DDN
Drink and Drug News
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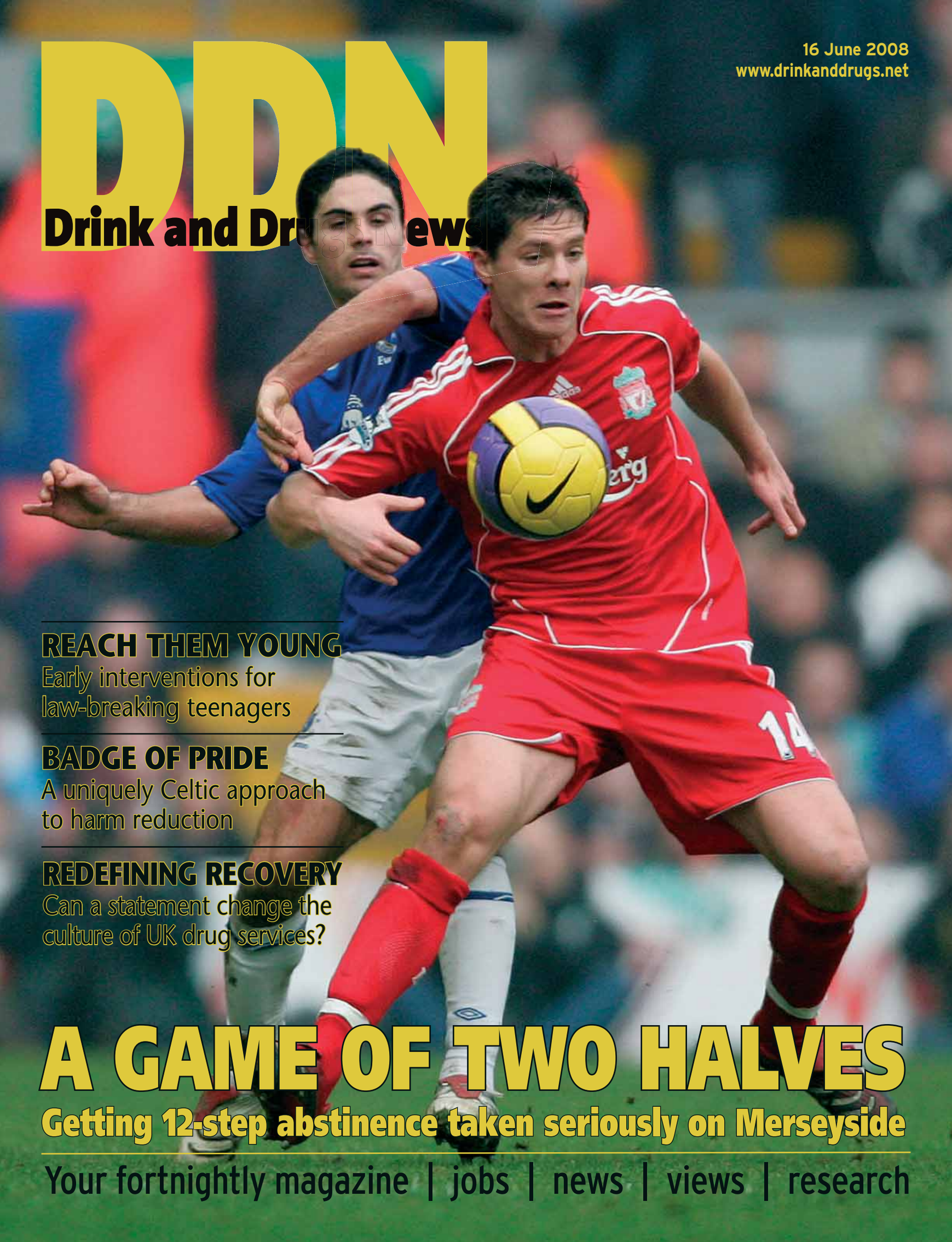

REACH THEM YOUNG
Early interventions for law-breaking teenagers

BADGE OF PRIDE
A uniquely Celtic approach to harm reduction

REDEFINING RECOVERY
Can a statement change the culture of UK drug services?

A GAME OF TWO HALVES

Getting 12-step abstinence taken seriously on Merseyside

Your fortnightly magazine | jobs | news | views | research

RELEASE CONFERENCE 2008

Drugs, Race and Discrimination

Release's annual conference is to be held on Thursday, 18 September at the beautiful Hampstead Theatre. This unique event will highlight discrimination faced by drugs users in general, as well as focusing on those who come from an already marginalised background. National and international speakers (no usual suspects) presenting original material will include:

Racism in the war on drugs
Deborah Peterson Small
Executive Director, Breaking the Chains

Drug policy and racial profiling
King Downing
National Coordinator – Racial profiling, American Civil Liberties Union

How moral values get dressed up as "science"
Dr Ben Goldacre
Writer "Bad Science" Guardian newspaper & broadcaster

Arresting the "usual suspects": The racial impact of UK drug law enforcement
Alex Stevens, PhD
University of Kent

Treatment for all with Hep C – including current users!
Mandie Wilkinson
Clinical Nurse Specialist
Blood Borne Virus Team, East London NHS Foundation Trust

Youth, drugs and discrimination
Professor Rod Morgan
Former Chair of the UK Youth Justice Board

Panel Discussions With Audience –
Racist drug law application in the UK?
Bad information leads to irrational fear?

Only £195.00 including delicious lunch and champagne reception. With only 200 places for this unique event you must BOOK EARLY to ensure you get a place. Contact Jacqui Oliffe on 020 7749 4044 or at jacqui@release.org.uk

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Editorial – Claire Brown

Redefining recovery

Can the drug and alcohol field agree on a definition?

We've got an interesting question for you this issue: can you redefine what recovery means? Can you sign up to a definition that's been put forward by a group representing different disciplines, interests, viewpoints and backgrounds? Do semantics matter – *ie* is this statement helpful in refocusing the drug and alcohol treatment field in the same direction? Or could it be counter-productive in giving us more definitions to argue about?

The logic behind the exercise is that we need to move beyond polarised views and agree where 'recovery' should take the client. In the view of the working group, this meant focusing on life beyond treatment, so that treatment itself could be more aspirational. I don't think many drug and alcohol workers would contest that positivity, wellbeing and inclusion in society are all vital in taking their clients through the difficult here and now of drug treatment – but there has already been crossfire between those who are concerned about the statement, some to the point of strong opposition, and those who cannot see why it is not a straightforward mission to move beyond the old 'abstinence versus methadone' debate and work with the client's choice of treatment. Will the usual entrenched ideologies get in the way of consensus? Is the statement on the right track? As I am in danger of simplifying the entire exercise, you must read the article on page 10 and let us know what you think.

It's a right old game sometimes, getting your service noticed in the face of a different local culture. But Jacquie Johnston-Lynch describes in our cover story how her 12-step service in Liverpool not only played the game of attracting clients, but played it alongside the harm reduction teams, to become part of the same strong league of services. This is surely what it's about – getting out there and playing with enthusiasm, so that clients can make their treatment choice safe in the knowledge that it will spare them penalties and bring them goals. Read the article and you will be talking like this too.

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News in Brief

It's a RAP

Newport-based RAPS (Recovering Addicts Peer Support Group) members have won the Community Action Group Award as part of Adult Learners Week, beating entries from all over Wales. 'The judging panel were impressed that the group not only conquered their own drug and alcohol demons but are now using their valuable experience and knowledge to help others do the same,' said WEA South Wales general secretary Maggie Dawson. RAPS is an independent peer support group for people in recovery from drug or alcohol addiction.

Have your say

The NTA is inviting responses to a consultation on its *Young people's specialist substance misuse: exploring the evidence guide*, aimed at those working with people under 18. The guide will promote good practice and equip practitioners with the evidence around young people and substance misuse which, says the NTA, is a relatively new area of academic study.

Consultation document available at: www.nta.nhs.uk/areas/young_people/Docs/yp_document_consultation_draft_explore_280508.pdf

Blanket ban

A worldwide ban on all tobacco advertising, promotion and sponsorship has been called for by the World Health Organization (WHO). At the moment only 5 per cent of the world's population is covered by a tobacco advertising ban and the tobacco industry aggressively targets the developing world, home to more than 80 per cent of the world's young people, says WHO.

'In order to survive, the tobacco industry needs to replace those who quit or die with new young consumers,' said WHO director-general Margaret Chan. 'It does this by creating a complex 'tobacco marketing net' that ensnares millions of young people worldwide with potentially devastating health consequences. A ban on all tobacco advertising, promotion and sponsorship is a powerful tool we can use to protect the world's youth.'

Government sets out plans to tackle youth alcohol misuse

A WIDE RANGING NEW ACTION PLAN on young people and alcohol has been launched by the government. As well as setting out further moves to stop young people drinking in public, the plan includes the announcement of a new set of guidelines for families about drinking in the home, and a pledge to work more closely with the alcohol industry to reduce irresponsible marketing of alcohol to young people.

The chief medical officer will work with experts, parents and young people to develop clear advice on how much young people should drink, at what age they should start drinking and how far their parents should supervise it, it says. There will also be improved education on alcohol issues in schools, along with the creation of a new offence 'to tackle persistent possession of alcohol'.

'Young people drink, we know that,' said secretary of state for health Alan Johnson. 'And instead of turning a blind eye or preaching at them we must equip them and their parents with the information they need to stay healthy.'

The number of young people drinking has fallen, the government acknowledges, but those drinking are drinking more. Secretary of state for children, schools and families Ed Balls said a 'culture change' was needed, with 'everyone from parents, the alcohol industry and young people all taking more responsibility.' The Portman Group, however, maintained that the promotional activities of drinks companies were already 'strictly controlled'.

The plan has been broadly welcomed by agencies although many wanted to see firmer commitment to support and effective treatment. 'The scale of the challenge is considerable,' said Alcohol Concern chief executive Don Shenker. 'However, the plan represents an excellent start. Parents play a critical role in raising sensible drinkers and they should benefit from the clearer advice on how to raise these issues with their children that is promised under these proposals.'

Turning Point however wanted to see a commitment to improving access to treatment services and moves toward a 'whole family' treatment approach. 'At present there are only a handful of services that engage with all the family, and without them, there is a danger that much of the good work being done to prevent alcohol misuse will be compromised,' said its spokesperson on children and young people Jill Shaw.

Addaction said that the plan missed 'all the easy targets', like improved information and support for young people presenting at A&E departments, and intensive support for parents and children. 'The few areas mentioned in the plan simply aren't enough,' said director of operations Richard McKendrick.

Meanwhile a survey conducted by children's charity Life Education found that 30 per cent of children thought that five or more glasses of wine in one night was normal drinking behaviour for adults. The survey of 9-11 year olds also found that 27 per cent thought that beer drinkers would normally drink four pints, or six bottles, per night. 'We need to make sure children understand that a healthy life does not involve excessive drinking,' said Life Education's national director Stephen Burgess.

Youth alcohol action plan available at www.dfes.gov.uk/publications/youthalcohol/pdfs/7658-DCSF-Youth%20Alcohol%20Action%20Plan.pdf

Prison drug treatment needs 'overhaul'

A COMPLETE OVERHAUL of the government's approach is necessary to address the issue of drug use in prisons, according to a new report from the Centre for Policy Studies. Political will and an 'intelligence-based approach' will be needed if the government is to eliminate drugs from prisons, says the centre right think tank. The present approach is reactive and over dependent on the 'flawed' method of mandatory drug testing, according to Inside out: how to get drugs out of prisons.

The report, by former drug strategy coordinator for London prisons Huseyin Djemil, is the first from the organisation's Prisons and Addictions Forum (PandA), which was set up to 'challenge the prevailing wisdom on drug policy' (*DDN*, 21 April, page 4). It states that the government is more concerned with managing the problem – through things like methadone prescribing – than eradicating it. Mandatory drug tests (MDTs) are unreliable and encourage Class A use over cannabis, it says, since the latter is detectable in the body for longer periods.

