

10 September 2007
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REACH OUT!

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free legal advice

YOUNG FREE & SOBER

SMART get creative to
curb alcohol problems

FORGET BUREAUCRACY

Peter Martin gets to the
heart of drug strategy

WANNA BE IN MY GANG?

Helping young people step outside the circle of drugs and crime

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Prisons and Beyond 2007

Ramada Jarvis Hotel, Leicester
11-12 October, 2007

Prisons and Beyond, 2007 focuses on substance misuse treatment services in custody and timely effective continuity of care after release, and is targeted at front-line staff and managers in prisons, probation and criminal justice integrated teams.

This is the second year the conference has been run and builds on the success of Prisons and Beyond, 2006

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Organised by NOMS Prison Drug Strategy Team, in association with the Home Office, Federation of Drug & Alcohol Professionals (FDAP), ADFAM (Families, Drugs and Alcohol) and the European Association for the Treatment of Addiction (EATA)



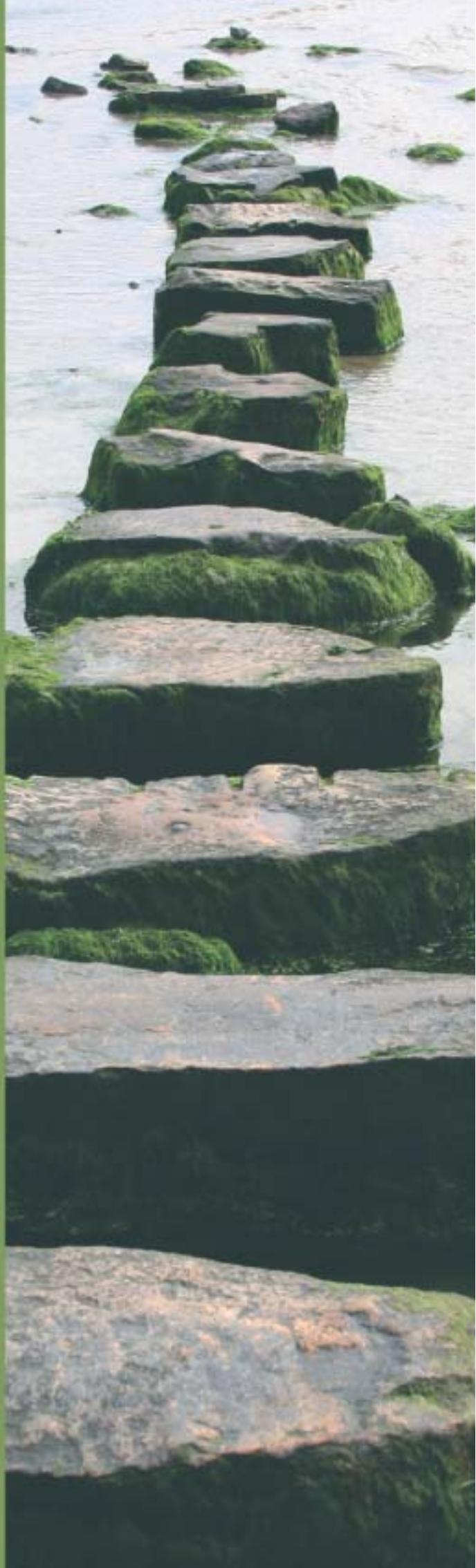
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Drink and Drugs News

10 september 2007



Editor's letter

Nobody pretends that tackling gang culture is easy. Each new gang-related attack is reported as a sign that Britain's young people are turning ghoulish overnight. Politicians flounder in rushing to proclaim the best way to tackle it: lock 'em up, deport all those you can, or hug a hoodie?

There are clues in this fortnight's issue that the best way to take the weight out of the mob is to take the lost potential of its individuals to heart.

Professor David Clark comes across evidence relating to the most successful way of helping people towards recovery, citing 'the ability to build up respectful relationships with service users, in which the worker has a genuine interest in the person, sees them as an individual, and takes them and their experiences seriously' (Background Briefing, page 17). Prof Clark goes on to say: 'only in this relationship could trust be established'.

If the reactions of the young people at Brinsford to being given the chance to express themselves through

creative performance (cover story) is anything to go by, the evidence Prof Clark mentions can surely apply to young people caught up within the criminal justice system. Show an interest in their happiness, and give them a chance to explore their creativity and communicate in a familiar language, and things start happening: they tune in, start listening, start realising that there might be things in that previously uncharted territory – mainstream society – that might have something to offer them. Maybe they might just realise that people can gang together for all sorts of positive reasons, apart from drugs and violence.

Peter Martin reminds us that most people will develop their potential in direct correlation to whether their basic needs are met (page 10). It's obvious where that leaves children with a poor start in life, where drugs and alcohol have always been part of their scenery. The efforts of innovative Brinsford staff (and also at Weatherby, page 8) are a commendable example of introducing a life away from the gang.

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News in Brief

New approach in Ireland

A new framework for evidence-based good practice in drug education and information in Ireland was launched this week by the Drug Education Workers Forum (DEWF). It includes a manual and training aimed at building the knowledge and skills of all those delivering drug education in the school, youth and community sectors to enable them to target their response to issues in their local communities. For more information visit www.dewf.ie

Empathy the key

How counsellors relate to their clients is potentially the most important factor in their recovery, according to the latest free downloadable PDF from *Drug and Alcohol Findings* magazine – Client-receptive treatment more important than treatment-receptive clients. Issue 3 also contains analyses of the Life Skills Training curriculum and the Strengthening Families programme. Visit <http://findings.org.uk>

Help at hand in Sunderland

The UK's first Community Alcohol Misuse project has been launched by NERAF (North East Regional Alcohol Forum) in Hendon, Sunderland. Funded by Back on the Map, the two-year pilot project has been launched after residents expressed their concerns to NERAF and the local PCT about the length of time people were having to wait to get support or treatment for alcohol related issues. The project will see NERAF members (many of whom have had treatment in the past themselves) 'working alongside community detoxification nurses giving treatment to people in their own homes followed up by our peer support aftercare service' said NERAF's founder and general manager Kevan Martin. For more information visit www.neraf.org

Building skills

Odyssey Trust and Cranstoun Drug Services have merged to offer an enhanced service and expanded skills base to service users. Cranstoun has been providing treatment and rehabilitation services for nearly 40 years, while Odyssey was set up to offer a diverse range of community and residential based treatment in 2002. 'The merger of these two well established and respected organisations offers exciting opportunities to strengthen and further develop the combined operations and services we provide,' said Cranstoun Drug Services chief executive Steve Rossell. 'The newly combined staff team and operations has also extended the range and scope of skills, experience and interventions in a far larger portfolio of service provision and care.'

Drug-related deaths in Scotland up by a quarter

The number of drug related deaths in Scotland rose by 25 per cent from 2005 to 2006, according to figures released by the General Register Office for Scotland.

Of the 421 drug related deaths in 2006, the number of deaths of 'known or suspected habitual drug users' rose from 204 to 280. The number of drug-related deaths coded to 'accidental poisoning' rose from 31 to 51 over the same period.

More than 80 per cent of the deaths were of people under 45, and 38 per cent were in the Greater Glasgow and Clyde NHS Board area. Heroin or morphine was involved in 62 per cent and methadone in 23 per cent, and a wide range of drug combinations was recorded – diazepam, for example, was involved in 19 per cent of the heroin or morphine deaths. Despite falling in the late 1990s, the number of deaths involving methadone – at 97 – is close to the record level recorded in 1996.

Drug related deaths are identified using details from death registrations, supplemented by information from a specially designed questionnaire completed by forensic pathologists for all deaths involving drugs or 'persons known or suspected to be drug dependent.' The General

Register for Scotland also follows up all cases where the information on the death certificate is vague or suggests a background of drug misuse.

'It continues to be very bleak news,' said chair of the Scottish Association of Drug and Alcohol Action Teams Tom Wood. 'It's quite clear now that what we're seeing is not the tragic teenager dying as the consequence of one experiment that's gone wrong, but actually people who are having their lives cut in half by long exposures to excessive alcohol and drug use, and that's much more difficult to address.'

'Where action is needed is with the person in their late 30s who lives alone and has had a ten or 15-year streak of substance misuse, drifted in and out of services and has perhaps had one or two near misses. There's little point in intervening in the two or three days before the incident – what we've got to be much better at doing is getting upstream on this and intervening beforehand.'

Drug-related Deaths in Scotland in 2006 is online at <http://www.gro-scotland.gov.uk/statistics/publications-and-data/drug-related-deaths/drug-related-deaths-in-scotland-2006/index.html>

Mentor shows what works for kids

A new guide summarising best practice in alcohol misuse prevention has been produced by Mentor UK for use by anyone working with primary school children on alcohol issues.

Compiled from Mentor's UK Alcohol Misuse Prevention awards, First measures provides extensive case studies, a section of 'things to think about' when developing a project, and comments from children themselves, and is designed for those working with children in both formal and

informal settings.

Its publication comes as a new study, from the Institute of Child Health, found that 16-year-olds who binge drink were 60 per cent more likely to be an alcoholic and 40 per cent more likely to use illegal drugs by the time they were 30. They were also 30 per cent more likely to have gained no qualifications, 40 per cent more likely to suffer mental health problems and 60 per cent more likely to be homeless.

'Binge drinking' was classed as more than two instances of consuming four or more drinks in a row in the previous two weeks. Of the 11,000 children studied, 20 per cent of males and 16 per cent of females fell into this category.

First measures is available to download free on www.mentorfoundation.org.uk

The Institute of Child Health study is published in the Journal of Epidemiology and Community Health, <http://jech.bmj.com/>

Drug use down among secondary pupils

The number of secondary school pupils who said they had used drugs in the last year fell from 20 per cent to 17 per cent between 2001 and 2006, according to new figures from the Office for National Statistics.

The number who said they had ever used drugs also fell, from 29 per cent to 24 per cent.

Cannabis use in the previous year fell from 13 per cent to 10 per cent, while the proportion that had taken Class A drugs remained at 4 per cent. Five per cent had sniffed glue or other

volatile substances, while 4 per cent had taken poppers. Pupils who were excluded or truanted from school had higher rates of drug use.

More than half overall had tried alcohol, rising to 82 per cent of 15-year-olds. Most said they were more likely to have been given alcohol by family or friends than to have bought it – 55 per cent of 11-year-olds who drank said they did so with their parents.

However, the survey found that pupils' families were more likely to steer them towards sensible drinking than to

encourage abstinence, and the number of pupils who had never drunk alcohol had risen from 39 per cent to 45 per cent.

A separate ONS survey last month found that the professions with the highest risk of alcohol-related death were bar staff (2.23 more likely for men) and seafarers. The least likely were farmers, childminders and nursery nurses.

