in the community. You will use your experience in this field to enhance programme delivery and promote our culture of clinical excellence. Responsive in an informed and creative manner, you will be a highly motivated individual who is able to communicate effectively with clients, colleagues and stakeholders. In addition we offer:

- *External Clinical Supervision;*
- *Internal clinical and line management supervision; and*
- *A Comprehensive in-house training programme that is geared towards Continued Professional Development.*

You will have:

- *A Diploma in counselling or other relevant qualification*
- *Experience of one to one counselling/ keyworking and group facilitation*
- *Significant experience of working within the substance misuse field*
- *Experience of staff supervision.*
- *Demonstrative experience of service and programme development, monitoring and evaluation.*
- *A firm commitment to effective team working*
- *The ability to respond promptly, appropriately and confidently under pressure*

Substance Misuse Practitioner

Long Yard – Crisis Centre (based in Central London).
Six month fixed term contract (with possible extension to nine).
Full time – 35 hours per week. NJC Point 26 – 31 (£25,194 – £29,197 pa) including LW.

Long Yard, is a unique 13-bedded scheme which provides supervised alcohol withdrawal to clients who have a dependant relationship with this substance. Our treatment package is underpinned by a socially determined philosophy. It is combination of a psycho-educational group programme, Motivational Interviewing, primary medical care and health promotion.

- *You will be imaginative, professional, committed to this client group and able to deliver the highest quality service to your residents.*
- *You will have at least one-year's experience of working in the substance misuse field in a professional capacity. You will have counselling and group work experience and an excellent understanding of the recovery process.*
- *The successful applicant will have the knowledge, skills and motivation to support residents as they withdraw from alcohol and begin to make choices for their future.*
- *A calm professional approach is essential. You will be expected to work as part of a team, be self-motivated and dynamic.*
- *Excellent communication skills and the ability to present the clinical information accurately to different audiences with varied backgrounds and interests are essential. (Clients, colleagues, external professionals, families etc.).*

Long Yard is registered as a care home. Knowledge of the CSCI Regulations and principles of duty of care are essential.

Closing date for all applications is Wednesday, 25th March 2009. Further information and an application pack can be downloaded from our website, or please email: jobs@rharp.org.uk
All advertised posts are subject to Criminal Records Bureau enhanced disclosure.
Rugby House-ARP is an equal opportunities employer and welcomes application from all qualified candidates.

www.rugbyhouse.org.uk

my county council

Promoting Equality, Celebrating Diversity, Achieving Excellence

Treatment Commissioning Manager

£34,107 - £38,463 pa Ref: 23818

County Hall, Northampton

Fixed term contract ending 31 March 2011

Northamptonshire DAAT is seeking a dynamic, focussed individual to lead on the development, commissioning and delivery of treatment services for substance misusers. The role has a high degree of autonomy reporting directly to the strategy manager. Good communication skills and an analytical mind are essential.

This post is subject to enhanced CRB clearance.

For an informal discussion please contact Clive Jekyll on 01604 237604.

For additional information about these roles and to apply online or download an application pack, please go to www.northamptonshire.gov.uk/jobs

If you require an application pack in an alternative format, pleas contact 01604 237666.

Closing date: 12 noon, 12 March 2009.

Your local library has internet access, just ask if you need help.

Northamptonshire County Council

www.northamptonshire.gov.uk

For details of all

Phoenix Futures

vacancies see

www.drinkanddrugsnews.com

Phoenix Futures

Ending dependency, transforming lives

DEPARTMENT OF ADULT & COMMUNITY SERVICES

Southend Drug and Alcohol Action Team has ambitions – to ensure that effective treatment and support is available to all who need it and to that this is delivered in a way that works for them. We've come a long way towards realising this goal but now we are looking to recruit the following expertise to help us reach it.

DAAT Project Officer (Service Delivery & Treatment)

£27,492 - £33,231 **Ref: ACS4181HK**

We are looking for a suitably experienced individual to lead on the development of BBV services, shared care, tier 4 treatments and to co-ordinate the delivery of our harm reduction strategy. You will be expected to work closely with neighbouring DAATs and the regional NTA team.

DAAT Project Officer (Young People, Families & Carers)

£27,492 - £33,231 **Ref: ACS4182HK**

We need someone with a comprehensive knowledge of young people and families services to act as lead officer in the development of the local young people treatment system, family involvement and interventions, such as *Think Family*, and to lead on our *Hidden Harm* and carers work.

DAAT Project Officer (Criminal Justice & Involvement)

£27,492 - £33,231 **Ref: ACS4183HK**

This challenging role requires someone who is both expert in the criminal justice/drugs treatment system to lead on our strongly performing DIP and DRR work and who is a creative and skilled development worker able to support the growth of our service user involvement community.