There is little information-sharing between prisons themselves or with external agencies, the report states, and there is confusion about whose responsibility it is to stem the supply of drugs into prisons.

The report wants to see a 'pre-emptive intelligence based approach' that starts from the premise that all illicit drugs should be eliminated from prisons. 'At the moment no one knows how many people are using drugs in prison,' says the think tank. 'No one knows what drugs they use and how often; no one knows how the drugs get into prison; no one knows how they are stored and sold.'

At the NTA annual conference this week, Professor Lord Kamlesh Patel, chair of the Prison Drug Treatment Review Group, said there was 'a lot of good work taking place, but clearly short of what's needed'. The review group, which would meet every two months, would respond to critical areas highlighted by the recent Price Waterhouse Cooper review of prison based drug services. It would, he said, identify priorities, advise ministers on future drug treatment interventions, and commissioning and funding structures.

Full CPS report available at www.cps.org.uk/cpsfile.asp?id=1018

Drug policy must reflect evidence base

A NEW REPORT BY SCOTLAND'S FUTURES FORUM has called for government policy to be 'more flexible and adaptive to the changing evidence base' in terms of what is effective in reducing drug-related harm. *Approaches to alcohol and drugs in Scotland – a question of architecture* also looks at harm reduction methods from overseas, such as consumption rooms and 'heroin assisted treatment', with a view to establishing pilot schemes.

The report investigates how drug related harm could be halved by 2025, and calls for a 'population wide' public health approach which recognises that 'for a large majority, the use of alcohol and drugs may result in no harm'. Its other recommendations include improving the quality and range of treatment and support, closer work with community and family networks and better integration of treatment for substance misuse and mental health problems.

The report comes as the Scottish Parliament voted through the country's national drugs strategy (*DDN*, 2 June, page 4), which states recovery as its main emphasis. The strategy would help move beyond the 'sterile debates' about abstinence versus harm reduction, said community safety minister Fergus Ewing, 'as if there were a contradiction between the two'. 'In fact, recovery leaves space for both,' he said. 'Abstinence will work best for some people, just as substitute prescriptions – such as methadone – will be an essential part of recovery for others.'

It also calls for a move away from regarding drug use as a 'justice issue' towards seeing it as predominantly a 'health, lifestyle and social issue to be considered along with smoking, obesity and other lifestyle challenges'. It wants to see resources shifted towards a community approach, linked to prevention and harm reduction. 'It should be recognised that sending people to prison for low level alcohol and drug-related crime is unproductive and probably unsustainable' it says.

It also suggests a single framework of regulation covering all legal and currently illegal drugs as well as alcohol and tobacco, which may include the taxing of cannabis if it is 'shown to reduce drugs availability and harm'. Media coverage of the report has perhaps predictably focused on this, consumption rooms and heroin prescribing rather than the overall public health themes.

'We seldom get the opportunity to stand back and take a cool look at the major issues we struggle with day to day,' said vice chair of the report's project board and former deputy chief constable of Lothian and Borders Police, Tom Wood. 'It is clear that to bring about change a bold, long-term approach is required, with a change in emphasis to a more balanced evidence-based policy.

Approaches to alcohol and drugs in Scotland – a question of architecture available at www.scotlandfutureforum.org/assets/files/report.pdf

Government to pilot US style 'reward' system for staying off drugs

SUBSTANCE MISUSERS who successfully stay off drugs will be given vouchers to exchange for goods or services, in a new pilot project announced by public health minister Dawn Primarolo. Under the scheme, problem drug users will be given incentives tailored to their individual circumstances, such as payment for utility bills, bus passes or household items.

The government is adamant that no cash will change hands as part of the scheme, which was announced at the NTA's conference last week – the retail vouchers will be exchanged for approved goods and services under the supervision of a drug worker. Similar trials in the US have shown positive results and guidelines published by the National Institute for Health and Clinical Excellence (NICE) last year recommended that drug services introduce treatment incentive programmes here.

Around 1,000 problem drug users will take part in the trial, which will be run by the NTA. A sliding scale of rewards will be used in programmes designed to reduce drug use, encourage users to undergo testing for diseases like Hepatitis and HIV and improve attendance at drug clinics.

'We are applying the tried and tested principles of a basic behavioural reward system,' said clinical advisor to the NTA John Dunn. 'In the case of drug users, encouraging a very small change can have life saving consequences. This new approach is a way of kick starting change and helping people regain control over their chaotic lives, thus reducing the harm done by their drug use to families, neighbours and communities.'

The trial will be fully evaluated to see whether it could be implemented nationally, said Dawn Primarolo, who told NTA delegates that the initiative was part of a drive to 'personalise treatments even further'.

'I strongly believe that most people want to overcome their dependency... It's about support and encouragement,' she said.

VOLUNTEERING SOME THANKS: **CRI has been sending out cards to thank all the volunteers and mentors that have contributed to its services, as part of National Volunteers Week. CRI has more than 300 volunteers who between them have contributed upwards of 81,000 hours of work in the last year alone. 'Our volunteers and mentors provide that added extra, which makes our services extra special,' said national volunteer manager Jane Bailey. 'We currently have 302 volunteers and mentors active in projects across England and Wales – 35 volunteers have progressed into paid employment in CRI services and 101 have achieved or are working towards accredited qualifications through the Open College Network. Volunteers and mentors in CRI provide invaluable support to our projects and I want to thank each and every one of them for their contribution and dedication to our service users.'** ***For more information about volunteering opportunities with CRI visit www.cri.org.uk/volunteering***

News in Brief

CHAMPs shortlisted

Mentor UK has announced the finalists of its CHAMP (Promoting Children's Health through Alcohol Misuse Prevention) awards. In the 'communities' section they are: Thorplands United Football Club, Northampton; Strengthening Families, Cardiff; Mitalee Summer School Project, Luton and P.A.R.T.Y, Dumfries. In the 'schools' section: Churches Action on Substance Misuse, Wirral; Adolescents Anonymous, Kirklees; Take Risks? Take Care!, Durham and Ludlow Junior Alcohol Project. Finally, in the 'young people's involvement' section: LookOut Alcohol, Preston; The Peer Education Project, Dundee; Truth Is, Denton and Wasted, Leeds. The winners will be announced in November.

'The media constantly bombards us with negative images of young people – especially around issues of alcohol,' said CEO Eric Carlin. 'The Mentor UK CHAMP awards prove that there are alternatives and that there are great projects out there helping young people make sensible choices and live healthy lives.'

Befriending benefits

Mentoring and befriending schemes have enormous potential for reducing tension in multi-cultural communities and should be rolled out much more widely, according to a new report from the Mentoring and Befriending Foundation. Its Cohesion report is the result of a year-long research project looking at case studies across the mentoring spectrum and calls for more government funding to develop services across all sectors.

'We hope that the findings and recommendations within the report will further advance the argument for a more robust and cohesive mentoring and befriending policy across government and across the country,' said chair of the report's steering group, Steve Leach. 'We know that these services work for people with all different needs and challenges and that properly funded sustainable programmes can bring about lasting solutions in the lives of individuals and contribute greatly to community cohesion.'

www.mandbf.org.uk

Back of the net

Getting a 12-step abstinence service taken seriously in Liverpool has been a game of two halves. It needed some serious tactical planning at half time, says **Jacquie Johnston-Lynch**

Today I felt overwhelmed and overjoyed by the high numbers of people presenting to Sharp Liverpool for treatment. It only felt like yesterday that we were providing group therapy to just three clients. Today we have 21 in, and 14 more in the 'holding group' preparing for the main programme. It's a miracle that we have come so far in such a short time, with such successful treatment outcomes.

John McKeown, a London-based addictions psychotherapist who was a long way away from his Merseyside roots, had felt passionately that there should be a total abstinence-based treatment model available on Merseyside. He teamed up with Tristan Millington-Drake the CEO of what was then the Chemical Dependency Centre and explored ways of transporting the existing Sharp London model up to Liverpool. Sharp stands for Self-Help Addiction Recovery Programme. We have another operating in Bournemouth and Poole.

Against a background of the previous ten-year government strategy, which had very little focus on total abstinence based recovery, Tristan and John worked solidly for seven years to raise charitable funds and to try to build up links with other providers and commissioners to make their dream a reality. Their hard work paid off when in 2003 Liverpool DAAT took the bold, ground-breaking step of investing in a block contract to develop a model, a building and a fully staffed service.

Result! …erm well, not really. Anyone with a knowledge of footie in this city knows that it's never over till the last kick of the game. And in this case, getting the contract was just the whistle for the kick-off. It was about to be a very tough match too. It wasn't Blues versus Reds. Sadly, it appeared to be Harm Reduction versus Total Abstinence; a face-off that helps no-one. Where's a good ref when you need one?

I was employed as project manager in 2004 to take up the 'hands-on' development role as John and Tristan took a back seat and went off to the subs bench. I went onto the 'pitch' to showcase what Sharp had to offer the treatment game.

Part of my role was to build relationships with other services in the area. In some places I was met with warmth and curiosity but in many others, sadly, I was met with disdain and defensiveness.

In the spirit of inclusiveness, I pressed ahead trying to forge strong working relationships with other services. With 46 other treatment providers in Liverpool, 90 per cent of whom are some form of harm reduction services, I knew it would be a long hard slog. Eventually I got round each of the services and hoped that I had understood the nature of each provider and that they too understood the philosophy of Sharp Liverpool.

When it came time for the Sharp Liverpool treatment centre to open its doors for a full programme in a building beautifully refurbished as a result of charitable grants and donations, we waited on the referrals. We waited some more. Nothing much was happening. Was I right in believing that there was a large drug and alcohol using population in this city? Surely someone wanted total abstinence?

Eventually we had a very low trickle of people turning up at the building wanting help to 'get clean', but these people were incredibly chaotic and needed a detox first. Without a full care management or care co-ordination system in place in the city, the staff found it difficult to navigate their way around 46 different providers and try to get them fixed up with a detox just at the point that they had made a decision for themselves that they'd had enough of using and drinking. Nonetheless we managed to get the first few clients through treatment.

The first two were women, Gail and Jane, both of whom were referred into Sharp Liverpool by 12-step friendly staff known to me outside of my work at Sharp. Both long-term opiate users, these women have gone on to be solid and robust role models for new clients entering the treatment centre. One is now a project worker for Progress to Work and one is just completing her BSc in Nursing.

Our next trickle of referrals started to come in, based on how well Gail and Jane looked. Their using and drinking friends had seen them now clean and sober and it had started them thinking about total abstinence for themselves.

And so the seeds were sown. We provided the treatment no matter how many people we had in, even though the block contract for Liverpool stated we were funded for 12 people at all times. That sometimes meant delivering treatment to three people one week and four people the following week. Once or twice we made it to double figures, but there was no sense of continuing steady growth, just a sense of erratic referrals. I was also seeing a pattern of when referrals to us were made from external agencies; they were very often people with dual diagnosis, people with massive amounts of trauma, cross addiction and co-morbidity. We seemed to be being referred (or rather dumped) some very 'difficult clients' from other services.

It became apparent to me that something new and innovative had to happen and a new culture had to be created to get staff from other services to really understand that Sharp Liverpool didn't want to work competitively with them. We wanted to work openly, honestly and co-operatively, engaging in debate and transparent dialogue at all times, raising our game, hopefully with the shared aim of helping people to sort out their lives and realise their potential. It was at this point in the game where we developed our match day tactics *(see box)*.