Smoking, Drinking and Drug Use among Young People in England in 2006 is at www.ic.nhs.uk/pubs/sdd06fullreport

Consultation an 'exercise in propaganda'

The government's drug policy over the course of the last decade has been an 'overwhelming failure', and its recent consultation on the subject little more than an 'exercise in the dissemination of propaganda' according to Transform.

The think tank has published a briefing, *Drugs policy 1997-2007 – the evidence unspun*, which states that the consultation distorts evidence and cherry-picks figures to claim success when in reality there has been very little or none.

The briefing analyses how the government has measured its own performance, and what information it uses – such as the Drug Harm Index and the British Crime Survey – and has been published to provide the media, policy makers and the public with the facts about drug use, says Transform. The government has never, for instance, defined 'drug-related crime' it says, and there is no published methodology for measuring it.

Among the briefing's counter-statistics are that the reported use of cocaine powder among 16 to 24-year-olds has almost doubled in the last ten years – from 3.1 per cent to 6 per cent, while the proportion of people discharged from treatment 'drug free' has fallen from 5.8 per cent to 3.5 per cent. Up to 95 per cent of street sex workers use prostitution to feed their drug habit, it says, and overall the country's drug policy has cost more than £10bn in crime over the last decade.

'Far from the success that the government propaganda

claims, the last ten years of the UK drug strategy have resulted in over a hundred billion pounds of crime costs and left the UK with the highest drug use in Europe,' said director Danny Kushlick. 'Far from fulfilling the Home Office slogan of "Tackling drugs, changing lives" this briefing shows the outcome of the UK policy is "Taking drugs and ruining lives".'

As part of its response to the government's consultation on the new strategy, announced in July (*DDN*, 30 July 2007, page 4), Transform has also lodged an official complaint with the Better Regulation Executive, questioning whether the government has in fact complied with its own rules on conducting consultations and stating that it contains hardly any proposals.

'We are deeply concerned that the Home Office is using the consultation as little more than an exercise in the dissemination of propaganda and that it has failed to operate its own guidelines in respect of consultations,' said Danny Kushlick. 'The document demonstrates the disdain with which government treats drug policy, its contempt for the consultation process and its desperation to dress up as success the miserable failure of the last ten years of the UK drug strategy.'

Transform has also published *After the war on drugs – tools for the debate* a guide to making the case for reform of drug policy for politicians, civil servants and the NGO sector, as well as the media. Available free at www.tdpf.org.uk

News in Brief

Herbal Hiccup

Claims made for the effectiveness of herbal medicine in treating addictions are unjustified and need rigorous formal assessment, according to a new report by the International Centre for Drug Policy (ICDP). An international expert group assembled by centre examined issues like usefulness, safety, side effects and toxicity of herbal substances in treating addictions. 'Although herbal medicines have long been used there is little systematic evidence regarding their safety and efficacy because of the lack of quality control and improper use by consumers,' said ICDP director professor Hamid Ghodse. 'There might be a place for the use of herbal medicine in the treatment of addictions, but in the absence of proper scientific studies the claims for the effectiveness, and above all the safety, of such preparations is unjustified.' More information at www.sgul.ac.uk/depts/icdp/

Chastened in Chester

People arrested for alcohol-related offences in Chester will now have to attend a counselling session before they're released, under a Home Office pilot project that will run until next April. Offenders will be confronted with the 'health, social and criminal consequences' of their actions. 'This project is designed to help those people who are problem drinkers but have not yet progressed to having a fully blown drink problem that leaves them dependent on alcohol,' said strategic manager of Cheshire DAAT, Tom Knight. Those judged to have more serious problems will be referred for further counselling. The scheme coincides with the Home Office's newly announced powers to exclude those 'causing or contributing to alcohol-related crime' from places like town centres or village greens for up to 48 hours. Guidance on implementing the 'Direction to leave' powers, and when they might be appropriate, is being sent to all police forces.

Mega haul

West Midlands Police have carried out the biggest drug seizure in the force's history – £20m worth of illegal drugs. The intelligence-led Operation Cantham earlier this year netted more than 150kg of cocaine and more than 160kg of cannabis. 'I wholeheartedly praise West Midlands Police for their successful drug seizure operation,' said Home Office Minister Vernon Coaker. 'Breaking criminal networks, disrupting drug supply and putting criminals behind bars is crucial if we are to continue to reduce the harm caused by drugs.'

Drugline offers 'interfaith' crisis service

Drugs support and information provider Drugline has enhanced its service by developing an 'interfaith' crisis line staffed by counsellors trained to cater for the specific needs of the Muslim and Jewish communities.

The enhanced service, funded by the London Borough of Redbridge, comes in the wake of the Combating stigma – drug use among the Muslim

Communities in the London Borough of Redbridge report, which found that Muslim and Jewish communities shared many of the same cultural taboos around substance misuse, and prompted Drugline director, Rabbi Aryeh Sufrin, to establish the Joining the Loop partnership with Muslim organisations. Help will be provided in Yiddish and Hebrew, as well as Urdu,

Bengali and Gujarati, and callers will be referred to culturally and faith sensitive drug misuse intervention programmes.

'This partnership will not only add value to Drugline's existing work, but will also enable us to provide bespoke services to parts of the community where drugs and alcohol addiction are often taboo, and little or no support is offered,' said Rabbi Sufrin.

Practical help for YOTs

A new good practice guide for youth offending team (YOT) health practitioners, commissioners and managers involved in provision of mental health services has been published by crime reduction charity Nacro.

The guide, funded by the Department of Health and produced with help from the Youth Justice Board (YJB) contains practical advice on the screening, assessment and referral of young people in the criminal justice system, as well as consent and confidentiality, caseload and supervision and how to monitor

and assess services. Earlier research by Nacro had identified a lack of input from PCTs and effective joint working.

'Mental health issues have become an increasingly important area of health practitioners' work as their role has evolved, particularly since the provision of separate funding for drugs workers within YOTs was established,' said the guide's author and Nacro policy development manager Deryck Browne. 'Yet there is very little practical information available.'

Guide available from www.nacro.org.uk/publications

Cirrhosis link to brain damage

Alcoholics with cirrhosis of the liver are more likely to have brain damage than non-cirrhotic alcoholics, according to new research.

Scientists at the Waggoner Center for Alcohol and Addiction Research at the University of Texas at Austin found that many important brain genes had changed in cirrhotic patients.

The livers of cirrhotic patients are unable to remove poisons from the blood stream, which then move into the brain. 'We

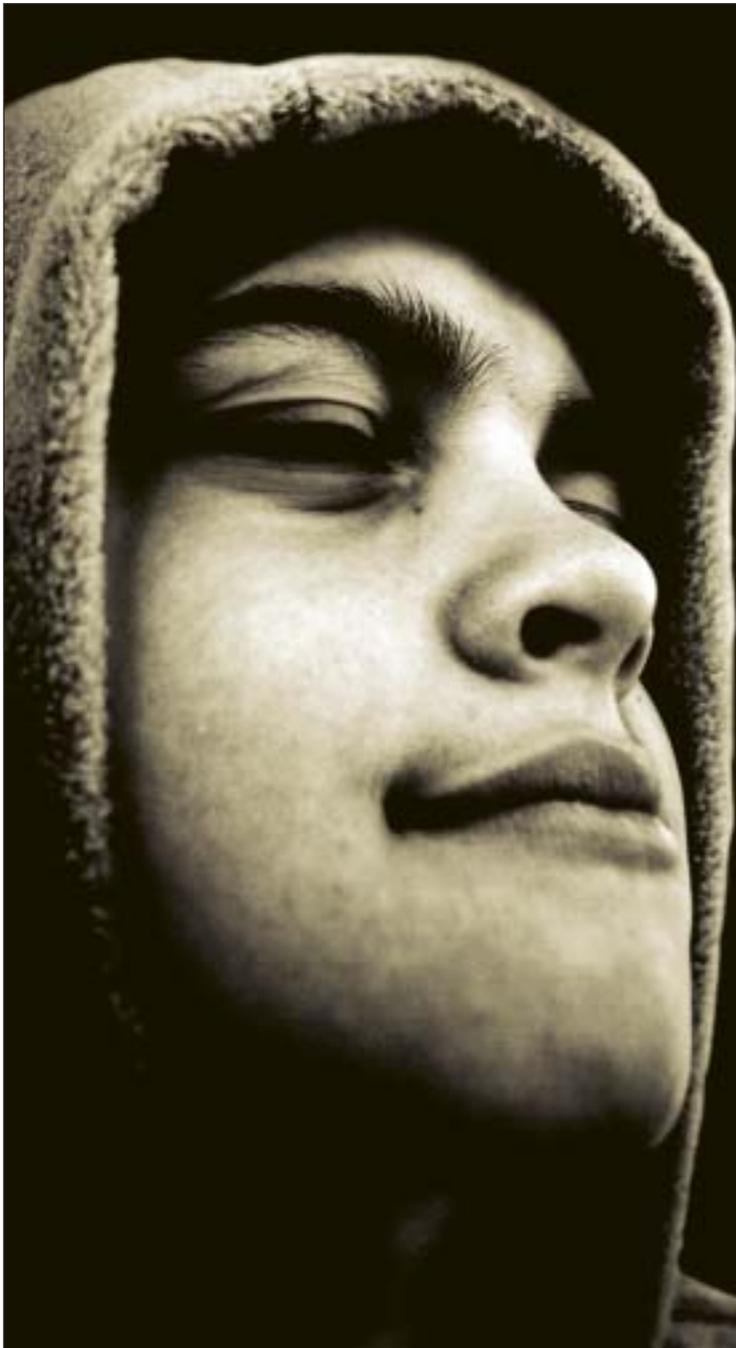
know that heavy alcohol drinking changes the regulation of genes in the brain,' said research scientist R. Dayne Mayfield.

'We found that the levels of many important brain genes changed in the cirrhotic patients – these genes are important in regulating cell death and how individual cells in the brain talk to each other in a meaningful way.'

The results were first published in *Alcoholism: Clinical and Experimental Research*.

Rapper's delight

Brinsford Young Offenders Institute is home to many young men who've been immersed in drug and gang culture from an early age. **David Gilliver** hears how the prison's substance misuse service is helping them realise that this doesn't have to be their only option.



Some crackhead, if you get an eighth, will kiss your feet for that in my area. An eightball. They don't care – a life for a stone, you get me? Everybody wants to be in a gang.'

These are the words of a 17-year-old rapper. Not so different from many an interview with young rap artists keen to stress their 'street' credentials, whether real or invented, you might think. Except that in this case both the interviewee and interviewer are prisoners serving sentences of four years upwards at Brinsford Young Offenders Institute (YOI) in Wolverhampton, and the experiences being discussed are very real.