For further information on any of these roles, please contact Glyn Halksworth, Strategy Manager on 01702 534545.

To apply online or find out information on all our vacancies go to **www.southend.gov.uk/jobs**

An application pack for the above posts are available from the Customer Contact Centre, Civic Centre, Victoria Avenue, Southend-on-Sea SS2 6ER or telephone on 01702 215000 to obtain a pack. Please quote the appropriate reference. New Deal applicants will be considered. Application packs are available in alternative formats.

Closing date: 25th March 2009.

This authority is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. We are an Equal Opportunities Employer.

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Drugs, Alcohol and Criminal Justice

Interventions – how do we make a difference?

CONFERENCE CONSORTIUM Presents...

Drugs Alcohol & Criminal Justice

The Conference Consortium in partnership with DDN, CNWL Health Trust and Coventry and Warwickshire Partnership Trust announces the above conference on:

Thursday 25th June 2009

10.30am to 4.30pm Venue: Friends House, Euston Road, London.

The cost – £145 plus VAT

info@conferenceconsortium.org

www.conferenceconsortium.org

The aim of the conference

The Conference will focus attention on Criminal Justice interventions from arrest, arrest referral, assessment and pre-court work, health stabilisation, looking at both 'what is working' and the 'pinch points' in the delivery of services.

Who should attend

The conference will be aimed primarily at DIP and Service Managers, Practitioners and Staff from arrest referral, courts teams, Probation Officers who manage the DRR's and those who run the programmes. Health Workers and Doctors who deliver rapid prescribing and triage interventions, Police Officers and Magistrates.

CHILDREN AND FAMILIES

Joint Strategy and Commissioning

Strategic Joint Commissioning Manager – Teenage Pregnancy, Sexual Health and Substance Misuse

Up to £41,079 p.a. inc. *Ref No:* ***10851***

We are seeking an exceptional person to lead on the strategic joint commissioning for children and young people's teenage pregnancy, sexual health and substance misuse services across the borough. We are committed to ensuring that staff and leaders across the local health, education and social care economies work jointly with local people in an integrated and innovative way to promote better health, care and education to reduce risk taking behaviour and improve services.

You will be responsible for the commissioning of sexual health, teenage pregnancy and substance misuse services to deliver the Brent Children and Young People's Plan, the National Service Framework for Children, Young People and Maternity Services and the Every Child Matters agenda locally.

You should have excellent negotiation, relationship management and influencing skills and have an understanding of current developments in children and young people's services. You must also be a champion for excellence, innovation and change and a true advocate for children and young people.

Closing date: ***3 April 2009.***

Application Pack: Tel **020 8937 6300** (24 hours) or write to: The People Centre, 2nd Floor, Chesterfield House, 9 Park Lane, Wembley, Middlesex HA9 7RH
email: **resourcing@brent.gov.uk** apply on-line: **www.brent.gov.uk/jobs**

www.brent.gov.uk/jobs

BRENT - PROUD OF OUR DIVERSITY The council welcomes applications from all sections of the community

Putting the Community First

BARNET LONDON BOROUGH

DAAT Performance Officer

£31,353 - £34,101 pa inc.
1 year fixed - term contract

An exciting opportunity has arisen within the Drug and Alcohol Action Team (DAAT) in the London Borough of Barnet for a skilled individual with performance/data analysis experience. You will support the team in the performance management of Barnet's drug and alcohol services and lead on the collation and analysis of a variety of service user and treatment information at both statutory and localised level.

You will be able to understand and interrogate data sets, assess strategy, policy and best practice guidelines and recommend on their implementation at operational level. The ability to present, both written and verbally is desirable as is experience of Partnership working and experience of planning and delivering service performance/value for money reviews.

For an informal discussion please contact Michael Kelly on 020 8359 5621.

For an application pack, please visit our website: www.barnet.gov.uk alternatively call: 0870 161 1613 (24-hours).

Please quote reference: SS/061/09

Closing date: 27 March 2009.

Barnet Council is committed to promoting equality, challenging discrimination and developing community cohesion.
We welcome applications from all sections of the community.
We are committed to the Investors in People Standard.

Visit our website at www.barnet.gov.uk

We are committed to the protection of children and vulnerable adults

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PERMANENT - TEMPORARY - CONSULTANCY

Supplying experienced, trained staff:

Commissioning ❖ Service Reviews ❖ DIP Management ❖ DAT Co-ordination ❖ Needs Assessments ❖ Project Management ❖ Group & 1-1 drug workers ❖ Prison & Community drug workers ❖ Nurses (detox, therapeutic, managers) ❖ *plus many more roles..... call today*

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