So the game seemed to heat up a bit in terms

of getting our profile out there and it also started to create a more level playing field. More and more we were becoming known as a centre of excellence, enabling harm reduction services to get a new, solid view of what was on offer in the total abstinence arena. This has come just at the time that the referee's handbook has been re-written, but not by the FA or FIFA, but by the NTA and the Home Office. The new Drugs Strategy 2008-2018 is key to the future of the game!

Commissioners are finally being given guidance to focus on 'recovery communities, to always consider the wider family implications and to offer a range of choices inclusive of abstinence/total abstinence'. (Yaaaaay, cheers from the terraces!)

As just one of the many players on the pitch, I am delighted that at long last, the powers that be are acknowledging the work that Action on Addiction (previously Clouds, the Chemical Dependency Centre and Action on Addiction from which the new charity took its name) has been implementing and advocating for many years.

Of course this doesn't and shouldn't mean that harm reduction services will be given the red card. Moreover it is going to give all the premier league harm reduction teams the opportunity to make greater links with the newer players and teams in this field. This should create a much more seamless treatment formation, especially in Liverpool with 47 teams in the one league!

So it appears that in extra time the game is vastly improving, with space for all the major players. Hopefully the fans on the edges of the terraces will get the opportunity to get on the pitch and really join in with whatever their real treatment goal is.

Back of the net! Result!

Jacquie Johnston-Lynch is project manager of Sharp Liverpool, which is now managed by Action on Addiction.

Those tactics in full...

- Open afternoons – Every eight weeks having two graduate clients host a session where external staff can come to the building and engage in finding out more about the programme and how to refer into it.
- Staff team invitations – Where we would let agencies know that a Sharp Liverpool staff member and a graduate client would be available to come along and address the staff team, fully informing them on the processes of how to refer into the project.
- Visitors' day – Each Friday two staff members from other agencies attend all day at Sharp Liverpool, going into group therapy, personal assignments, workshops, community lunch, graduations, clinical debriefs and end of the week closing session. This full day provides staff with insight about what total abstinence treatment really consists of, alongside the ethos and values of the project in action.
- 'Recovering Liverpool' Conference – Alongside a 12-step residential project in Liverpool, Sharp co-ordinated a conference highlighting the work of both total abstinence projects in the city. With 350 delegates, it proved to be a major turning point in the wider recognition of total abstinence treatment in Liverpool.
- Sharp Liverpool DVD launch – We made a film about what treatment is and how to access it, hoping that this would give potential clients the opportunity to have a sense of 12-step treatment before they had even set foot in the door. Again it proved to be remarkable for the amount of people, who having watched it, headed straight to Sharp looking for treatment.
- Pre-treatment – We initiated a project aimed at getting people ready to consider abstinence and this was based as in-reach with two local DIP and probation teams. It became apparent the people being sent to pre-treatment were nowhere near ready for abstinence, but nonetheless, they still wanted to know about it. They got inspired by some of the facilitators and guest speakers who were graduates of Sharp Liverpool. A number of the clients in pre-treatment began to attend NA and four went into some form of abstinence-based treatment. We are going to revise this project and try to target more amenable in-reach into other services.
- Sharp Liverpool taxis – We launched a fleet of taxis, complete with Sharp Liverpool logos and contact details driving around the city advertising the treatment centre and how to access it.
- Renting rooms to fellowships – Without breaking anonymity and traditions, Sharp was able to offer space to fellowship within the treatment centre setting and as a more solid, robust 'in-tune' place was found for meetings, a more solid, robust and 'in-tune' fellowship began to mushroom. It is heart-warming to see so many people from the rooms attending their friends' graduations at Sharp Liverpool.

'We need only look to the US to see the effectiveness of a puritanical approach to drug treatment. In short, it doesn't work.'

The new puritans?

John Graham's letter (*DDN*, 2 June, page 6) seemed more concerned with extolling the virtues of abstinence than looking at cost-effective solutions to problems in addiction treatment. We need only look to the US to see the effectiveness of a puritanical approach to drug treatment. In short, it doesn't work. We need a wide range of possible interventions, including abstinence and harm reduction, tailored to the needs of the individual.

Of course, the above has been pointed out on numerous occasions. What prompted me to respond to Mr Graham's letter was the arrogance it conveyed. He states that all spiritual disciplines recommend abstinence (unless they are 'perverted'). This is, of course, a transparently fallacious contention. We need look only to Jesus 'water into wine' Christ himself to put paid to that lie. We can also look to the Peyote rituals of the Native American Indians. Mr Graham does not strike me as a religiously intolerant man, so perhaps he might want to reconsider labelling these two diverse spiritual disciplines as 'perverted', simply because they don't fit in with his own beliefs.

He goes on to state that intoxicating substances act as a bar to realising inner potential, and that 'highly advanced members of human communities' eschew all substance use. As well as the obvious examples of people who have made a virtue out of drug use (Hunter Thompson, Timothy Leary, William Burroughs) I look to my own heroes such as Stephen Fry, Charlie Brooker and Irvine Welsh, all of whom have publicly disclosed drug use. If we turn to politics, Bill Clinton famously didn't inhale, David Cameron refuses to deny allegations of past cocaine use and I'd rather see George Bush back abusing alcohol than as the teetotal 'leader of the free world' happy to wage wars because 'God told him to'.

I would like to point out at this stage that I do not condone drug use. I write this letter in response to the arrogance and 'abstinence snobbery' that I perceived from Mr Graham's letter. In his own erudite way, he ended up saying little more than 'Drugs are bad, m'kay?' a position which I thought the UK drug treatment sector was well on its way to leaving behind.

We need to recognise that there are many different levels of drug use (from recreational use, via bingeing and onto addictive abuse), as well as different levels of recovery from addiction (from medicated recovery, via swapping to a less dangerous and less frequently used substance, onto total abstinence).

Outright condemnation of all drug use has been the big failure of drug education. Attempting to bring it into drug treatment is surely asking for trouble.

Stephen, by email

The right spirit

With regards to John Graham's comment, 'all spiritual disciplines (apart from the perverted ones) or paths of personal progress and self-realisation recommend total abstinence from intoxicants of all kind', I would have to profoundly disagree. If anything it is the opposite, as on a global and historical scale most cultures' spiritual traditions use intoxicants to varying degrees. Unless they are all perverted? This may explain why John is a 'self-employed' practitioner, as he goes to spout elitist nonsense about the super powers of the 'highly advanced' abstinent.

It is this sort of attitude that excludes people from the evangelistic nature of some abstinence-based treatment and stops services working together for a common good.

Bryn Hoyle, approved social worker, Drugs and Alcohol Prescribing Team, Harrogate Alcohol and Drugs Agency

Going underground

I have just been reading your article, 'Schools should be judged on drug use' (*DDN*, 5 May, page 5).

I worked strategically with drugs and alcohol for two years for a community safety partnership and part of our strategy was to engage schools in drug/alcohol education (which was very difficult, as there is no problem in schools) to reduce substance misuse in young people.

I think it is absolutely ridiculous that Ofstead is going to judge a school's performance on drug and alcohol use, as well as bullying, teenage pregnancy *etc*. I believe that it is hard enough to get a school to admit that their pupils are taking substances.

This will have a detrimental effect by making it harder to engage schools. It will close the doors to any intervention and many pupils will go undetected for fear of repercussions relating to the school's reputation and the impact on attracting new pupils.

Many students will suffer as they will not be able to get the support they need to help with their problems. Doh! Open your eyes government, stop being so punitive and look at the bigger picture – stop reacting and do some real intervention that will support schools in being receptive to the problems, which as a result may encourage pupils to be more open and honest about what is going on.

Simone Olivier, Dorset County Council

They shoot horses don't they?

Kenneth Eckersley compares Methadone Maintenance Treatment with 'Taking an alcoholic off whisky and then buying him vodka for life at the taxpayers' expense' (*DDN*, 2 June, page 7).

This shows his complete lack of understanding of what is going on in the real world. In a previous letter he gives his support to the draconian Swedish regime, who are now stopping treatment to working girls. Do us all a favour Kenneth, go and live there – I will pay for your flight.

I will make the same point to all of you out there who write in to announce 'taking someone off heroin and putting them on a MMT programme is just swapping one drug for another'. How can intravenous street heroin use be compared to MMT or any substitute prescribing? We are talking about chaotic IV street heroin injectors who are at risk from HIV, the hepatitis C epidemic and all the other blood borne viruses.

We are talking about people dying as a result of the unknown purity of street heroin. So getting someone off the needle and away from all that comes with IV street drug use, to taking methadone once a day under medical supervision, which in turn gives them time to think and get their lives sorted out, is not the same. It's not as simplistic as swapping one drug for the other.

So then I hear you cry: 'Yes but even these "methadone users" still use heroin on top.' Not if the methadone is prescribed correctly, reaching the blockade dose of 60-120ml (depending on the person) and have them on daily supervised consumption for the first couple of months until they are giving negative urines. People who use on top are being under prescribed and any doctor who understands how methadone works on the brain will raise the dose until the 'blockade effect' kicks in.

Isn't it obvious (even to you Kenneth) that to become abstinent, you have to want it? As the old saying goes, you can take a horse to water but you can't make it drink. So these enforced rehabs and limits on the length of prescribing time that are being banded about by these

people who put money before treatment will in fact create the old revolving door syndrome. Billions will be wasted as hundreds of thousands go back to the black market.

David Wright, drug advocate and member of Substance Misuse User Group Wales (SMUG)

Remain in control

The Different Paths article (*DDN*, 19 May, page 6) appears to question the long-term effectiveness and ethical basis behind evidence based maintenance prescribing of heroin substitutes, while advancing an argument for an abstinence based recovery model that is no less dogmatic in its approach.

I agree that drug treatment services should not be blindly advocating maintenance treatment in the name of harm reduction, and I concede that short term prescribing with a view to rapid stabilisation, detoxification and eventual abstinence may be the more empowering and liberating route for the majority of clients.

But I also see lots of evidence in my daily practice to convince me that maintenance prescribing should not be discounted as a viable option for the long-term heroin user who has a history of chronic relapse and severe drug related harm. Maintenance often enables the more chaotic drug user to regain a degree of control over their lives and to manage an otherwise chronic and debilitating condition.

Of course drug treatment services should encourage the maintenance client to review their goals as they maintain a degree of stability and as their aspirations and level of self-efficacy increase. But the reality for some clients is that in the absence of an opiate substitute, major relapse is highly likely, if not inevitable.

I think of an analogy of the individual who struggles with recurring periods of depression or anxiety and who may need to consider anti-depressant treatment to manage the symptoms of their illness. For the majority of those who experience an episode of depression or anxiety-related illness, a short-term prescription and/or talking therapies is enough to manage their symptoms and to regain the level of functioning that represents recovery. However, for a smaller proportion of people, a longer-term treatment episode or a maintenance prescription is required to prevent relapse and to maintain a desirable quality of life and degree of functioning. Most people within this group would ideally want to be among those that do not need maintenance or longer-term treatment.

Furthermore, I do struggle to accept the argument advanced in this article that abstinence and maintenance objectives are diametrically opposed and therefore incompatible. The issue of substituting one addiction for another is always going to be contentious as a treatment intervention, but the very real harm reduction measures that this makes possible and the stability that substitute prescribing offers is difficult to dispute.

The goal of achieving abstinence from street drugs alongside a maintenance prescription can bring very real benefits to those struggling to achieve complete abstinence or with a history of recurrent relapse. In this sense maintenance (on a therapeutic dose of medication) and abstinence (from street drugs) can co-exist. The notion that the only truly successful outcome is one of total abstinence is too limiting and unrealistic to be useful.

The pro-maintenance approach does not need to discount the longer term goal of detoxification and complete abstinence and this should be considered via regular reviews involving the client and practitioner. Only the most dogmatic and inflexible of practitioners would advocate the maintenance route in the absence of clear evidence that it is beneficial and the most appropriate option. The fact that instances of bad practice occur is not in itself sufficient reason to deny this option to those who need it.