The interview is part of work carried out by the Young People's Substance Misuse Service (YPSMS) at Brinsford. Earlier this year the head of the YPSMS, Karen Bourne, set a project brief for some of the young people called 'what drugs and alcohol mean to me'. Part of that project saw the rapper deliver a performance based on his experiences of drug and gang life to an audience of both prisoners and staff – a fellow prisoner interviewed him and another reviewed the performance, all designed to encourage the young people to talk openly about their experiences, and their attitudes towards them, with others.

INTERVIEWER – what do you think about drugs, what experiences have you had?

RAP ARTIST – I've not smoked, like, hard drugs, but I've seen the older people cooking crack to sell. Watching, sitting in crack houses, you get me?

INTERVIEWER – Yeah, you've seen it – what about your mates?

RAP ARTIST – It's one of those things... if you're not a mum or a dad you're a dealer or robber, you get me?

Breaking laws in my area is normal, you get me? Lots of crack in my area then – I was 12 and into bud. You get told 'buy an eighth, sell it and keep the profits', then a quarter, then crack and heroin on the streets. People fighting for profits – if there's a crackhead everyone wants to sell to him.

'We do a great deal of one-to-one work and workshops but the boys enjoy learning from their peers, and they like different media so we try and do as many different things as we can,' says Karen Bourne. 'We have an excellent art and music department here, through Derby College, so with their help I set the brief.'

The YPSMS is a dedicated service for 15 to 18-year-olds within the prison estate. 'You'll find a dedicated YPSMS team at any prison that has young people,' says Bourne. 'We deal with every single young person that comes through Brinsford.'

Brinsford is a split site, with one side for 15 to 18-year-olds and the other for 18 to 21-year-olds. It also takes remand prisoners, those awaiting court appearances or sentencing and those serving detention orders. 'We work with absolutely everybody as a matter of course,' she says. 'We'll do an initial assessment within five working days – generally within 48 hours – so we can start working with them straight away. Within ten working days they have a full assessment and a care plan that we'll use with them throughout their time in custody. We prioritise work with the remanded young people immediately to address their needs as they may not be with us for long.'

According to the prison's latest needs assessment figures, 95 per cent of the young people in Brinsford

'Some crackhead, if you get an eighth, will kiss your feet for that in my area. An eightball. They don't care - a life for a stone, you get me? Everybody wants to be in a gang.'

have said that they use or misuse alcohol, 94 per cent cannabis, and two per cent have gone through a detoxification regime in the last six months. In terms of polydrug use, 88 per cent say that they regularly use or misuse two substances at any one time, 35 per cent three, 10 per cent five and 6 per cent eight. 'We deal with all substances from smoking to ketamine and GHB, to the boys that come to us with heroin and crack cocaine addiction - we offer the same as community services,' says Bourne.

Services like basic education, learning support for those with literacy problems, cannabis and alcohol awareness, overdose prevention and auricular acupuncture are delivered in groups, but everything else is done on a one to one basis. 'Every young person will be seen a minimum of once a month but a lot need far more contact and support than that,' she says. 'Some of the more chaotic boys are seen as often as they need in a month.'

'Pretty much from the day they come to us we start working on their resettlement into the community,' she continues. 'We stabilise them while they're with us and then we start planning for their release. Those we have a specific release date for we'll set up with a community drug worker, or one that's attached to the youth offending services if they're serving licence conditions. We'll make sure they get an appointment within a couple of days of their release.'

The service ensures that those that have been prescribed a clinical regime for either methadone or subutex have a prescription appointment on the first or second day of release so that their script will continue without interruption. This is done through the service's

healthcare partner, South Staffordshire PCT. 'We work through everything on a personal level,' says Bourne, 'their coping strategies and triggers, peer pressure, and we start helping them plan for when they're released. We're in a very good position to signpost them to other agencies and make sure their needs are met.'

Peer support is integral to the groups work, with all of the prisoners encouraged to talk to people who have already been through the service. 'The local DAT is also very keen to support the work we do here,' she says.

'Since the performance we've found the young people becoming more engaged,' says Bourne. 'Others have asked whether they can submit work about their own experiences. They really enjoyed it and a lot of them tell me on the wings that they've done a poem or a song - it's really opened their eyes that it doesn't have to be boring. They want to get involved - a lot of them are very, very talented. It helps them reflect on what they're doing, and it's a language that's relevant to them.'

But surely there was a measure of cynicism from some of the other prisoners? 'Initially yes,' says Bourne, 'because we started off with songs from the charts and things like that and you could see some of them laughing. But as soon as they started rapping about substance misuse the other young people were absolutely mesmerised - they really got into it and gave a huge round of applause. The staff were very impressed - prison officers, teachers and even the governor came to watch. We've got a lot of people wanting to join the music and art departments now.'

The follow-on interview and review were discussed in forums with the

young people, and the plan now is not only to put on a bigger performance, inviting parents, carers and youth offending staff, but also to stage some theatre work. A DVD of young people talking about how they came into custody, their experiences, and how they engaged with the services is also planned, funding permitting.

'There aren't a lot of published packages that are age appropriate,' says Bourne. 'We found that there are a lot for adults, or for middle school age children, but not really for the 15 to 18-year-old category, so that would be a really useful tool.'

'At Brinsford we have a whole prison approach to the young people in our care that includes prison officers, healthcare and teachers. We get a lot of information from the young people so we do a great deal of referring into education, accommodation services, psychology and various other areas. They're relaxed when they speak to us because we're a confidential service. They respect that.'

INTERVIEWER - what about when drugs do stuff to people like those close to you?

RAP ARTIST - yeah man, a friend and my brother died... I came out of jail on bail for this charge and we went to a fair... some gang of lads said to my brethren "you got bud?" He said yeah and they were smoking with us, then they gave us some dirty weed, they wanted more of ours and I said no...

INTERVIEWER - how old were you?

RAP ARTIST - 15 you get me? I was at a mike spitting lyrics half an hour later when I saw people running, saw my brethren holding his chest and head... we got in cars and left. I was in a car behind my mate... we stopped after a few minutes and when I got

there my other mates were all standing around the car... my brethren was dead...

INTERVIEWER - what happened?

RAP ARTIST - he'd been stabbed... punctured his lung... my first day out and my brethren died you get me? But at least he died with a spliff in his hand - happy you know? But he had a girl and a kid...

INTERVIEWER - so the girl's got no man and the kid's got no dad... that's drugs man...

RAP ARTIST - I used to think about revenge, but I realise I got my life ahead of me...

INTERVIEWER - and you can have one.

Reaction from the floor... Another young prisoner gives his reaction to the rap performance

The rap artist then did a rap about drugs. I feel that he spoke the truth and I noticed that some people were taking note of what he was saying and they understood the lyrics. We got to know about his life and lifestyle from what he saying. I feel that he tried to cover all areas of drug awareness so that he could reach as many people as possible and more people could relate to the messages he was putting across.

I think this should be done again, on a regular basis do more people can get involved. It raised awareness of important issues. Only one landing saw this presentation but hopefully in the future everybody will be given the opportunity to experience it.



“What is the point of the standards and accreditation processes encapsulated by DANOS if the snake-oil sellers are allowed to practise unchecked outside the closed shop walls? It seems that the inward-looking process seeks to micro-manage the ‘good guys’ while outside, anyone can make claims for their treatment virtually unchecked.”

Alternative charlatans

Over the summer, a colleague got in touch, concerned that the family of a client were considering spending £2600 on a drug treatment programme that the worker hadn’t heard of. I had a look at it, and, having double-checked that it wasn’t a spoof, was so horrified at the clinic and their claims, that I tried to take further action.

The clinic in question, the New Ways Clinic, offers what it calls Bio-resonance Therapy, which purports to use electrical frequencies to ‘cancel out’ the frequencies of substances so that the person can painlessly withdraw. These treatments can be augmented with a Bio-capsule, charged with these frequencies to carry on the treatment away from the clinic.

Having looked at their website and studied their claims carefully, it seemed that many of the claims that they were making could not be substantiated, and that some of the rapid withdrawal methods they were suggesting were dangerous – such as detoxification from alcohol or benzodiazepines without any adjunct prescribing.

I contacted a number of organisations regarding this clinic. By the end of it, I was no less incensed by the New Ways Clinic. But I became more concerned at the inaction from a collection of organisations that should be concerned. FDAP and EATA didn’t feel it was their concern as the clinic wasn’t one of their members. The Advertising Standards Authority said that as the material on the website wasn’t an advert as such, it didn’t fall

under their jurisdiction. The Healthcare Commission said as the treatment didn’t involve prescribing or lasers, they had no say over it, and the Department of Health said that the Department didn’t have a regulatory role, or a role in investigating independent treatment providers. Trading Standards have, so far, said they don’t have the expertise to explore the veracity of the claims made on the site, and so feel it is really a medical matter. I haven’t heard back from NHS Directory or the GMC although both bodies have been contacted. FRANK sees fit to include the service as one of the helping agencies that they list.

In short, no-one seems to think that the regulation of this, or other treatment providers is their responsibility – which in turn allows providers to peddle a range of treatments to desperate and credulous individuals and their families. Of course New Ways Clinic are not the only providers offering scientifically dubious treatments. We could add the Scientology-infused Narconon to the list for example.

All this led to paradoxical conclusions. The first was what is the point of the standards and accreditation processes encapsulated by DANOS if the snake-oil sellers are allowed to practise unchecked outside the closed shop walls? It seems that the inward-looking process seeks to micro-manage the ‘good guys’ while outside, anyone can make claims for their treatment virtually unchecked.

This thought however, led to a more contentious second problem. How does one differentiate between an alternative therapy that may work – as

opposed to a charlatan selling quack therapies? Thamkrabok, New Ways, Ibogaine, Narconon, Nazaraliev Medical Centre: is any one of these modalities any more or less worthwhile? And in turn why are they any more or less ‘worthy’ than any other treatment modality? Is it solely based on scientific evidence of efficacy?

But while we struggle to answer these weighty questions, back to a more prosaic point: what is the point of professionalising and training the ‘state’s’ drug-treatment providers whilst allowing an unregulated private market to co-exist, unwatched and unchallenged?

Kevin Flemen, KFx

Heavy on the law

I was surprised and saddened at the comment made last issue by Professor David Clark (DDN, 30 July, page 15) where he states that ‘many heroin users do not call emergency services because they are concerned that they might be arrested by the police...’.

It may be of interest to your readers that here in Oxfordshire we have an agreed protocol between the police and ambulance service, that the police will not be routinely called to such incidents. I have copied the relevant parts of this protocol for information:

Emergency Services Response and attendance at Drug Overdose Incidents
All parties are in agreement that South East Central Ambulance NHS Trust will not contact Thames Valley Police in the

event of illegal drugs overdose unless one of the following exceptions occurs:

1. Ambulance personnel consider a child or other vulnerable person to be at risk.
2. Ambulance personnel perceive themselves to be at risk of violence.
3. Ambulance personnel are called to a known address or location considered to be unsafe.