Of course, abstinence from drugs is the ideal that we should never lose sight of, and drug treatment services should promote interventions that seek to enable such outcomes – but within a service environment that promotes choice according to individual need and the client's preferred and informed means of achieving recovery.

David Kirkwood, drug worker, Coventry Community Drugs Team

In an ideal world

A recent article by Dr Chris Ford 'Post-its from Practice' (*DDN*, 5 May, page 11) jumped out at me.

Like Stuart, I've recently been transferred from methadone (never a great success for me) to morphine sulphate slow release. It's done wonders for my clarity and energy levels and I'm happy to say that I have recently returned to work and that that extra energy has been very helpful! It also seems to work as a more effective heroin substitute for me, and I'm just sorry that so few people in my position would have this treatment option.

On a different tack, Prof Neil McKeganey and the other keen abstentionists who contribute to your magazine make much of the fact that in one study 70 per cent of users attending a clinic said they wish to become drug free. This should be read with the caveat 'in an ideal world' or 'at some time'.

It should also be borne in mind that drug users are culturally conditioned to say what they believe is more socially acceptable and is more likely to get them a script.

Brian, by email

Unjustifiable escalation of harm reduction

As an earlier supporter of UKHRA [the UK Harm Reduction Association], I considered 'harm reduction' to be a worthwhile idea – which it is, as originally conceived. Unfortunately its proponents – apparently to expand their influence – introduced two new but false claims which have been bringing HR into disrepute, and which as a result are now even reflecting badly on its appropriate usages.

HR was originally intended to reduce the harmful effects of drugs on irrecoverable drug users, to protect them from hepatitis, HIV, Aids etc, and to help such addicts preserve their living standards at a safe level.

However it is now claimed that virtually 'everyone' eventually needs harm reduction because (they say) 'the bulk of our population' will experiment with or use drugs for some part of their lives – a claim which no amount of investigation validates.

Furthermore over the last few years we find that HR is increasingly proclaimed as the grand panacea for all drug usage scenarios – even including educating non-using children in 'how to choose your drugs', and in 'how to use drugs safely and responsibly' – a complete departure that clearly encourages experimentation instead of avoidance.

Nor is there within HR teachings a well sign-posted route to abstinence – the goal sought after by 70+ per cent of addicts of three or more years standing.

In fact, prescription drug 'habit management' is now described as harm reduction, although it cures no one, does more harm to users' health than many street drugs, and definitely does more fiscal harm to taxpayer funded social services, NHS costs and the availability of funding for effective abstinence orientated rehabilitation.

Today, we find in many countries that HR has become the last refuge not only of those who cannot cure addiction, but also those who – for both personal usage and profitable commercial reasons – do not wish to see addiction cured.

So let harm-reduction again restrict itself to where it is needed and wanted, confine its activities to those who are already in danger from their addiction, and let other efforts concentrate on moving towards the drug-free society which the democratic majority so clearly demands.

E. Kenneth Eckersley, CEO Addiction Recovery Training Services (ARTS), former magistrate and retired justice of the peace.

In praise of Bri

Thank you for the recent coverage on Bri Edwards – the stories have been a fascinating read (*DDN*, 7 April–2 June). I have really looked forward to each edition to discover how Bri got through it and am encouraged by its conclusion. It is good to read that Christian faith has played such a major role in an individual's recovery.

I wish Bri all the best in his new life.

Joni McArthur, DAT Policy Officer, West Lothian Drug Action Team

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.

Notes from the Alliance

Staying tuned

We have the government's ear as we gear up to the second service user involvement conference, so let's keep an eye on what matters, says Daren Garratt

IT SEEMS BARELY FIVE MINUTES since we hosted the inaugural DDN/Alliance 'Nothing About Us Without Us' Conference in January, but we're already planning next year's event, and we're determined to make it as genuinely user friendly, inclusive, relevant and effective as we possibly can.

The uncertainty that many of us shared before the launch of the government's new drug strategy was reflected in the way we tried to structure this year's afternoon session and second-guess implications around the future direction of user involvement in this country.

Now that we have the strategy though, we need to ensure that we use any and all mechanisms available to us to comment on how various strands directly affect the lives of users, and we believe next year's conference will provide us with the perfect opportunity to do that.

In the words of some of the attendees contributing to the final roundtable exercise at this year's conference, it was clearly felt that, service users 'must be allowed to use their voice and be heard without fear of punitive measures' and 'if DATs and the NTA fail to provide direction then it's even more down to the service user groups to push even harder to get their point across'. So this is what we intend to do.

The Department of Health are also keen to understand user responses to new approaches in treatment, such as contingency management and heroin prescribing, and as a result will not only be working closely with us in structuring the 2009 conference to address these issues, but also support us in hosting a series of nine regional events, that will each focus on a specific strand of the strategy and allow us to consult with users on a truly national level.

And as we have the ear of government now, let us use it, and use it effectively. Targeted user involvement initiatives that aim to ease capacity, improve delivery and support workforce development appear worryingly absent from the current strategy, yet are a cost-effective solution to providing sustainability in a time of financial uncertainty, and decision-makers need to be reminded of this.

Furthermore, and at the risk of drawing up unnecessary battle lines again, anyone who has an interest in public health must concede that harm reduction needs to be a cornerstone of any effective drug strategy, as it is an evidence-based means of saving lives. Yet we seem to have taken our eye off the ball, and allow advancements like the roll-out of extra pharmacy based and outreach needle exchange provision in Northern Ireland and the ongoing positive discussions about establishing needle exchange pilots in Scottish prisons to go unacknowledged and uncelebrated.

Hopefully, we now have the means to collectively redress this balance.

Daren Garratt is executive director of the Alliance.

The second DDN/Alliance service user involvement conference will be held in Birmingham on 29 January 2009. For more information, email ian@cjwellings.com

Comment

Criminal injustice?

Returning to the drugs field after an absence of eight years Phil Coles is 'appalled and dismayed at' the state of drug services

IN THE LATE 1980s EARLY 1990s, agencies such as Lifeline came under fire from all angles regarding their drugs education publication *Smack in the Eye*, which laid the foundations for true and honest drugs work to be carried out. At the time it came as no real surprise to anyone when the organisation hit the headlines in the UK press for using lottery money to 'show junkies how to hide their stash'. However, many agencies embraced this honest approach to getting information across to users in a format everyone could understand.

Harm reduction, though nothing new, became the trendy buzzword. The term is now bandied about as if social workers, 12 steppers and prohibitionists never objected to it. But how it has been watered down! When you hear that projects funded by the Home Office employ the philosophy of harm reduction, it really does beggar belief.

'Tough on crime, tough on the causes of crime', rang the mantra which would see funding ploughed into services that force people into treatment. This in itself raises questions about the fairness of treatments available to users who are not in the criminal (in)justice system. No one will admit to it, but people asking for help are being told by well-meaning workers to go out and nick something from the local shop, get caught, get a criminal conviction, get your methadone!

DIP and CRI initiatives focus on reducing crime and offending, and while workers may be doing all they can to provide a client-centred service, the emphasis is not on the wellbeing of clients from a Home Office perspective. A clear example of this is that they do not offer needle exchange and only work with Class A drug users.

In South Wales, the contract for DIP and CRI monies was put out to tender after just two years of service delivery. In West Wales the winning contender was Group 4 Security Services. In Cardiff and Gwent, the lucky winners were Kaleidoscope and the Cardiff Crime Reduction Initiative – both with the best interests of people's wellbeing at heart, I'm sure. So much so, that existing service users of the DIP are to be wiped off the books and dumped (I cant think of a more appropriate, politically correct word) on the local community addiction unit, who, like most other services are already inundated and working to long waiting lists.

Also, users presenting with mental health issues will not be accepted by DIP and CRI. These members of our society have historically struggled to get access to one service or the other, being pushed back and forth between providers for decades. It seems their luck is still not with them.

According to research by Ronno Griffiths and Zetta Bear, anything between 50 and 98 per cent of heroin users who access services for help and treatment were sexually abused as children. Many suffered neglect, under-stimulation, bullying, torment, were victims of circumstance and lacked opportunities. A more vulnerable group of people you couldn't create.

If ever there was a time for service user involvement, or a spot of activism from workers in the field, it is now. How much more jackboot legislation is this country willing to take before drug users are executed Thailand style? Well, they had to start somewhere!

Phil Coles, Cardiff

These are the author's views and do not necessarily reflect those of his current or former employers.

A badge of pride

DDN hears how agencies in Ireland and Wales are joining forces to bring a uniquely Celtic approach to harm reduction

The recent Welsh Harm Reduction Conference saw speakers from the UK, Ireland and further afield gather to debate harm reduction issues in Swansea. But it also had an unexpected consequence in that it sowed the seed for something on a far bigger scale, a forthcoming Celtic harm reduction event.

'Swansea Drugs Project approached us in February to speak at their conference,' says director of the Dublin-based Ana Liffey Drug Project, Tony Duffin. 'Once we started to look at what people were doing in Wales and here in Ireland, we found that there were uncanny similarities and a real kind of synergy. We got talking about the clear cultural differences between how things happen elsewhere in the world and how we approach things in a Celtic environment, for want of a better description. Then we came up with the notion of a Celtic harm reduction conference.'

The idea is to persuade the Welsh and Irish governments to fund the conference, which would be the first of its kind. Scheduled for May next year, Scottish representatives will be invited on board once the process is up and running and the plan is for the first conference to be held in Dublin, with the following year's in Swansea. 'The idea is for people from different territories that identify themselves as Celtic to come along and see how others do things,' says Tony Duffin.

'Similarities between the Ana Liffey project and us are incredible,' says director of Swansea Drugs Project, Ifor Glyn. 'They've been going 26 years, we've been going 25 years, both were started by local residents and we're both doing harm reduction work. It's very exciting for us.' The agencies themselves, however, are not the only things that are similar, as both are responding to increasingly serious problems in their respective cities.

'The heroin problem in Swansea has never been worse,' says Ifor Glyn. 'It's not just me saying that – the police will tell you that as well. There are vast amounts of heroin in Swansea and younger and younger people using it – we've got a service specifically for young people and the youngest they've seen using heroin is 13. When I started in this field 15 years ago, with people that age you were talking about solvents and cannabis, but heroin is everywhere now.'

It's certainly the case in Dublin. 'We had about 500 people come to us in February 2006,' says Tony Duffin. 'In February 2008 it was 2,000. Heroin has had a massive impact in Ireland, but cocaine is a big problem as well – we've seen quite a big increase in injecting cocaine use among our clients, and we've launched a number of initiatives to try and address those things.'

'The heroin problem in Swansea has never been worse,' says Ifor Glyn. 'It's not just me saying that – the police will tell you that as well. There are vast amounts of heroin in Swansea and younger and younger people using it.'

The aim of the recent Swansea Drugs Project conference that gave birth to the Celtic idea was partly to raise the profile of the organisation to mark its 25th anniversary, but also to start a real debate in Wales around harm reduction issues. It looked at things like heroin prescribing and safe injecting rooms which, perhaps predictably, created a storm of controversy in the local media.

'The press went ballistic with it basically,' says Ifor Glyn. 'In a way, that's what we wanted – there's nothing wrong with being controversial, because people need to be discussing these issues whether they agree with them or not. The arguments for basic stuff like substitute prescribing and needle exchange have been won hands down, even though they were controversial at the time. So harm reduction needs to keep looking at what works and what doesn't. The press were saying we were condoning drug use and all the rest of it. But on the other hand it's down to agencies like us to raise the issues and put forward sensible arguments.'

Did they manage to change anyone's opinion? 'The Welsh Assembly came out and said "we need to look at the evidence", so the responsibility of organisations like ours now is to prepare the case and show that these things do save people's lives. On the day of the conference a young woman known to the project was found dead on the streets, possibly after injecting. If there were safe injecting rooms in Swansea then that may not have happened.'