All parties are in agreement that Thames Valley Police will not routinely attend drug overdose incidents unless requested by the ambulance service to do so, usually for one of the above three exceptions. This is in order that individuals are not put off reporting such incidents to the ambulance service for fear of police involvement or prosecution.

Should an emergency call be received and the nature of the incident is unclear there may be occasions when both police and ambulance personnel are called to the scene. In such circumstances it is appropriate for Police Officers to make an assessment as to cause of incident taking into consideration views of the ambulance personnel. It is appropriate for Police Officers to share with ambulance personnel any relevant information they may have on the individual as part of an officer safety assessment. If the incident is one of a drugs overdose Police Officers shall leave the patient in the care of the ambulance service unless specifically requested by the ambulance personnel to remain at the scene.

Emergency Services Response to Fatal Drug Overdose
All parties are in agreement that if there is a death at the scene or at any

time whilst the patient is in the care of South East Central Ambulance NHS Trust or whilst in accident and emergency departments, Thames Valley Police will be contacted. Officers from the CID department will attend the scene and commence an investigation in line with Thames Valley Police protocols for police attendance at incidents of sudden death.

We have evidence to show that people are phoning for an ambulance and staying with users who have overdosed. We also, thanks to training given by the ambulance service, have evidence that unconscious users are being resuscitated and put in to the recovery position prior to ambulance attendance, by fellow users – on at least one occasion in the past 12 months saving a life.

Bill Holman, communities partnership manager, Oxfordshire Drug and Alcohol Action Team

Homeless and addicted

Your cover story in the last issue (DDN, 30 July, page 6) might have made positive mention of the way in

which the social work of the West London Mission seeks to provide a modest network of services that encompass homelessness, addiction and criminal justice. I say seeks to, because this holistic approach has become increasingly difficult to sustain in an increasingly regulatory and competitive funding environment.

The requirements laid upon each individual, specialist service can militate against transferability, flexibility and a responsiveness tailored to the uniqueness of each individual service users aspirations and needs. Last year, we were forced to close our St Luke's Centre for addictions, as a result of combination of changes in supporting people, commissioning trends, and other social care market forces. The year before that, we had to close our Lambeth Walk-in for homeless people. We are committed to survive, not least because of our own unique approach, which goes against the trends outlined in your article. But survival can never be guaranteed and the anxieties on staff and clients in such an environment are colossal.

Paul Thompson, director of social work, West London Mission

Release the pressure

In April 2006 we were informed that the small amount of financial support Release has received from the Home Office, continuously since 1984, was to cease. The reason given was: 'The majority of funding is now devolved to local areas. The pressure on the remaining resources across central government departments means that we can only provide limited additional funding.' You can imagine our surprise when the new Home Secretary recently announced an additional £5 million for its own national drugs advice service, FRANK.

On a separate issue, Tim Wightman says in his letter (DDN, 30 July, page 9) commenting on coverage of the Release conference (DDN, 2 July, page 10) that 'Release and the editor have missed the point' – on what exactly was not clear to me.

He states that 'the best form of harm reduction is abstinence'. Quite right he is too – for the small minority who are able to achieve this. For the rest, needle exchange, maintenance and other evidence-based interventions must remain readily available.

It is time for the two treatment camps to recognise the tremendous success that they both bring to the table.

Sebastian Saville, executive director, Release

Editor's note: In his letter, Mr Wightman implies that DDN was commenting against abstinence – this was not the case. The feature reported speakers' contributions to the event and did not include any personal views of the editor. DDN is an entirely independent magazine, dedicated to providing a fair and open forum for debate on all forms of treatment.

We welcome your letters

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

Drugs break hearts: a mural designed to highlight the effects of substance misuse on families, the community and health by young people at HM Young Offenders Institute (YOI) Wetherby. The work was guided by Carole Fletcher from Manchester College, with direction from the Young People's Substance Misuse Service (YPSMS) at Wetherby. Paul, Nathan, Danny, Alex, Mathew J, Aaron B and Aaron D produced designs for the mural, which were transferred to a board using acrylic paint. 'I hope people can understand what effects drugs can have on your life and how many people can get hurt,' commented Paul. See page 6 for a feature on the work of the YPSMS at Brinsford YOI in helping young people with substance misuse problems.





Forget bureaucracy – going straight to the needs of the service user will guide Gordon Brown on what he should do with the next drug strategy, says **Peter Martin**.

The **heart** of the **matter**

A young man, Jamal, wrote a no holds barred account of his early life in an open letter to Gordon Brown in the pages of the *Observer* on 15 July. He spoke of his mother's violent and abusive alcoholism which affected him so profoundly that as a child he sought help from social services, hostels and the police. He was failed by them all. Social services gave him complex bureaucratic forms to complete. The police ignored him. At the age of 14 he entered a life of prostitution and drug use. He sold drugs to survive. In his letter, Jamal repeatedly uses words like empathy and compassion, because as he now knows, these were at the heart of what he needed but did not get.

Now he is able to speak himself with compassion about his mother whose alcoholism ripped her and her son apart. That is a remarkable turn around. He found help that worked for him eventually, among the warm and knowledgeable people who run

two charities – the Grass Market Project in King's Cross, and Kids Company in Peckham. These two charities, and Jamal himself seem to me to fit Gordon Brown's criteria for being 'everyday heroes'.

Anyone who has any experience of listening to the life stories of people with alcohol and drug problems and their families, knows that Jamal's story is not unique, but the life story of multitudes. The human consequences of such lives are all around us, in our prisons, in our mental health institutions, among children who fail to thrive, and in our cemeteries. Not all get to tell their story. Not all survive.

We are informed by research, shamefully, that we are the worst in Europe at caring for our children. Jamal's story gets to the heart of what it actually means to be the worst. As Abraham Maslow's hierarchy of human needs shows, most human beings will develop their potential in direct correlation to prevailing conditions that do or do

not meet their needs. The vision of the Gordon Brown-driven children's agenda seems to understand this. But children's policy will inevitably take years to fully implement and show significant positive results. Of course, Gordon Brown will be on the receiving end of many appeals and letters. Jamal was given a platform, and in it he appeals to the new Prime Minister and says forget bureaucracy, it is compassion and empathy that work for the service user. I believe that Jamal and his mother are two of the best reasons why the next drug strategy must change.

Right now, we are trying to read the runes of policy direction in the Prime Minister's first months of office. We need also to understand the different priorities, political and financial pressures that this government is facing, which is likely to mean continuity of past policies. For drugs, this would mean no great increase in investment in the short term. So the investment that comes must be made to work better. There

is no doubt that Gordon Brown, Ed Balls and Ed Miliband are stimulated by examples of energetic civic enterprise born of grass roots community activism. There are excellent political reasons for their enthusiasm that gets to the heart of what a healthy society is. Let's not also forget that many UK drugs charities were founded by passionate individuals within communities. But, over time, professionalising services and the nature of the commissioning system turned these charities into different animals. The survivor charities evolved to compete with each other to provide constrained and cheap services often sacrificing ideals out of necessity. Integration and including stakeholders in the design of services lost out, and a reliance on self-audit disappeared in the bureaucratic, target culture. There now needs to be a rebalance between process and delivery.

Many will agree that drug and alcohol misuse is fundamentally a symptom of a deep malaise which is

present in far greater proportion among our society's underclass.

We live in an imperfect world and what good we try to do will inevitably involve compromise. Tackling the causes and consequences of sexual abuse, poor education, generational unemployment, racism, poor role modelling and poverty is a titanic ambition for any government – and yes, it does require the involvement of us all. But it is government that must lead, because of the stigma and prejudice towards drug and alcohol dependency.

We know that major social debits such as childhood neglect can act as triggers for the escape which individuals seek via drugs to get to a place where the pain of daily living isn't so intense – but only for a while. But solid steps to progress can happen much faster and better when we are inspired by a long term vision that puts humanity at its heart.

Alcohol-related death is increasing and at younger ages. While we may acknowledge that alcohol use within the British population has specific, perhaps historical characteristics, we must not let this undermine our response. Those who understand the relationship between psychological damage and drugs; between alcohol, depression, self-harm and violence, will not be surprised at the inexorable rise of damaging behaviours.

But while no drug and alcohol strategy alone is going to correct all the social deficits outlined above, we must aim higher in treatment and have greater aspiration for the client than we have had so far and get it right next time.

The system in place to respond is creaking at the seams. The prison population is overflowing, with Section 2 lifers creating blockages in the system and the under-12 month prison population going in and out of the corridors of our criminal justice system with dizzying regularity. As a former member of the Parole Board, I met many serial offenders but few 'career' criminals in prison. Crime is very often a symptom of alienation and poverty. Of course, this is not the language that politicians feel comfortable using in public. Ministers competing for limited budgets prefer input-output graphs and hard data to any generalised emotional

characterisation. But I say quite seriously that unless we get to the human heart of the matter next time, we will fail to turn around enough lives, and at enormous social and economic cost.

It is fortunate that Gordon Brown appears interested in the effects that licit and illicit drugs are having on the population, especially the young. His reputation for fiscal integrity also means that he will want to spend money wisely. As a key figure behind the highly successful New Deal programme, the Prime Minister knows that keeping a dependency generation unemployed or on incapacity benefit, just does not add up.

I still believe that reducing drug-related crime must remain a driver of strategy. However, we must always fight stigma and prioritise health and mental health problems. It is a difficult balancing act when the wider public itself is far from empathetic to the underlying causes of harm. I have no doubt that we can best help move people out of crime by helping to turn them into contributors through work and volunteering. In turn, this will help people to believe in themselves. It sounds simple, but I don't underestimate the challenge. There are examples of excellence in this area, but to make real impact it requires a shift in the ethos of drugs strategy. Treatment has to get better.

Simply policing social behaviours is in reality the most superficial response that a society makes when it is running out of energy and vision. It does not reveal a commitment to meaningful change. It rather smacks of a desperate '1984' idea of social control. If that were to be the sum ambition of social policy, it would ultimately fail. I do not believe that is what this government is aiming for. It is not in this country's interests to deal simply with the surface appearance of things.

Of course, perceptions are important in winning public support. But political vision, courage, commitment and persuasion can help change perceptions. Ironically, the current drug strategy despite good intent, to some degree has been engaging far too much in the numbers game and has relied on making strategy appear more

“We are informed by research, shamefully, that we are the worst in Europe at caring for our children. Jamal's story gets to the heart of what it actually means to be the worst.”

successful than it has been. The truth of this becomes apparent as we explore the real meaning of effectiveness. Those of us who do have greater aspirations for the dependent user do so because we have experienced and been involved in long-term change. But we have also failed to get our message through to government about how best to be effective and still keep the public happy about investment in this controversial area.

I decry the cynicism which exists inside the field and without, which says that many chaotic drug users are manipulative and incapable of contributing through work. In my last years as chief executive of Addaction I came across workers who had never seen anyone become independent of drugs. Their expectations were so low that their aspirations for the client rarely got off first base. But it wasn't simply a failure of vision at the front line. Most services were not commissioned in an integrated way to seriously and effectively link

users to local jobs and training. Two hours a week learning a little about computers was about the maximum on offer.

My wish list for drug strategy would foster independence not a dependency culture. Up to now, government has absorbed advice from too many 'experts' who are not really experts at all, who don't really understand, or have other agendas – and who have concentrated too much on the substance and not enough on the person. The next strategy must get to the heart of the matter so we can truly say we have looked behind the drug and the pharmacological response to see the person beneath, with all their human potential.

Peter Martin CBE is the former Chief Executive of Addaction and now runs Journeyman Resolutions, a consultancy of partners specialising in the management of drug and alcohol offending behaviour, treatment and change.
peter.martin@pmjourneyman.co.uk

My wish list...

1. Out of dependency and in to work must be its central mission.
2. Ensure that outcome measurement is linked to more meaningful goals for the individual – 'soft' outcomes such as emotional happiness, as well as learning and work.
3. Promote and implement programmes for abstinence as a real goal, not a fantasy objective.
4. Conduct a review of commissioning and its bureaucracy.
5. Give young people at risk intense support to prevent their becoming long-term Problematic Drug Users (PDUs).
6. Give GPs a primary care remit channelling PDUs and PAUs (problematic alcohol users) into joint care services.
7. Expand intensive prison programmes and invest in aftercare.
8. Integrate drug and alcohol strategies.

A young approach

Salford SMART team leader **Matthew Benham** tells DDN how innovation, multi-agency working and creative commissioning are helping to support those young people in the area with alcohol issues before the problem gets out of hand

‘We have high binge drinking rates in Salford,’ says Matthew Benham. ‘The statistics show that. I don’t think the issues with young people here are that different to other areas, but there are broader issues of more entrenched drinking. There’s no doubt that in particular areas alcohol consumption rates are very high.’

Benham is team leader of SMART (Substance Misuse Advice and Referral Team), a multi-disciplinary, multi-agency service for people under 21 managed by Lifeline. The service has taken the innovative step of developing a post based at the local A&E, serving as a referral mechanism for young people presenting with drug and alcohol issues.

‘The youth offending service found that the young people presenting at A&E with alcohol and drug-related issues were turning up a few years later in the criminal justice system,’ says Benham. ‘So there was clearly a need to try and do some preventative work at an earlier age.’ The team picks up referrals for 11 to 19-year-olds, mainly for alcohol-related issues. ‘At the start we thought there’d be broader spectrum in terms of drugs and alcohol but it’s 95 per cent alcohol – whether it’s intoxication, alcohol collapse or alcohol-related injury,’ he says.

For such a good idea it seems relatively rare. ‘It is unusual,’ says Benham. ‘It’s more common with adults, but they might be presenting with more recognisable long-term health and dependency issues. This kind of preventative service allows us to identify, support and engage with young people that other services haven’t picked up, or would only have picked up in the event of another crisis. We can prevent them from being readmitted.’

‘We’ve probably not reached all the young people who come into the department, just by its very nature,’ he admits. ‘But 150 young people have been supported post-A&E, and we offer support to parents and carers as well. We visit and young people come in for focussed harm reduction work. We’ve also been able to look at other parts of their health – health assessments, immunisations and sexual health advice, because the person in post is a nurse. It’s a broader package of care.’

Unsurprisingly, feedback has been positive, not just from the young people themselves but from parents and carers. ‘Obviously, if a young person’s been admitted to hospital overnight it causes a lot of anxiety for parents, so they’ve been very relieved and they see it as a chance to offload,’ he says. ‘We do a

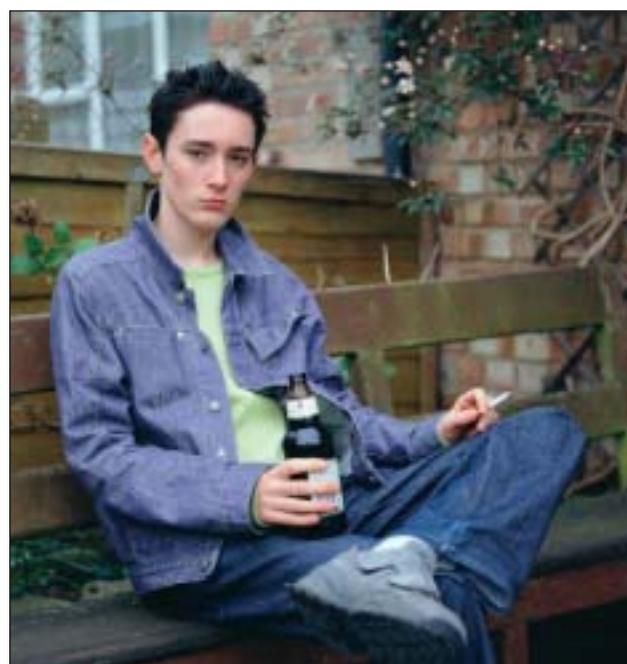
lot of mediation work, allay a lot of parents’ fears and help them come up with techniques to deal with the issues because their initial reaction is usually “we’re going to ground them” – the service enables them to take a broader look. So the parents and young people not only benefit from that individual support but we’re also able to link them in to other services to help prevent these things happening again.’

But although it’s been evident for some time that alcohol is the main issue for young people presenting at A&E departments and despite recent policy initiatives and a government alcohol strategy, funding for service provision has been minimal, leaving Salford SMART searching for alternative ways to fund their projects.

The service has now successfully worked with Comic Relief, New Deal for Communities, Salford PCT, children’s services and others and recruited a team of workers to compliment the existing service. A specific alcohol post funded by Comic Relief has enabled the service to develop its preventative group work programme for young people, working with those with complex alcohol issues, as well as training non-drug workers to deliver brief interventions. A joint initiative with New Deal for Communities for the last two years has also funded a preventative post and support service for primary school age children of substance misusing parents.

‘Trying to organise the funding uses up a lot of time,’ says Benham. ‘We’ve got a really supportive DAAT but their purse strings are quite tied. There’s such a huge remit, so if you want to provide these kind of innovative and preventative things as part of your service you have to look towards other funding streams. Youth offending services funded the A&E post for a time but their funding remit changed and it’s been a real struggle to find the money.’

‘As far as the bigger picture goes we’ve gone through a period of good investment,’ he adds. ‘The



“Young people presenting at A&E with alcohol and drug-related issues were turning up a few years later in the criminal justice system... At the start we thought there’d be broader spectrum in terms of drugs and alcohol but it’s 95 per cent alcohol...”

government’s invested quite heavily in services that weren’t around ten years ago but I think we’re at the plateau stage now. We’ve also tended to concentrate so much on the class As that we’ve kind of underestimated the rise of alcohol. I think the government’s tried to be very progressive but specific investment in alcohol has not been as strong – the alcohol strategies recommend things, but they don’t come with any extra funding.’

‘What we’re doing makes such good sense because we can share the information with the other Lifeline services, so they’ve benefited from that as well,’ says Benham. ‘We’re happy to share what we’ve learned and give advice to anyone.’ **DDN**

Q

I enjoy my role as a drugs worker and feel that I am working well with my clients, but recently I have been feeling very over-supervised. My manager has started to sit in on my client meetings and interrupts to the point where I'm feeling thoroughly undermined. I feel I'm being picked on. How can I tackle this calmly and constructively?

Rob, by email

Bull by the horns

Rob
You have to take the bull by the horns. You're going to get nowhere until you tackle this issue directly with your boss – if you get anyone else to mediate you'll just put your boss's back up and make things worse. If your manager has a personal issue with you, this would be a chance to get it all out in the open. Just be straightforward.

Kate, Nottingham

Misunderstood

Dear Rob
I was in your situation once and I actually started thinking I was imagining it – that's what everybody else told me, including my partner at home. My work life became a miserable experience, so I found another job. When I went to hand in my notice, my boss said to me, 'you've always hated me haven't you?' and gave a catalogue of supposed examples of me being hostile and undermining her.

This was a surprise to me as I thought she was the problem; she obviously saw it as the exact opposite. What I'm trying to say is, I left a job I

enjoyed because a misunderstanding got out of hand. Tackle the situation so it doesn't happen to you.

Eleanor, by email

Equal treatment

Dear Rob
It's hard to judge from your letter whether the situation's unfair on you. Does your manager micro-manage your colleagues? If so, then I think there's a case for solidarity and a bit of tactful team feedback. If it's just you, list the problems for your next appraisal and talk through them calmly without resorting to personal attack.

Good luck mate,
Kevin, South Wales

Confront it now!

Hi Rob
Don't take this rubbish! You've trained for this post – what right has your manager got to make you feel insecure? He/she should be supporting you, not jeopardising your one-to-ones with clients.

Sort it out with your manager before you waste any more energy on worrying!

Tam, by email

Need other readers' advice?

Email your Q&A questions to the editor, claire@cjwellings.com or write to the address on page 3.

Comment

Why reinvent the wheel?

Future drug prevention strategy has to be underpinned by a strong evidence base – but let's not ignore the valuable research that's already been done, says Matt Hayman.

The issue of developing evidence-based practice in the substance misuse sector is as important today as it ever has been.

Recent reports by the RSA and UKDPC highlight that, despite some successes, policy and practice still lack close links to research evidence. In the area of drug prevention and education this is made more difficult by a lack of agreement on what works and the outcomes that can be interpreted as successes.

It is important that more research is undertaken, as work in the sector must be led by developments in the research field. Research enhances our understanding of the issues and should guide effective policy and practice. However by repeatedly highlighting the lack of good quality evidence in drug prevention, are we missing the wider point of how existing research can be used in new projects? The need for further research will always be important; as we learn more about this fascinating field we also realise how much we don't yet know.

A paper in the March issue of the *British Medical Journal* by Bonell *et al* is a good example of how existing research can be used in practice, in this case with implications for preventative work. The article, 'Improving school ethos may reduce substance misuse and teenage pregnancy' (vol 334), summarises several studies of school-based prevention projects and comes to the conclusion that various social influences affect a young person's decision to use substances and engage in sexual activity.

Based on their review of the research the authors suggest that initiatives need to better reflect these influences and point to school ethos as

a way to achieve reductions in substance misuse and teenage pregnancy. The paper also provides practical and non-technical suggestions of how this can be achieved on the ground. This approach is a departure from the traditional approach of classroom-based drug education that generally attempts to reduce or prevent drug use by one brief input. In reality, a complex mix of risk and protective factors are involved in decision-making and it is these factors that need to be addressed.