So just what does constitute a Celtic approach? 'It's fairly hard to define, but Ireland is a smaller country and there's a lot of networking involved in service delivery,' says Tony Duffin. 'It's almost a case of 'what you deliver and who you know'. That's more the case here than in England where the systems are bigger and there are more people. I think culturally we embrace that and we like that. That's just one example – the idea for the conference is to find out, and define, just what those differences are. When people come over from the UK to see our projects the differences are more apparent to them than us – we're just comfortable working in our own environment. The key thing is to start creating links across the sea, and work towards having a stronger voice together.'

'The process of recovery from problematic substance use is characterised by voluntary sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.'

A new definition of recovery?

This is the statement that the UK Drug Policy Commission hopes will begin to change the culture of UK drug services. The aim, they say, is to refocus on what service users really need for their long-term recovery. They want to go beyond medication or a spell in rehab, and look at the wider goal of helping them build a satisfying and meaningful life – a life that incorporates aspirations, wellbeing and sense of a place in the world. UKDPC feels it is ideally placed to 'bring evidence and analysis together' and launch the statement to the wider field for further debate and eventual consensus.

Why is such a statement needed? Because we seem to have lost the plot a bit, according to Professor John Strang, who has been drafted in as one of the (independent, unpaid) members of the group. He's tired of the 'polarised and extreme' arguments, he says. 'There's confusion of purpose. It's become "abstinence versus methadone".'

The UKDPC set up a group that was 'deliberately broad' – people from all backgrounds and perspectives, users, families, practitioners, commissioners, researchers, with different types of philosophies and disciplines. The rules were 'to respect each others' points of view,' said Prof Strang. 'We were wishing to be inclusive at the outset and search for zones of consensus.'

Over two days, the group drew up key features that could underpin a new 'vision of recovery'. The result is 'a statement, not a definition, a working description of recovery to help people address the harm', emphasises Prof Strang, who has already batted aside criticism of the process on several websites and blogs. He takes time to defend one of these criticisms: that the statement excludes 12-step treatment – an accusation that he sees as blatantly unfair.

'It's not true that we're excluding 12 step and it's not proper for them to disseminate these views,' he said. The inclusion of people who are 'living fulfilling lives while on maintenance' in the statement (for which the group acknowledges the influence of US researcher William White's work) does not mean the exclusion of those who choose abstinence as their route to recovery.

For further research-based kudos, the focus group was chaired by Professor Thomas McLellan, an influential member of the Betty Ford consensus panel in the US that had produced a 'working definition of recovery', published last year in the *Journal of Substance Abuse Treatment*. This report was used as a starting point for discussions that were then opened up to include the panel's own experiences.

So how meaningful was this exercise? Another member of the panel, John Howard, is an ex-drug user who now manages Reading User Forum (RUF). He explained that initially he was 'very uneasy with the words recovery and sobriety – it all sounded very American'. But he accepted they were 'words everyone understands'. He became more interested in the aim of diffusing polarisation, he said. 'Whatever helps the individual is good with me. The statement is inclusive – it embraces all aspects of drug use and drug treatment. Some people feel they have ownership of the word recovery.'

What was particularly important, he said, was that it applied to those in all situations. 'I know some people

who are "maintained" and have an excellent quality of life. I know some who are "white knuckle abstinent", hanging on but scared. I know others in the reverse situation. 'We don't need hard ideologies. We need evolution and inclusion,' he said.

'The issue is that recovery has to be voluntarily sustained,' said Prof Strang. 'It's about maximising health in the wider sense. The 'rights, roles and responsibilities of society' [in the statement] is supposed to be positive, not placing obligations on people.

'It's also about more than bums on seats and clean piss in pots,' he added. 'It's about integrating aspirations to achieve more, and about the responsibility to move up a gear.'

Later, after hearing feedback at the conference, Prof Strang added:

'The UKDPC was extremely encouraged by the audience's response and was grateful for the many personal stories that were shared. It was a very constructive debate and whilst of course there were some suggested changes to the statement, what came across strongly was that people were motivated by a vision of recovery that is person and outcome focused.

'This valuable feedback will help us to develop the statement and supporting documents which will soon be published on the UKDPC website. We hope this work can then be used to encourage further positive debate and inform the shaping of services, commissioning, policy, research and training. The NTA also gave assurances that their board members will consider the implications of both the statement and the feedback from the event very carefully.'

Some initial reactions

The abstinence and harm reduction argument smacks of ecumenical discussion. Petty rivalry is frustrating. It's always been my view that they're mutually dependent. This statement is very sensible. Some of the document is a little bit simplistic – but as a model it's a good one. It should be seen as a starting point.
Dr Gordon Morse

I was addicted to heroin for eight years, then I went on a structured day programme. It did what it said on the tin – it gave structure back to my life. People need a chance, a start. It's an achievement getting off drugs. The main part is employment, moving on. We're all working towards the same goal.
Clair McDaid, The Roundabout user group

I stopped using drugs 25 years ago – before that I was an injecting heroin user. The more I think about this statement, the more I think it fits. This is a genuine opportunity for reducing polarisation.

Some of the responses to the statement have been a bit of a war of words. It's important not to get hung up on words – it creates divisions.

At the point of recovery you don't know what your choices are. This is about developing aspirations; let's start this aspiration-building very early. What's also important is the continuity – recovery is one continuous long journey.
Tim Leighton, Action on Addiction, and a member of the UKDPC consensus group

We've created a recovery-based service in Halton – it's not a series of modalities but a treatment journey. It's personalised care, a one-stop shop. We're wanting to help the whole person and look at the challenges they're facing. There's also a political role: to challenge the stigma of people in services and recovery.
Steve Eastwood, 'Safer Halton' partnership

I hid my heroin problem for years. You can't prescribe methadone on its own. You need a network – doctors, services, housing. You've got to find what it is that the client needs as an individual, and there needs to be a care plan – I didn't have one till last year.

We need to get together – we all want the same thing don't we?
Heidi Glenn, Thameside User Forum

The debate around recovery is also happening around mental health, so it's really interesting. We think it might help to address polarisation.

The NTA wants to listen to a variety of views. Then we will start considering implications and may build onto initiatives for drug treatment.
Annette Dale-Perera, director of quality, NTA

The statement works for Phoenix. I was surprised by the ideology in the drug sector when I joined. I hope this will help us to move on. Providers are really clear about what successful outcomes are.
Karen Biggs, chief executive, Phoenix Futures

This statement releases recovery from shackles. It shows inclusivity and aspiration.
Manchester drug worker

I'd like to put the focus back on services – it's not just service users, services also need to be in recovery. There's been dishonesty around targets they're supposed to meet. We all need to be in recovery – it's about society, family… we all need to be going through this change.
Service User rep, Portsmouth

The cycle between prison, day centre, prison goes on – they should have a plan, which isn't happening. Where I work the services don't get together.
Worker in homeless day centre, Sussex

I would like to welcome the statement. We need to unite the field behind health and wellbeing. This is also particularly important for the general public and media, when we're facing polarisation of field. We're facing having substitute medication removed if we don't convey effectively how we're using it.
Jim Barnard, SMMGP

Methadone etc hasn't always had a good press, but the way it's delivered now really can assist recovery. Services are recovering and we're moving on. Let's not underplay the role medication can have in recovery.
Dr Susi Harris

When are job centres going to become part of the one stop shop? We need a system for people to reintegrate back into society.
Southwark user group member

What's behind the statement?

Behind the statement's 32 carefully chosen words are the following ideas:

- Recovery is more than a single event. It is a process that requires time to achieve and maintain.
- It is about moving away from uncontrolled substance use and towards good health (both physical and mental) and wellbeing. This may mean abstinence – or it may mean using the support of prescribed medication, peer groups and families. In all cases, it is about building a meaningful and satisfying life.
- It recognises that people do not recover in isolation and need inclusion and a meaningful role in society.
- It should focus on positive benefits, not just reduction of harms. Aspirations and hope are vital to recovery.
- It will vary between individuals – in timescale and the kind of support and interventions needed. There is no 'one size fits all'.
- It has to be voluntarily-sustained if it's going to be long-lasting – even if it has been initiated by a criminal justice system intervention. **See www.ukdpc.org.uk**

From the age of 12 to 24 I used drugs, mainly amphetamines, then moved on to heroin for two years. Then I met a worker who asked me what I wanted from life and what was important to me.
Jason, service user

This statement shows that life's about more than the drugs.
Service user

It's about a person-centred approach. They're the ones sat in front of us – let's deal with their needs.
Mike Smith, Turning Point

We must carry on doing what we're doing and work out how to take forward the agenda for the future. Things are better than they were. There's no reason why we shouldn't get better.

The discussion around this consensus statement is one of the most valuable and constructive I've had in the drug treatment field.
Paul Hayes

It's important that we keep challenging. We need to keep working with those challenges and prejudices. Today has given us the scope and enthusiasm to do that.
Kate Davies, conference chair

Hot stuff or hot air..?

Would you sign up to this definition of recovery? Write to the editor, at the address on page 3. **DDN**

'More than half of the young people that we saw were from families that had experienced problems – either divorce or loss of a parent. Many cited bad relationships with a step-parent or parent as a major obstacle in their lives.'

Reaching them young

Offering young people drug and alcohol advice at their first brush with trouble can be highly effective in diverting them from harmful usage, says Mike Blank

During the past year the Surrey Alcohol and Drug Advisory Service (SADAS) have been running a pilot 'interventions clinic' with Surrey Police, targeting young people who have entered the criminal justice system. The clinic is designed to provide advice and information on drugs and alcohol where it has become evident that the substances may have been used, but where they are not necessarily the primary reason for the young person's arrest. Held four times per month at a local Police Station custody suite in Surrey, the clinic has had encouraging results.

Of the 281 young people that SADAS has seen at the intervention clinic, more than three quarters were not previously known to drug and alcohol services, so staff were able to provide appropriate advice about drug and alcohol use at an early stage to a vulnerable group of non-engagers. Those with more serious issues were referred to suitable treatment agencies for help.

Initially the young person is seen by the police officer in charge, with the details of their offence. If the officer suspects some drug or alcohol use, they are offered the opportunity of talking to someone about it and then shown into a separate private room with a SADAS worker.

Once in the room they become the client and experience a different approach. After being reassured of confidentiality, they are engaged in conversation and at an appropriate point the assessment form is completed. Any onward referral is made as soon as possible and with the client's agreement.

We know that acquisitive crime is an indicator of possible drug or alcohol problems and that it can also be a good indicator of other problems that could be social, familial, or educational. By intervening at this early stage, SADAS hopes to avert some of the more entrenched, long-term problems that can develop in later life. It also aims to promote help-seeking behaviour; as the white paper *Treatment Works* points out, involving people with treatment agencies is the most effective way to reduce offending. By no means all of those seen required this type of intervention, but the amount of advice and information given over the last year clearly shows there is a need for this type of service. We've been able to help some individuals who were clearly at risk.

The data collected during the pilot scheme is also helpful in understanding some of the reasons why young people are turning to drugs and alcohol.

For example, significantly more than half of the young people that we saw were from families that had experienced problems – either divorce or loss of a parent. Many cited bad relationships with a step-parent or parent as a major obstacle in their lives. As well as emphasising the importance of stability in a young person's development, this data also suggests that a high proportion of young people that fall foul of the legal system have a family background with an element of disruption and upheaval.

Another significant issue is the nature of the young person's engagement with the education system. We know that poor engagement is a prominent feature in the presentation of older entrenched drug users, but here we see evidence of problems starting at a much earlier age. All those that attended the clinic were aged between 12 and 19; and of these 158 attended school, 28 were excluded

from school and concerningly, 70 individuals reported that they were just 'not going' to school on any regular basis, but were not officially excluded.