This example is just one of many that show how useful the existing evidence base can be when trying to develop innovative drug prevention programmes that deliver meaningful outcomes. The challenge for commissioners for the future is how to respond robustly to the prevention agenda as children's trusts develop and the importance of demonstrating outcomes from available resources continues.

Of course further research is vital, but in calling for more we must not lose sight of the existing body of evidence already out there. It provides a wealth of knowledge about which approaches to avoid and ideas that can be used to develop fresh new programmes. More evidence is needed, but so too is evidence of successful implementation.

Matt Hayman is Director of Innovation With Substance C.I.C. Ltd. a new social enterprise delivering evidence-based drug prevention services. For more information visit www.innovationwithsubstance.com.

The RSA's report, *Facing Facts*, is online at www.rsa.org.uk/projects/drugs.asp

The UK Drug Policy Commission's report, *An Analysis of UK Drug Policy*, is at www.ukdpc.org.uk/reports.shtml



With new legal contracts introduced last April threatening to put barriers in front of free legal advice, **Niamh Eastwood** explains how Release's legal outreach projects are more needed than ever in making sure society's most vulnerable don't suffer from the change.

Release set up its first Legal Outreach Project (LOP) in Central London in the early 1980s, in response to the difficulties many drug users had in accessing legal services. The charity's concept was to provide legal advice surgeries within drug projects, and a qualified lawyer from Release now attends five drug projects in central London to provide legal advice on a range of issues.

Often clients' drug use will impact on their ability to manage many aspects of their lives, which may lead to problems with housing, debts, or relating to benefits. These are the most common areas of law for which advice is sought, but whatever their needs, the legal advisor will always try to assist or refer the client to appropriate agencies.

Demand for the service is always high. In 2006/07, Release provided advice on all kinds of issues to more than 500 clients at the outreach venues. But why would drug projects want to engage with LOPs rather than simply directing the client to a citizens' advice bureau, law centre or solicitor?

In many cases the problem the client presents with is a matter that does not attract legal aid, meaning that they would not be able to access a solicitor for advice or assistance. The LOP is largely funded via the host drug project and Release seeks funding from elsewhere to make up the shortfall. Crucially, this makes the service free at the point of contact.

Release legal advisors often have clients who present with charges involving public order offences, areas of law that do not attract criminal legal aid and where the client would have to attend court unrepresented. In these cases they will provide advice and give written submissions to the Court where appropriate.

Matters involving housing and welfare benefits are also common. Local authorities have a statutory duty to assess anyone who presents as homeless. The Release legal team is constantly amazed at just how often they see clients who have presented to their authority on several occasions – yet they have still not been assessed. A phone call from our team will result in a proper and timely assessment taking place.

Release has developed excellent relationships with legal firms throughout the London area, and clients are referred to firms that are both knowledgeable in the specific issues they face and sympathetic to their situation.

When, as often happens, legal aid firms are working to capacity and often referral will not be possible, Release will provide the client with legal assistance. They have helped clients win appeals against the Department of Work and Pensions, challenging previous decisions about the client's capability to work, and achieved successes in disability living allowance claims, housing benefit overpayments, challenging council tax arrears and criminal injury claims – to name but a few.

Andrulla Garcia, Westminster Drug Project team manager, believes that the support of Release 'has helped many of our clients who, on a day-to-day basis, are up against many hurdles in their lives. For many of our service users the support and assistance of Release has helped them to get back some control and deal with their issues face on. It is an excellent part of our service that we

Reach out!

could not do without'.

The LOPs generate a substantial amount of work for the Release legal team. Inevitably, the issues raised require follow-up work away from the project, and a significant amount of time is spent drafting letters, submissions and making phone calls on clients' behalf. With their specialist knowledge of the law and drugs, Release's legal advisors understand the substances and practices associated with drug use – whether as part of actual misuse or as a treatment option.

The legal team participates actively in government consultations, so are fully versed in new legislation that impacts on the client group. They understand what closure orders are; what an intervention order is; that the court has the ability to apply a DRR, and how this relates to the old DTTOs. Through each consultation process, Release advocates for the rights of drug users – and because many clients know about Release's involvement in this kind of lobbying, they feel more at ease with the service.

Importantly, the clients know that since the Release legal outreach service is facilitated by their drug project they do not need to disclose their drug use – which, for many, removes the stigma of having to explain the nature of their addiction. Often clients perceive, in some cases rightly, that they are prejudged because of their problematic drug use, making it more difficult for them to access services that are external to their treatment and support network.

The non-judgemental and accessible LOPs service can have a significant impact on a client's wellbeing. It is difficult enough dealing with an addiction; it is even more difficult if you have mounting debts, face eviction, are homeless, or have no contact with your kids.

Often, simple steps involving advocacy or negotiation can solve a problem that had seemed insurmountable, alleviating a lot of the practical on clients. This in turn allows them to focus on their addiction, and enables them to take positive steps to gain more control in their life.

Recent changes in current legal funding of both criminal and civil legal aid are inevitably going to have a negative impact on the most vulnerable in society. The new Legal Services Commission contracts came into force on 1 April 2007, with much opposition from legal aid firms and organisations such as Release.

The new contracts will mean that civil legal aid solicitors are paid a fixed fee, once the work is completed, that will take no account of the complexity of the case. In reality this will have an impact on the number of solicitors willing to take on legal aid cases, as they will not consider them to be financially viable. As legal aid is usually only available for those on very low incomes or receiving benefits it is the most vulnerable in society who will be affected by these changes, placing a greater emphasis on the need for such services within treatment centres.

Release would like this invaluable service made more accessible to drug users across London. If you would like to discuss the possibility of having a LOPs at your drugs service please contact Niamh Eastwood, Head of Legal Services on niamh@release.org.uk or on 020 7749 4033.

Snapshot from Release's casebook

- Release assisted a client who had been sexually assaulted in her flat and was suffering harassment from her neighbours. A legal advisor assisted the client and submitted arguments to her landlord. The client was successfully transferred to a new area.
- The Department of Work and Pensions sought a £2,500 overpayment of income support from a client who suffered from serious physical disabilities. The overpayment had been caused by an error made by the DWP – a Release legal advisor submitted a successful challenge against it.
- A person accessing the legal outreach programme had debts of over £100,000. With Release's assistance many of the debts were quashed or a minimal repayment plan was entered into. Four years later the client was debt free.
- A client attended one of the LOPs with an eviction order which was due to be executed the following day. The order had been obtained due to rent arrears, resulting from housing benefit not being paid. Release was able to secure legally aided representation at the very last minute and persuaded the housing association to agree to an adjournment moments before the hearing, thereby avoiding the eviction.
- A client presented as homeless after a family breakdown. He had serious mental health issues and had been admitted to a psychiatric unit. The hospital wanted to discharge him but the client had nowhere to go, so Release assisted in obtaining emergency accommodation.
- A Release legal advisor considered a client who was in receipt of disability living allowance was on the wrong rate. The lawyer involved submitted a request that the client's claim be reviewed and submitted evidence to support the review. The client was awarded almost £70 per week more in disability living allowance.
- A client suffered injuries, both physical and mental, after an assault. They submitted a claim to the Criminal Injuries Compensation Awards, but failed due to prejudicial evidence submitted regarding their drug use. This evidence was irrelevant to the case and on appeal the client was successful.

Embracing the workforce challenge



Our feature on workforce development (DDN, 16 July, page 8) gave the impression that many workplaces are struggling under the weight of a difficult agenda. In response, **Eva Harvey** offers ‘a success story to end the apathy!’

In 2005 I was employed by Lewisham PCT and Lewisham Drug Strategy Team in the role of Training and Workforce Development Manager. The remit was so broad and vague in parts, that it might have felt overwhelming and daunting, but luckily I had undertaken something similar in Bromley before the need for ‘workforce development’ was identified by the NTA and central government.

I remember when I started, everyone was screaming ‘We have to comply with DANOS’ without really knowing what it meant. It sounded like a threat at the time. I don’t mean to over simplify DANOS, but once you get your head around it, it’s actually extremely useful.

After conducting a training needs analysis using the role profiles on the DANOS website for Lewisham’s workforce, I was able to get to grips with the training people needed rather than what they felt they wanted. I also did a skills audit and realised that a lot of the workforce had the knowledge base and expertise to deliver some of this training to other members. So I managed to keep external training consultants to a minimum, saving not only money, but giving our in-house trainers some fantastic experience for their own personal development.

Many consultations and steering group meetings later, a strategy and the first Lewisham Drug Training Programme were born. We were inundated by the high demand and unfortunately the administration was overlooked at the time. After a couple of months of me doing everything – training, co-ordinating, chairing meetings, marketing, taking bookings and organising venues – my shouts for admin support were heeded.

The programme was very successful and all courses were given a 90-100 per cent satisfaction rating for delivery and learning outcomes. Responding to the high demand, we decided to run the same courses in the following year’s programme, with a couple of changes in line with new government directives.

The second year of the programme was a lot easier to manage, having learnt from some of the

mistakes of the pilot year. This included keeping the courses free, but enforcing a £40 cancellation fee to deter people from not turning up and allowing us to give places to people on the waiting list. Also having admin support allowed me to concentrate on trying to reach the 2008 NTA target:

- 75 per cent of non-professionally trained staff are undertaking or have achieved NVQ 3 in Health and Social Care.
- 60 per cent of professionally trained staff are undertaking or have achieved continuing professional development awards.
- 90 per cent of managers are undertaking or have achieved an appropriate management training programme.

After much research and many brick walls, I found an NVQ3 equivalent that would give our workforce the support, motivation, knowledge base and much desired FDAP accreditation to boot. In partnership with Andy Lancaster, head of training for Phoenix Futures I commissioned the Open College Network Core Competency Framework.

No-one can deny that NVQs are expensive – approximately £1,300 per person with all the seminars and assessments involved. However with the courses already being run by Lewisham mapped to DANOS, and the seminars run by Phoenix Futures, Andy and myself were able to cross-reference the courses people needed to attend and cut down some of the costs in this way. I now have 60 per cent of the workforce working towards this NVQ3 equivalent with more to follow in the next intake of the programme. I am also negotiating an NVQ4 equivalent for managers, so feel very confident about Lewisham meeting that target next year.

We are now in our third year, and the programme is going to change somewhat, based on my recent training needs assessment. There will be more emphasis on integrated care pathways and aftercare, which are a grey area for a lot of folk. We are also going to run a few more topical courses, which will include cocaine and alcohol, based on current trends. I would like to think of our

programme as needs based and therefore always innovative, in line with the ever-changing substance misuse climate.

I do have one concern though and feel I probably speak for the majority of workforce leads: when this target is met, what happens next? There has been ‘talk’ (which won’t be confirmed until the national review of workforce development is published) of integrating workforce development as part of local treatment plans and of handing the responsibility back to service providers within their service level agreements.

Treatment providers will need continued support in workforce development as they do not necessarily have the skills and support to do all this work themselves – it is a vast area of work! It is not a three-year target, that once met should be ticked off a list; workforce development is integral to providing good quality services to meet the ever expanding demand for them, and without a competent workforce you cannot possibly provide a competent service. The 2008 target is not so much the end, but should mark the beginning of workforce development.

For more information on training available in Lewisham contact Eva Harvey, training and workforce development manager, Lewisham DAST, at eva.harvey@lewisham.gov.uk or Nike Begbaaji, Business Support Officer, at nike.begbaaji@lewisham.gov.uk

The author would like to thank Danny McGowan and Paul Cachia, ARP; Byron Taylor, DAST; Ric Lancaster and Rene Brotzman, DIP; and Helen Kelsall, Bridget Benjamin-Gousse, Samir Patel, Neil Robertson, Francis Selema, Efe Ijeomah and Chiara Hendry, SLAM, ‘for their hard work and dedication in delivering the training programme and making it such a huge success for Lewisham!’

Calling DAT workforce leads! The next FDAP/CoG workforce development seminar is free of charge for DAT workforce leads and is on 22 October in London. For booking information visit www.fdap.org.uk

Helping people towards recovery

Professor David Clark describes the skills, values, and knowledge that workers need to facilitate recovery in people seeking help for mental health problems. He points out that this research provides insights that can help improve treatment standards in our field.

After more than 50 Background Briefings, I turn my attention to how people overcome substance use problems. In particular, how do people who have become addicted to drugs and alcohol find the path to recovery?

I start by looking at research by Marguerite Schinkel and Nika Dorrer (2007) which was conducted to support the policy move in Scotland towards recovery-orientated practice in the mental health field. The project aimed to help the development of a recovery competencies framework for mental health workers in Scotland by obtaining the views of various stakeholder groups.

A number of the findings in this paper are just as relevant to how we need to view recovery in the substance misuse field. They also allow us to look at the skills, values, and knowledge that workers in our field need to facilitate recovery in people who present with a substance use problem.

Recovery as defined by service users in this study countered negative conceptions of mental illness that focus on deficits and deterioration. Recovery does not mean that people are necessarily symptom-free, but that they develop 'the ability to live well in the presence or absence of one's mental illness' (Mental Health Commission, 2001). Crucial to the concept is that recovery is an individual process, with the person themselves defining what living well means to them. Recovery is not an end-point, but an ongoing process of growth, discovery, and change.

In relation to our field, this approach indicates that a person does not need to be abstinent of substances to be in recovery. A person on methadone may consider himself to be in recovery because he has stopped using heroin and has an improved lifestyle. However, he may later change his mind and decide he wants to be completely drug-free, thereby starting on a new path to recovery.

The Schinkel and Dorrer (2007) research revealed that the basis for recovery-oriented practice was 'the ability to build up respectful relationships with service users, in which the worker has a genuine interest in the person, sees them as an individual, and takes them and their experiences seriously'.

Only in this relationship could trust be established. Service users also found it useful when workers shared something of themselves in the relationship, thereby acknowledging a shared humanity and overcoming of professional boundaries.



'...recovery is an individual process, with the person themselves defining what living well means to them. Recovery is not an end-point, but an ongoing process of growth, discovery, and change.'

Workers need to believe in and understand recovery, in order to be able to promote it. They have to understand that recovery is an individual process full of setbacks; it can take a very long time to achieve. They have to remain motivated despite this.

Recovery is promoted when mental health staff are good at listening, focus on people's strengths, and know when laughter may be an appropriate way to lighten the mood, create a bond in groups and help people to relax.

Service users felt that having a say in their care is vital to recovery. They need to be given more information, especially when they are first

diagnosed, and where possible receive different options for treatment and support. Whenever possible, they should be allowed to take responsibility for their own choices and their negotiation of risk.

Carers felt that they are often marginalised and not sufficiently involved or kept informed by professionals. If the service user wants significant others to be involved, workers must share information and take carers' knowledge and experiences seriously.

The importance of balance and timing were two overarching themes. For example, a balance has to be found between creating safety and letting people take risks; between respecting service users' choices and decisions, and facilitating recovery through challenging service users' boundaries. There are no hard and fast rules in these areas; workers need to reflect on their practice to resolve these issues.

Study participants thought it was important that mental health workers have some experience of challenging life situations, are aware of their own mental health, and support each other in their work.

While some mental health training courses teach values that are in line with the recovery approach, none have an explicit focus on recovery. Most interviewees felt that such an explicit focus would be beneficial.

Participants considered the main obstacles to putting recovery competencies into practice to be overworked staff, a lack of time and resources, and a clash between idealistic training and existing work cultures. Finding respectful ways to overcome service users' lack of motivation also was considered to be difficult.

The researchers emphasised that recovery competencies can only play a small part in the implementation of a recovery approach. On the societal level stigma needs to be challenged, while on the service level the way mental health services are set up needs to be transformed. It was also noted that the attitudes of mental health workers have repeatedly been reported to constitute one of the main obstacles to the successful implementation of recovery-oriented interventions.

*Marguerite Schinkel and Nika Dorrer (2007)
Towards recovery competencies in Scotland:
The views of key stakeholder groups.
(Find on www.scottishrecovery.net site)*



Annual Drug & Alcohol Professionals Conference, 2007
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- Substance Misuse Interventions
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Course starts in February 2008, part-time.
Deadline for applications is 19th October 2007

For more details contact:
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Email sasseng@brighton.ac.uk

National Criminal Justice Drug Workers Forum Third Annual National Conference 'Drugs & Criminal Justice - The Future' 30-31 October 2007 The Hayes Conference Centre, Alfreton

Aimed at drugs practitioners from all sectors of the criminal justice system, this two day event reflects client-centred worker development and partnerships and offers presentations on key themes as well as a large range of interactive and informative workshops on the following:

Client Engagement and Retention, Motivating Success, IDTS, Cultural and Religious Diversity, Drugs and Prostitution, Throughcare, Aftercare and Housing, Counselling and Reintegration into Society and PPOs Into Treatment

Certificates of attendance provided as evidence for professional development. Exhibition of products and services, social programme, ample networking opportunities, early booking discounts and low fees make this an event not to be missed.

Full programme and registration details, contact:

The National Criminal Justice Drug Workers Forum
Tel: 01759 388555
Fax: 01759 388563,
Email: gill@altura-events.fsnet.co.uk
Or visit the website: www.drugreferral.org



Crack, Cocaine and the Community a training conference

An important interactive conference with a difference, sponsored by Janus Solutions. This conference aims to take an honest, thought-provoking look at current services provided to crack and cocaine users. In an environment of increasing drug use and decreasing resources, the conference will explore and challenge the status quo. It will propose new ways of involving the community to support clients, professionals and key players dealing with Crack and Cocaine issues.

Friday
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Who should attend?

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- Researchers

The conference will:

- explore ways to involve the community in the treatment and support of those who experience persistent drug use; and
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By addressing the following:

- perceptions of crack and cocaine users;
- crack, cocaine and the Criminal Justice system;
- crack, cocaine and diversity;
- impact of present day theories on crack and cocaine users;
- relevant research and evidence based practice; and
- community engagement.

Speakers include:

- Chris Rennie (Janus Solutions)
- Dwight Day (The Social Solutions Institute)
- Kevin O'Meara (BU/BC)
- Doulan Roddy (Star Project); and
- Esther Stamford (Society of Black Lawyers)

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Further information:

If you require further information or assistance please phone Chris Rennie on 07957 143 150 or Rosalyn Atkinde at Geneva, Faversham on 0870 9196701.

- Janus Solutions is an independent organisation that offers a variety of support services and training for professionals in substance use, diversity, policy and organisational development, team building and group supervision. Janus Solutions comprises two partners who together have over 30 years experience of service delivery and development in the substance misuse field.
- Janus Solutions will be launching a new look - "Crack Cocaine 'The open door'", that aims to empower the practitioner to develop their engagement and intervention skills with crack and cocaine users.



Brighton Oasis Project

Director (female*)

£35,000 – £40,000

The Oasis Women's Project in Brighton, South East Winners of the 2006 Home Office National Tackling Drugs, Changing Lives Awards, are celebrating our tenth anniversary year, and are seeking to appoint a new Director to lead the organisation into a bright future. We are seeking applicants skilled in strategic organisational and staff development, contract negotiation and fund-raising and who demonstrate a commitment to meeting and exceeding service specifications and providing high quality services to vulnerable communities within a culture of genuine client involvement. Applicants must also demonstrate a sound understanding and commitment to child protection and welfare, partnership working, an inclusive outlook and a 'can-do' attitude.

Closing date: 9th October 2007

For more information or to apply contact Gretchen Precey on 01273 696 970 or email info@brightonoasisproject.co.uk

** This post is exempt under para 7(2) of the Sex Discrimination Act and is subject to an enhanced level CRB check.*

Wolverhampton City Primary Care Trust

Expressions of interest for the provision of tier 2 adult drug treatment service for stimulant users in Wolverhampton and tier 2 adult drug treatment service for drug users from BME communities in Wolverhampton

Expressions of interest are invited from suitably experienced and competent organisations to tender for contracts to deliver a tier 2 adult drug treatment service for stimulant users in Wolverhampton and a tier 2 adult drug treatment service for drug users from BME communities in Wolverhampton.

The expected term of the contract(s) will be for 2 years with a possible 2 year extension in 12 month increments subject to evidence of need, recurrent funding and satisfactory performance.

Expressions of interest are invited for either or both services, from individual organisations or from agencies acting in partnership. Applicants are asked to note that multi agency applications are favourable and applicants will be required to evidence how they will work as part of the whole adult drug treatment system and to clearly identify and outline how they will work with other providers of the system in delivering a complete package of care .

Multi agency applications are welcomed by Wolverhampton Drugs Services.

Written expressions of interest and requests for tender documentation should be made by Monday 17th September, 2007 to:

Wendy King, Facilities Management Centre, Building 5, Bay 3, First Avenue, Pensnett trading Estate, Kingswinford, West Midlands, DY6 7TE

Email: wendy.king@dudley.nhs.uk

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Eric Carlin

Chair, Drug Education Forum and Chief Executive, Mentor UK

Mark Napier

Consultant, The Centre for Public Innovation

Susan Sim

Assistant Chief Constable, Northumbria Police

Irresponsible drinking plays an important role in the public's fear for crime and anti-social behaviour, which has increased in recent years. What is more, harmful drinking has caused alcohol related deaths to double since 1991. To tackle this, the Government published Safe, Sensible, Social. in June. Delegates at this conference will have the opportunity to discuss the implications of this paper and formulate actions that will lead to more responsible drinking.