In every case there were additional individual circumstances that came to light. These circumstances do not, of course, excuse any criminal activity – but they do give an indication of some of the issues which, often unprepared and alone, young people are trying to deal with:

Rape (3), sexual abuse (2), homelessness (2), hepatitis C (3), mental health issues (4), overdose/suicide attempt (3), self-harm (7), child carer (3), bullied (6), death of close friend (5), death/suicide of parent (9), victim of violence (7).

During the pilot we also collated data to monitor the outcomes of the clinic. Although in some cases people received more than one intervention, we gave advice and information to 160 people and referred a further 57 on to the appropriate treatment agency for help. For 75 people no further action was required.

We made attempts to see whether people actually made it to the referral point. From what we could gather many did, but the confidentiality conditions of some services precluded us having this information. If the project is continued, we would really like to be able to commit more time to looking at the subsequent quality of engagement.

Overall we believe the pilot scheme has been successful, giving us the opportunity to work with some of the people most likely to become criminally active and who might have long-term drug and alcohol issues. What is also striking is the fact that these young people had not been in contact with other services, such as specialist young people's substance misuse services or arrest referral schemes – services that are supposed to engage the 'hard-to-reach'. The scheme also suggests that good relationships between local drug agencies and the police can really work as partnerships. Simply put, this initiative to help young people most in need has benefited both the individuals and the community as a whole.

Mike Blank is chief executive of SADAS, a Surrey-based drug and alcohol charity that includes assertive outreach, counselling, drop-in street agency and criminal justice services.

Robust interventions

Young people with multiple drug and alcohol problems can be difficult and confusing cases to treat within Tier 3 services. Professor Howard Parker is working with Lifeline on a project to devise more robust interventions and wants your contributions on effective practice.

Presentations to Under 18s' specialist substance misuse services are now dominated by alcohol and cannabis related problems, followed by cocaine and other stimulants like ecstasy. This ACCE profile (Alcohol Cannabis Cocaine Ecstasy) is also evident in young adult presenters at Tier 3 and among young adult DIP clients, with 'cocaine only' positive drug testers fast becoming the biggest group in some programmes. Dig a little deeper however, and our cocaine users are usually also big drinkers – a confounding factor for working with ACCErs.

There are obviously beacons of best specialist practice with stimulant users and even chronic cannabis users, but generally practitioners in community-based services across the country struggle to be confident that they know what's best practice with ACCErs. With no prescribing options, no retention carrots and the backdrop of a sector dominated and pre-occupied with opiate misusers for 20 years, this is hardly surprising.

We know the speak-easy from national agencies like NICE and the NTA about psycho-social interventions, but guidance quickly tails off, long before it delivers actual practice approaches and meaningful exemplars. A fairly inexperienced workforce is left to carry a caseload of younger, often ambivalent, service users with a wide array of ACCE consumption problems wrapped up in further layers of personal, emotional and social issues. 'An hour a week one-to-one, try and keep them for 12 weeks, make them better... what could be easier?'

Lifeline, in collaboration with Professor Howard Parker, are undertaking a practice development project which will focus on creating semi-structured packages to help specialist and Tier 3 workers deliver more effective interventions with alcohol, cannabis , cocaine and other non opiate misusers. These 'intelligent' packages will be influenced and underpinned by recognised therapeutic approaches such as motivational interviewing, solution-focused therapy and elements of cognitive behavioural therapies. The 'trick' however will be to operationalise these approaches via attractive focused exercises, diaries, charts, and client projects, and the creative use of already available resources. The desired outcome is to produce an evidence-based structure that helps both practitioner and service user stay focused and better achieve care plan goals, especially around abstinence from or maintaining reductions in particular substances.

The working group overseeing this project would welcome and acknowledge suggestions and contributions from practitioners in the field willing to share what they feel is effective practice, especially around motivation, active engagement and time-limited interventions. Once a wide range of approaches and exemplars from both international practice literature and the national field have been collated and analysed, a set of packages will be created and piloted-validated within Lifeline's national network of under-18s and transitional Tier 3 services. Service users will be fully involved in the testing.

The final stage of the project will involve producing high quality packages set within a cascade training and guidance framework distributed via Lifeline Publications.

If you can help, please contact Janine Day (janine@eclypse-yps.org.uk) or Howard Parker (howard@howardparker.co.uk). *For a detailed explanation of the ACCE profile, see DDN, 7 May 2007, page 7, online at www.drinkanddrugsnews.net*

A journey into and out of heroin addiction

Professor David Clark begins his look at an imaginary, but all too real, heroin-using career, preceding his forthcoming Briefings on treatment.

Before I start writing about treatment in future Briefings, it is important to look at the nature of the problem with which we are dealing.

Addiction is a multi-faceted problem, involving psychological, biological and sociological aspects. Addiction is about people's lives. It is about their substance-using careers.

There are an infinite number of pathways in to and out of addiction. Here, I start to look at one person's life, an imaginary life drawn from the lives of many people I have met or heard about. In later Briefings, we will consider what we can learn from Lydia's life as a heroin addict, and as a recovering/recovered heroin addict, in order to help other people.

Lydia had a happy early life until her parents split, her mother remarried, and her stepfather started abusing her sexually. She lost touch with her father, and her mother would not accept that anything untoward was happening in the house.

The sexual abuse continued from age nine to 13, and left a long-lasting emotional impact on Lydia. She became withdrawn at school and her work deteriorated. Nobody outside the family could understand what was underlying these latter problems.

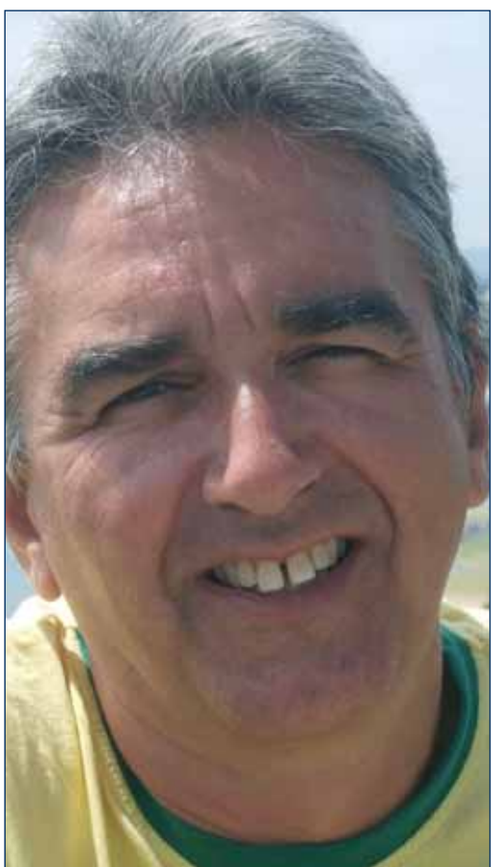
Lydia used solvents at age 12, and then cannabis and amphetamines soon after. She was introduced to heroin when she was 15. The drug initially had a huge impact on her, since it seemed to remove her from all her problems.

She had met a 'nice' group of people whose major preoccupation was using heroin. They understood her problems and accepted her for who she was. Lydia had felt alienated from normal society and found she could easily fit in with this group.

Initially, Lydia used heroin only occasionally, but the effects of the drug were so powerful in helping her deal with her emotional problems, she came to look forward to using. She became one of the 'group' and at this stage they provided her with the drug. She met an understanding boy, Tom, who became her boyfriend.

At this stage, Lydia started to lose contact with some of her old friends and became more detached from her mother, who had other things on her mind.

Lydia could justify her heroin use to herself because the drug, and the people she shared her experiences with, served an important emotional need. Eventually, she fell out with her parents and went to live with Tom in a squat. She was 16.



'She began to realise that the Lydia of the old days was disappearing. The full range of choices she had in her younger days was becoming far more limited.'

The amount of heroin that Lydia was using increased as tolerance developed. There was no real reason to stop using heroin – it had become part of life without really thinking about it. The whole experience was still enjoyable.

Up to now, Tom and Lydia were smoking the drug, but Tom started injecting. On one occasion, the couple could not get heroin and Lydia experienced withdrawal for the first time. At first, she thought she had a dose of flu, but when the symptoms disappeared after she used heroin, she realised that this was the 'cluck' that her friends had talked about.

Lydia had always felt she should refrain from injecting, because she felt that one could easily get addicted. She also did not like the thought of injecting herself.

However, one day she was with a group of people who were all injecting. She felt that she could not decline using in this way. She was not forced to inject, but it was easier to just agree – just this once. Someone injected the drug for her.

Eventually, Lydia decided that she should reduce the amount of heroin she was using because she was now paying for it, so she started to inject regularly. Tolerance continued to develop.

Lydia was able to justify her continued use because she needed to feel good, other friends were doing it, *etc*. She also explained to herself that her deteriorating appearance and physical condition, and detachment from society, were not a problem. They were a small price to pay for a new life and the status and reputation she now had in her group.

Lydia soon reached a stage where she could not afford her heroin habit, so she started to shoplift to be able to buy heroin. There was a lot to learn to be able to do this successfully – and she had to adapt to taking up a behaviour that she would never have agreed with in her earlier life. But the culture of which she was part – her heroin-using friends – helped her along.

Lydia's identity was changing – she was becoming more immersed in the culture, and she was engaged in criminal activities. She was also becoming more selfish and her thoughts were much more focused on getting money to be able to buy heroin. And, lo and behold, she now had a full-time job.

Life with heroin was not easy. Lydia had to learn to hustle to survive. She began to realise that that the Lydia of the old days was disappearing. The range of choices she had in her younger days was becoming far more limited. At times, she now experienced periods of low self-esteem.

University of Kent | Kent Institute of Medicine and Health Sciences (KIMHS)

Training for Drug & Alcohol Practitioners

Programmes from 2008/09

Our university accredited, modular programmes incorporate the "Models of Care" framework, DANOS competencies and QuADS benchmarks. Being taught in five-day blocks, they are accessible to students living in or outside Kent, are ideal for those new to or returning to study. All programmes aim at a wide range of professionals in healthcare, counselling, criminal justice, the community and social care etc. who access clients with substance use related problems.

Certificate in Substance Misuse Management (Stage 1)

This access level Certificate provides a broad introduction for practitioners who work with problem substance users, or expect to in the near future. The programme is delivered in Canterbury and across the UK where there are cohorts of 10 or more students. It is a recognised benchmark for those seeking an accredited qualification. The programme also offers beneficial training for all social, health and education professionals whose work includes contact with problem substance users.

18 month programme from September 2008 or by negotiation

Certificate in the Management of Substance Misusing Offenders (Stage 1)

This Certificate is an access programme for prison and probation officers, drug and alcohol workers, health and social care professionals working with problem substance users in the criminal justice system. It includes NTA and Home Office strategies, eg. DRRs, CJIP, CARAT and DIP issues, ethics, cultural factors, managing challenging behaviour and working in multi agency, criminal justice settings. Available across the UK for cohorts of 10 or more students.

18 month programme from September 2008 or by negotiation

Diploma in Substance Misuse Management (Stage 2)

The Diploma provides a framework for understanding the biological, psychological and social perspectives of substance misuse, within the context of service provision. The programme aims to develop therapeutic understanding and client specific interventions, against the backdrop of current research and thinking in the field.

2 year programme from October 2008

BSc in Substance Misuse Management (Stage 3)

The BSc programme provides in-depth study of the psychological, environmental and biological aspects of addictive behaviours, this includes training in ethics, research methods and the implementation of a small research project. You will be encouraged to develop a detailed understanding of client assessment and outcome monitoring, skills required by project workers, managers and commissioners. POST-GRADUATE RESEARCH OPPORTUNITIES are also available in this area of study.