**Tuesday 20th November 2007
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- Dual Diagnosis: Exploring Interventions for People with Mental Health and Substance Misuse Problems
- Substance Misuse Prevention Interventions for Young People
- The Criminal Justice System and Substance Misuse
- Communicable Diseases (HIV, HCV, TB): Substance Misuse and Health Behaviour

Modules can be taken alone or combined leading to a Diploma or Degree.
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Steroids	20 Nov
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Drug Interventions Programme

Sheffield Primary Care Trust is seeking expressions of interest for the provision of a Criminal Justice Integrated Team for Sheffield.

The Criminal Justice Integrated Team is part of the Drug Interventions Programme, which is part of the Sheffield Drug and Alcohol Action Team within the Safer Communities Partnership. The Programme plays an integral role in the delivery of the substance misuse treatment service in Sheffield.

This tender is advertised in the European Union Official Journal (<http://ted.europa.eu>), where further details may be found. The reference is: 2007/S 168-207797.

Expressions of interest must be received by 8th October 2007 and should be sent to:
Steve Jackson, Head of Procurement and Logistics,
Sheffield Care Trust, 45 Wardsend Road North,
Sheffield, South Yorkshire, S6 1LX.
Tel: 0114 271 6155 Email: steve.jackson@sct.nhs.uk



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If you would like more information, please contact our Chairman, Mrs Stella Haylett on 01296 482872. For an application pack please telephone us on 01296 425329 or email us at justine@addictioncounsellingtrust.com.

The closing date for applications is noon on Friday 28th September 2007.

ACT is an Investor in People

Tender expressions of interest - Tier 2 open access drug service

Bolton Council on behalf of Be Safe Bolton Strategic Partnership are seeking expressions of interest from suitably qualified organisations with a proven track record of delivering Substance Misuse Services and wishing to participate in the tendering process for the provision of a Tier 2 (Models of Care) open access drug service.

The tender process will be undertaken in two stages. First the submission of a pre-qualification questionnaire, secondly selected organisations will be invited to submit full tender documents and present their proposed service model. Interested parties are asked to note the following key dates.

- 21/09/07 - Briefing for interested organisations.
- 15/10/07 (2.00pm) - Closing date for receipt of pre-qualifications questionnaire.

The total yearly value of the contract to be awarded is expected to be in the region of £300,000 (approx) per annum. To commence for a three year period from 1st April 2008, with the option to extend for a further 2 years.

Please express your interest by contacting Bolton Council for a pre-tender application pack by e-mail only, at tier2tender@bolton.gov.uk stating contact details and postal address. (No later than 5.00pm on Monday 1st October 2007).



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Interview date: 10 October 2007.

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Phoenix Futures is the new name for Phoenix House. Committed to a policy of equality and diversity. Charity registration number: 284880.

Appointment of contractors for the South Wales Drug Interventions Programme



The Council of the City and County of Cardiff, on behalf of the Regional Management Board of the South Wales Drug Interventions Programme, seeks to appoint four contracts with service providers whom it may call upon to contribute to the service delivery in the following packages, under the auspices of the Drug Interventions Programme.

Contracts 1 and 2 are for the provision of a Criminal Justice Integrated Teams (CIIT) to undertake the identification, assessment, triage and engagement of DIP service users.

Contracts 3 and 4 are for the provision of an integrated DIP prescribing service for DIP service users.

The total value of each of the four contracts will be up to the maximum values listed below:

Contract 1 – A maximum contract price of £2,587,515 between the 1st July 2008 and the 31st March 2011 for the provision of a

Criminal Justice Integrated Team covering the Cardiff, Vale of Glamorgan, Rhondda Cynon Taf and Merthyr Tydfil [Eastern South Wales] contract area.

Contract 2 – A maximum contract price of £2,117,058 between the 1st July 2008 and the 31st March 2011 for the provision of Criminal Justice Integrated Team in the Swansea, Neath Port Talbot and Bridgend [Western South Wales] contract area.

Contract 3 – A maximum contract price of £862,505 between the 1st July 2008 and the 31st March 2011 for the provision of a rapid access prescribing service for DIP service users in the Cardiff, Vale of Glamorgan, Rhondda Cynon Taf and Merthyr Tydfil [Eastern South Wales] contract area.

Contract 4 – A maximum contract price of £705,686 between the 1st July 2008 and the 31st March 2011 for the provision of a rapid access prescribing service for DIP service users in

the Swansea, Neath Port Talbot and Bridgend [Western South Wales] contract area.

Each contract term is anticipated to commence on the 1st July 2008 and end on the 31st March 2011, however, all contracts will include a twelve month extension option.

All contracts are subject to continuation of funding through the Welsh Assembly Government and Home Office.

The Council of the City and County of Cardiff reserves the right to suspend or cancel this commissioning process at any time.

The Contractor(s) for the Eastern and Western South Wales CIIT regions [contracts 1 and 2] will be able to demonstrate:

- 1 Ability to develop and deliver a Tier 2 substance misuse service to offenders, and other groups, with substance misuse problems.

- 2 An External Service Audit demonstrating a proven ability to provide advice and support to individuals facing drug and alcohol issues over the last 3 years.

- 3 Published reports that through intervention of your services there has been a reduction of drug related offending and a reduction in harm to individuals, communities and families.

The Contractor(s) for the rapid access DIP prescribing service [contracts 3 and 4] will be able to demonstrate:

- 1 The ability to deliver of a variety of substitute medications for the treatment of substance dependence.
- 2 Ability to deliver a low threshold short term rapid access prescribing service.
- 3 To demonstrate a comprehensive and effective framework of clinical governance.

Applicants will be required to complete a Pre Qualification Questionnaire including financial status, organisational structure, Health & Safety Record and a commitment to delivering of services in accordance with good practice in issues of diversity. The Transfer of Undertakings (Protection of Employment) Regulations 2006 will apply. References may be sought from bankers and relevant clients at this stage. When requesting an application please state which contract(s) you will be applying for.

The Closing Date for applications to be sent out will be 25th September 2007. Return of questionnaire/s by 5th October 2007 at the latest.

Applicants should apply at this stage to:

Nicola Thomas, Assistant Procurement Officer, Procurement & Supplies, Cardiff County Council, Bessemer Close, Leckwith Industrial Estate, Cardiff CF11 8XH

Tel: 02920 873754 Fax: 02920 377605 E-Mail: ppq@cardiff.gov.uk

Staffordshire Drug and Alcohol Action Team

Development Worker (Substance Misuse)

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18% hours per week

Staffordshire Drug and Alcohol Action Team (DAAT) is seeking to recruit to the part time post of Development Worker (Substance Misuse). The unit has undergone a considerable review over the last year and is now looking forward to an exciting future.

You will work within the DAAT Secretariat and hold responsibility for a key area of work across the county of Staffordshire. You'll possess excellent interpersonal and project management skills, the ability to communicate and work constructively with a broad range of people and organisations and have knowledge of Drug and Alcohol services. The DAAT is a multi agency partnership that is currently hosted by the Staffordshire County Council.

We are looking for an individual who can bring partnership working expertise to the team. The role will be demanding and exciting. If you think you have the talent and skills that we are looking for and would like to discuss the role further please contact, Louise Stone, Head of Service on 01785 223178.

To view and download an application pack please visit www.staffordshire.gov.uk/SCH427

To request a postal application pack please telephone (0845) 452 0539 (24 hour answerphone) quoting reference number SCH427.

Closing date: 21st September 2007.

This Authority is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expects all staff and volunteers to share this commitment.

This position is subject to a "disclosure" check under the "Rehabilitation of Offenders Act 1974". Further details regarding this check and Staffordshire County Council's employment policy will be found within the application pack.

The County Council is reviewing its pay structure and this post is included in the review. Please be advised therefore that the grade for this post may change.



Working towards equality for all

Staffordshire
County Council

www.staffordshire.gov.uk

Drug & Alcohol Action Team Development Officer

£17,352 - £21,588 per annum

Ref: ACS3818NF

Southend Drug & Alcohol Action Team has undergone a comprehensive restructure. As a result of this we are now recruiting to a number of exciting new posts. As DAAT Development Officer you will perform a key role in this restructure.

Assisting the DAAT Strategy Manager and the Contracts and Performance Manager, you will help to provide analysis with regards to performance issues to the local strategic partnership. You will assist in the preparation of service contracts and be involved in performance management, including preparing reports for funders, commissioners and the strategic partnership.

Your understanding of the needs of substance misusing service users will be essential in performing your duties as will your excellent interpersonal skills. Your outstanding organisational and IT skills will be fully utilised by the team.

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

Application pack for the above post is available from the Customer Contact Centre, Civic Centre, Victoria Avenue, Southend-on-Sea SS2 6ER or telephone on 01702 215000 to obtain a pack. The opening hours are 8.45am - 5.15pm Monday to Friday. Please quote reference.

Closing date: 24th September 2007.

New Deal applicants will be considered.

Application packs are available in alternative formats.

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 and operate a non-smoking policy.



Southend-on-Sea Borough Council
DEPARTMENT OF ADULT & COMMUNITY SERVICES

Safe - clean - healthy - prosperous - excellent - Creating a better Southend



Service Manager 37 hours, East Sussex

Salary £27,600, rising to £29,735

Providing adult alcohol misuse services in the Hastings and Rother areas of East Sussex, we work closely with Sussex Partnership Trust and other statutory and voluntary organisations and take pride in what we do.

Service Manager is both a varied and challenging role where you will manage both the delivery of the service - offering assessment, support, advice and information as well as a range of psychosocial therapies. You will also manage the volunteer and paid staff. As well as a recognised management qualification (or equivalent experience), you will need excellent systems skills and experience, as well as the ability to motivate and inspire your team. We can offer a high level of support and development as well as a generous pension and leave entitlement.

Closing date: 26th September 2007

For more details e-mail reception.cr@action-for-change.org or telephone 01424 460066. Or see our website at www.action-for-change.org to find out about what we do.

Unfortunately we do not accept CVs.

This post will require an Enhanced Disclosure from the CRB.



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TASHA Foundation



TASHA Foundation is a substance misuse organisation based in West London providing counselling, support, outreach, training and employment services. We are seeking:

F/T (36 hours) **Team Manager** £29,142 to £31,511

To be responsible for the management of all aspects of the Aftercare, Housing and Employment service ensuring consistent delivery of high quality services.

F/T (36 hours) **Aftercare Support Workers** £22,539 to £24,826

To provide assessment, care planning, housing, training/employment advice and information for DIP and non DIP substance misuse clients.

A CRB will be required for both posts.

For more information please contact us on 020 8571 9981

Closing date: Friday 28th September 2007

Reg Charity No: 1062805