2 year (top-up of Diploma) or 4 year programme from November 2008

For further information and an application form, please contact:
Teresa Shiel, Programme Co-ordinator, KIMHS, Research and Development Centre, University of Kent, Canterbury, Kent CT2 7PD
Telephone: 01227 824330 Email: T.Shiel@kent.ac.uk KIMHS webpage: www.kent.ac.uk/kimhs/courses

Design & Print Centre 105884 02/08

All staff enjoy ■ Part-time, full-time and term-time only roles ■ Flexible retirement policy ■ Childcare vouchers ■ Great training and development

Welcome to working together

Chief Executive's Department

■ **Drug Strategy Manager**
£43,596 - £46,800 **Ref: 20850**
Full time, permanent
Based in Bedminster

Please note this is a politically restricted post.

Bristol is an exciting, diverse and economically successful city – but like most other large cities it has higher than average level of crime and disorder, much of it drug related. With our partners, we are strategically tackling the problem of substance misuse, to enhance the quality of life for our citizens, for our communities and for our young people.

Following the promotion of the current post-holder, we are seeking a creative and energetic manager, who working to the Head of the Safer Bristol Partnership will deliver the drugs agenda in Bristol's diverse, multi-cultural urban environment.

In this high profile partnership role you will provide leadership to operational teams delivering projects and programmes that deliver the national drugs strategy locally.

You will have a multi-disciplinary range of skills and knowledge, a wide experience of management in a partnership environment, the experience to enable you to contribute to the strategic direction of the partnership and a proven ability to inspire and motivate staff to continually improve the delivery of our annual Treatment Plan and our overarching Partnership Plan.

A dynamic and creative approach is required to problem solving and an ability to manage the opportunities and challenges that partnership working brings in an outcome driven focus environment.

Closing date: 25th June 2008.

Our preferred method of application is online, if you are unable to apply online, please call 0117 922 4499. To apply in person, please visit our City Jobshop at 38 College Green. Our full range of opportunities are available online.

www.bristol.gov.uk/jobs

Please note we cannot accept CVs. Applicants must be either EU nationals or hold a current permit that will enable them to work in the UK.

At Bristol City Council, we value having a workforce as diverse as the city we serve. We therefore welcome, develop and promote people from all sections of the community.

BRISTOL CITY COUNCIL

Camden

There's nowhere quite like Camden. Creative, vibrant, challenging and diverse, we're committed to excellence in everything we do. We're seeking talented people who will *focus on our customers, take responsibility, work together and find better and cheaper ways of doing things*. So, if you share these values, think about joining us.

Family Support Worker - Substance Misuse

£24, 588 - £26, 025 p.a. inc.
Two year fixed term contract

Joining our multi-disciplinary team, you'll provide support to families in the area who have been affected by substance misuse. As well as offering assistance and guidance to children, you'll offer parenting support and work with treatment providers to help them develop one-to-one provision.

Along with significant experience in this arena, you should be confident caring for children. In addition, you'll need a practical knowledge of child protection and family support.

This is a re-advertisement, previous applicants need not apply.

For an informal discussion please contact, Alison Johnson, Senior Practitioner Substance Misuse - MALT, on 020 7974 3378.

This position is subject to an enhanced CRB check.

Camden Council values the diversity of its community and aims to have a workforce that reflects this. We therefore encourage applications from all sections of the community.

Camden is committed to the protection and safety of children and vulnerable adults and expects all staff to share this commitment.

For further information and to apply online 24 hours a day, please visit www.camden.gov.uk/jobs
Please quote job ref: IRC2620
Closing date: 23 June 2008.
Interview date: 7 July 2008.

INVESTOR IN PEOPLE

looking for new opportunities?

bdp

Bristol Drugs Project is an experienced, energetic and resourceful service delivering effective harm reduction and treatment services to over 3,000 individuals a year.

ALCOHOL SERVICES WORKER – full-time – ref: DD01
Delivering a counselling and support service for people wanting to control or end their drinking, you will need experience of working with people with alcohol problems and a counselling qualification. For an informal discussion contact Justin Hoggans, Structured Support Services Manager, on (0117) 987 6007

CRIMINAL JUSTICE WORKER – 30 hours a week – ref: DD02
The Criminal Justice Service at BDP seeks to deliver effective interventions to drug-using offenders, in partnership with the Probation Service, Criminal Justice Intervention Teams, and the Prison Service. We are looking for experience of working with drug-users, excellent engagement skills and an understanding of the Criminal Justice System. For an informal discussion contact Steve Jackson, High Support Services Manager, on (0117) 987 6012.

Salary scale for both posts: £16,617 - £24,980 (pro rata based on 35 hours a week), starting salary for suitably qualified candidates: £22,156. A pay award is pending. For both jobs you will need experience of working with drug users and we welcome past personal experience of problematic drug use.

Funded by Safer Bristol - Bristol Community Safety & Drugs Partnership
Closing date: Tuesday 24th June at noon

Please fax, e-mail or write to Alice Walker, quoting the job reference, for an application pack: BDP, 11 Brunswick Square, Bristol BS2 8PE Fax: (0117) 987 1900, E-mail: recruitment@bdp.org.uk

We are committed to anti-discriminatory practice in employment and service provision; we especially welcome applicants from Black and minority ethnic groups, as they are under-represented within our organisation. No CV's agencies or publications.

Registered Charity No: 291714 Company Limited by Guarantee: 1902326

Blenheim

Providing quality services in response to the changing needs of diverse communities

Receptionist/Training Administrator

£19,715 - £22,086 pa **Head Office**

This is a new role that will provide both a first point of contact for visitors to Head Office and administrative support for our Training Centre. This will include welcoming delegates, taking room bookings, ensuring the room and equipment are adequately maintained and liaising with trainers both before and after any training events. You will also provide general administrative support to other Head Office functions.

We are looking for a highly effective administrator who is able to manage a busy reception area, organise a diverse workload to meet tight deadlines and communicate effectively with a wide range of people. **REF: BCDP/10/DDN**

To request an application pack, please telephone our response handling line on 01206 570706 or email: info@peterlockyer.co.uk quoting the reference number. Alternatively, you can download an application pack from our website www.blenheimcdp.org.uk Closing date: 1 July 2008.

www.blenheimcdp.org.uk

Blenheim CDP.
Registered Charity No. 293959.

We value diversity in our workforce and welcome applications from all sections of the community.

Local opportunities

Winthrop Hall, part of Success in Recovery, is a new company formed for the purposes of delivering ground breaking treatment of drug and alcohol addiction, for individuals who can fund their own treatment. Our first residential treatment centre 9 miles south of Maidstone opened in October 2007. Our goal is to establish a centre of excellence in this field.

We are seeking to recruit a professional, flexible and motivated team for this exciting venture. Candidates must be articulate and enthusiastic, and also believe they can match our mission statement of Undeniable Excellence.

Female Support Worker – Nights

Working a night shift rota of 5 shifts on and 5 off, it is preferable that you will have healthcare experience within the addictions field or supportive areas.

Under the Sex Discrimination Act 1975 s7 (2) as amended by Sex Discrimination Act 1986 section 1 (2), and the Employment Act 1989 section 3 (2) only female applications will be considered for this post.

Qualified Substance Misuse Nurses – Senior and Junior Positions Available

We are seeking to recruit outstanding Substance Misuse Nurses, with the motivation and skills to deliver our programme achieving successful outcomes for our clients.

You will be a registered nurse with experience in the addictions field, and preferably further training in the addictions field.

Alternatively, you will have a strong desire learn more about the treatment of addiction, being a recently qualified nurse. Commitment, drive, and the determination to succeed is paramount.

Successful candidates need to be exceptional individuals committed to working within a Clinical Governance Framework to deliver safe, effective, evidence based care.

In return for your hard work and commitment in what is a ground breaking organisation, we offer extremely attractive levels of remuneration and company benefits.

WINTHROP HALL

If you are interested in applying please e-mail your CV with covering letter, detailing your current level of remuneration to dianejenner@winthrophall.co.uk. Website: www.winthrophall.co.uk.

Closing date for applications is 30th June 2008

The posts require an Enhanced Disclosure under the Care Standards Act 2000

K·C·A
Services in the Community

Operating in the drug & alcohol and mental health sectors, KCA (UK) provides a wide range of high quality and innovative specialist services for adults and young people. The organisation provides services from over twenty service bases across Kent, Surrey and the London boroughs, employs approximately 300 paid and unpaid staff and has an annual income exceeding £10.5 million.

Director of Development and Marketing

Salary from £45,000

(negotiable plus pension and other benefits)

Ref: 488 – Based in Kent or London. 37 hours per week.

This new senior post will have a lead responsibility for taking KCA (UK) into the next phase of its service expansion and for promoting the organisation's ethos and achievements. You will be responsible for actively seeking new contracts and establishing new services in line with KCA's strategic development plan and developing links with the range of KCA's external stakeholders, the general public and the media.

You will be able to evidence:

- Extensive knowledge of the substance misuse and mental health fields or a related health/social welfare sector
- Experience of inter-agency working at a senior level and of relevant commissioning structures and processes
- Experience of successful large scale contract acquisition, service set up and delivery
- Degree level education together with an appropriate professional/managerial qualification

You will have an ability to work independently and imaginatively as well as contributing and collaborating effectively within a cohesive management structure

For application forms contact:
KCA (UK), 44 East Street, Faversham, Kent ME13 8AT.
Telephone 01795 590635, Fax 01795 539351,
Email recruitment@kca.org.uk, www.kca.org.uk.

Closing date: 6th July 2008
Interview date: 22nd July 2008

KCA (UK) is committed to the principles of equality of opportunity for all and welcomes applications from people with experience of substance use or who have had previous problems with substance misuse. Charity No: 292824

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trust

Trust supports women involved in or exiting from street prostitution in South London, providing support through a range of services including, Street Outreach, Drop-in sessions, Court Diversion, Key Working, Structured Counselling, Group Work and Aftercare.

HEALTH IMPROVEMENT COORDINATOR (FEMALE)

(21 hours) 3 days. £28,000 - £30,000 pro rata (incl LW) + 6% pension contribution. Two year contract. Recognized qualification in Social Work, Health Promotion, Substance Misuse or Mental Health. This post will focus on improving client's access to health care provision, while developing further health related working partnerships in the borough. This is also an opportunity to contribute to the development and coordination of Trust's Group Work Program, REALize.

TREATMENT DATA & ENGAGEMENT COORDINATOR (FEMALE)

(35 hours) 5 days. £29,000 pro rata (incl LW) + 6% pension contribution. One year contract. This post will support women's engagement and retention in Tier 3 substance misuse treatment and support improved data collection. The post holder will carry a client case load and participate in a range of Trust services as well as represent the project by contributing to the borough's local forums and treatment strategies

If you are a motivated, strategic and confident person, passionate about delivering an excellent quality of service and contributing to improving the options for marginalized women, join our supportive and committed team where your expertise and skills will be utilized and valued as part of our holistic and specialized approach.

Closing date: 5pm on July 11th 2008
To apply: Please email laura@trust-london.com
for details of how to receive a job pack, stating the job title.

This post is exempt under section 7(2)(d) of the sex discrimination act 1975 as it is a genuine occupational requirement.

Registered Charity: 1104461 Trust is a Company Limited by Guarantee: 5099295

DDN in association with FDAP

"The trainer worked at our pace, which helped us to learn in a relaxed environment"

"Well presented and interactive"

Essential workshops

National Occupational Standards – Supervision and appraisal

14 July 2008 – central London

This one-day practical workshop for line managers and HR directors focuses on managing and developing practitioners' performance against DANOS and other national occupational standards. Using real examples, participants will work through different assessment scenarios and look at ways of managing and developing frontline workers. Run by Iain Armstrong – a leading expert in DANOS and workforce development.

Cost: £110 + VAT per head (15% reduction for FDAP members/affiliates). **Rates for groups on application.**
Contact Tracy Aphra – e: tracy@cjwellings.com, t: 020 7463 2085.

Drug and Alcohol Foundation

The Drug and Alcohol Foundation (DAF) is a small addictions charity based in Westminster that has been delivering therapeutic services to the residents of London since 1974.

DAF is now looking for two new members of the clinical team:

Project Co-ordinator, DAF Clinical Services – Salary £28,000 - £30,000

This is a senior role within the organisation and would suit someone who is both clinically experienced and qualified and administratively competent. The role is to manage DAF's counselling services and dual-diagnosis services, including clinical personnel, assessment process, supervision, clinical governance and relationships with outside agencies.

Dual Diagnosis Counsellor – Salary £21,000 - £25,000

To work on DAF's specialist mental health and addiction programme (dual-diagnosis), The Dartmouth Street Programme (DSP), which has an excellent reputation and is the only group work service of its kind in London. The role is for a counsellor to work on both an individual and group basis.

Both positions are offered on a full time fixed term contract, renewable annually.

An application form and information pack can be downloaded from our website: www.daf-london.org.uk
Alternatively please contact Olivette Stanislas on 020 7233 0400 or e-mail: admin@daf-london.org.uk.
Closing date for completed applications is Friday 4th July.

DAF is an equal opportunities employer.

Park View Project

Experts in the field of addiction. Helping people find recovery, freedom, normality, peace!

Keyworker

PARK VIEW PROJECT – LIVERPOOL
£18,000 – £20,000 [Closing date: 30.06.08]

We require one KEYWORKER. Previous experience of working in the addiction field and knowledge of the 12step programme would be advantage, or a very definite sensitivity to the needs of this client group. Those with personal experience of addiction or dependency on drugs/alcohol and who are at least two years drug free/sober are encouraged to apply, but it is not essential.

Please send a covering letter and CV to The Project Manager, Park View Project, 32 Kremlin Drive, Liverpool L13 7BY.

Calderdale Council

Calderdale NHS
improving health, improving lives

Invitation

to become an Approved Provider of Substance Misuse Services in Calderdale

You are invited to apply to become an official Approved Provider of Substance Misuse Services in Calderdale. Applications are welcome from all suitably qualified Providers both locally and nationally.

We wish to establish an Approved Provider List for the following areas of service delivery:

- Clinical Drug Treatment - Adults
- DIP Programme (Intensive DIP area)
- Young Person's Specialist Service
- Specialist Alcohol Provision – Adults
- Adult Vocational & Life Skills Provision (Drugs & Alcohol)
- Needle Exchange Supplies

Calderdale Safer & Stronger Communities Partnership Joint Commissioning Team (substance Misuse) takes a pro active approach to partnership working with innovative organisations. The approved provider list will be in place for a period of 5 years but will include an annual period to allow for a review of the list.

Please apply by contacting our office below by email requesting the relevant documentation and information.
F.A.O. Jan Walker – Joint Commissioning Admin Officer, Safer & Stronger Communities Joint Commissioning Team (Substance Misuse), School House, 56 Hopwood Lane, Halifax HX1 5ER
Email: jan.walker@calderdale-pct.nhs.uk

Please mark the subject line of the e-mail –"application pack for approved provider list". The pack will include a covering letter, Pre Qualifying Questionnaire and information detailing the approved provider list process. These documents should then be completed in full and returned before the ***closing date – week ending the 11th July****. When submitting completed documentation please include a contact telephone number to enable us to confirm receipt of e-mails etc.*

Tender expressions of interest – Test on Arrest / Required Assessment 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 Test on Arrest / Required Assessment Service.

For further information and to download tender documentation please visit **www.thechest.nwce.gov.uk** click on 'Current Opportunities' and select 'Bolton'.

Please express your interest by emailing **toatender@bolton.gov.uk**.

Bolton Council
www.bolton.gov.uk

adapt

HM PRISON SERVICE
East Midlands area

HMP Stocken
CARAT Team Manager
Starting Salary £24,000 to £25,000pa

ADAPT a national provider of drug & alcohol treatment services in custody and the community require a Manager who will lead the CARATs team at HMP Stocken to ensure the delivery of CARAT's services to meet our contractual obligations to the Prison Service and to promote best practice.

The role is challenging, and the successful candidate will need evidence of experience at first-line management level, or equivalent within the substance misuse or criminal justice setting, is essential. Excellent organisational skills and proven track record of effectiveness are essential.

To request for an application pack please write to: ADAPT, Area Offices, 26 Thorpe Wood, Thorpe Wood Business Park, Peterborough, PE3 6SR or Email data-adapt@adapt-online.com, quoting reference EM-08-08. The closing date for receipt of applications is 27th June 2008.

Tender for the Provision of Psycho-Social Intervention Service

ROCHDALE METROPOLITAN BOROUGH COUNCIL

Rochdale Safer Communities Partnership is seeking an organisation to provide psycho social interventions within the community setting to drug misusers in the Rochdale borough. The appointed service will deliver a range of evidence-based interventions to drug misusers at various stages of their treatment. The programme will include therapeutic work coupled with education and skills training to promote community reintegration.
Potential bidders will be asked to outline their delivery model through the submission of a service specification.
To request information pack and tender documentation please contact:
Corporate Procurement Unit, Floor 7, Municipal Offices, Smith Street, Rochdale, OL16 1LQ. Telephone: 01706 925481. Fax: 01706 925476
Email: corporate.procurement@rochdale.gov.uk

Rochdale Safer Communities Partnership

The final date and time for the submission of tender documents is 22 July 2008 at 2pm.

COUNSELLOR
CLOUDS HOUSE, EAST KNOYLE

Salary from £21,319 per annum,
25 days holiday per year plus additional benefits

We are seeking to recruit an Addictions Counsellor to work as part of the Treatment Team providing a full range of Counselling Services to beneficiaries in our residential treatment centre.

For more information and an application pack, please contact the HR Office on 01747 830733. Alternatively email your interest (providing your postal address) to mardeen.willows@actiononaddiction.org.uk

Closing Date: 20 June 2008

www.actiononaddiction.org.uk

The Chemical Dependency Centre, Clouds and Action on Addiction have merged. The new organisation is called Action on Addiction. Charity No. 1117988

Action on Addiction

INVESTOR IN PEOPLE

Barton Hill Settlement

Barton Hill Settlement is a community managed multi-purpose centre providing a range of services in inner city East Bristol

THE CAAAD PROJECT

Join our CAAAD (Community Action Around Alcohol and Drugs) team in an exciting new phase of development;
We require a full time (35 hours per week)

DEVELOPMENT MANAGER

to manage the development and administration of our Drug and Alcohol Project plus the relationships with internal and external stakeholders. You must have 2 years experience of management within the drug and alcohol field including budget mgt, fundraising, reporting and monitoring.

Salary: £27,594 – £29,728 per annum
Closing Date for receipt of application: Friday 27 June at 10:00 am
Dairy date for Interview: 10 July 2008

For a job pack giving more detailed information please contact: Central Services Office, Barton Hill Settlement, 43 Ducie Road, Barton Hill, Bristol, BS5 OAX
Tel: 0117 9556971 or E-mail: debbiep@bartonhillsettlement.org.uk
For more information, look on our website:

www.bartonhillsettlement.org.uk

Barton Hill Settlement has a policy of promoting equal opportunities and diversity and therefore welcomes applicants from all sections of the community.
Limited Company Number 5031499 Registered Charity Number 1103139

SOUTH LONDON YMCA

PROJECT MANAGER

£27,000 to £29,000 per annum pro-rata
Keystone House - Croydon Ref. No. GN123
(Part-time, 3 to 4 days)

We are looking for a strong, knowledgeable and inspirational individual for our drug and alcohol rehabilitation hostel to build on its current success. We envisage you being an experienced therapist or group worker with substantial knowledge and experience of working with substance misuse recovery and a background in supported housing. Whilst effectively managing your own work, which will include direct therapeutic work with residents, you will offer clinical supervision, peer support sessions and informal training to your team and have day to day responsibility for all aspects of the hostel and therapeutic programme.

SPECIALIST SUPPORTED HOUSING WORKERS

£24,000 per annum
Keystone House - Croydon Ref. No. GN124
(Full and part-time posts)

We are looking for strong team workers to join our existing team offering holistic support to residents in our drug and alcohol rehabilitation hostel. You will take an active role in all aspects of the service including assessments, key work and facilitating the therapeutic programme. In order that the hostel runs smoothly you will also be managing rents, debts and hostel voids. We envisage you having experience in the drug or alcohol field in offering direct support to service users and facilitating group sessions within a residential or day setting. A qualification in counseling or group work would be a distinct advantage.

Both positions are Mon – Fri, however given the nature of the project candidates will be expected to be flexible and respond to service need positively. The weekly hours for all posts are 37.5 (except the part-time post). We offer 20 days annual leave (under review) for Supported Housing Workers and 25 days for Project Manager posts plus Bank Holidays.

For an application pack, including a job description and person specification, contact us at www.southlondonymca.org.uk and under the 'Work for us' section are details of how to apply. Alternatively please call for an application pack on 020 7101 9968. Successful applicants will be subject to an enhanced CRB check and employment references over the previous five years of employment.

The closing date for all positions is the 23rd June 2008.

We are an equal opportunities employer and welcome applications from all sections of the community
Registered Charity No: 1099051 Housing Association No: H4400

TEDS

TREATMENT & EDUCATION DRUG SERVICES ACROSS RHONDDA CYNON TAFF

TEDS has been providing specialist substance misuse services in Rhondda Cynon Taff for over 22 years. We are one of the largest voluntary sector agencies in South Wales, delivering our services within a harm reduction framework.

Due to increased growth within TEDS, and as part of a planned restructuring of our team, we now have the following exciting vacancy.

SERVICE DEVELOPMENT MANAGER

Full time – starting salary £32,000

The successful candidate will lead, and be accountable for, service development, delivery and evaluation in order to ensure consistent, high quality services are maintained. You will have a minimum of 3 years management experience and a proven track record working in substance misuse services, preferably within the voluntary sector. Car owner/driver essential. Enhanced CRB check required.

For application pack:
visit www.teds.org.uk
email teds@teds.org.uk
or ring 01685 880090

TEDS, Engine House, Depot Road, Aberdare, CF44 8DL

Closing date for completed applications: Monday 23rd June 2008

For more information on ALL our current vacancies or to apply online visit **www.bournemouth.gov.uk**

Bournemouth Borough Council

Community Care Services

DAAT Co-ordinator - Bournemouth

Ref: S00042, £32,426 - £35,852, 37 hours per week

Bournemouth Drug and Alcohol Action Team has successfully developed a comprehensive range of treatment and support services aimed at reducing the harm caused to individuals, their families and the wider community.

As DAAT Co-ordinator, you will have a central role to play in building upon these achievements to further improve our outcomes for our service users and carers. You must be able to demonstrate:

- Genuine commitment to service user and carer participation
- Skill and understanding of partnership working
- Experience of strategic and budget management
- A sound understanding of the commissioning cycle
- Highly effective communication skills

For an informal discussion about this post please contact David Palmer on 01202 705591 or Karen Wood on 01202 458740.

Apply online or an application pack may be obtained from Recruitment Team, 24-hour answerphone on (01202) 454775 or (01202) 458838. Alternatively, e-mail: recruitment@bournemouth.gov.uk

Closing date: 4th July 2008.

This post is subject to a pay and grading review.

The Council is committed to achieving equal opportunities and a work life balance. Bournemouth Borough Council does not accept CVs without an application form.

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want to join a

successful, dynamic, expanding team?

Trust The Process Counselling's ongoing success in helping people combat addiction has prompted the need to expand their services into new areas of intervention.

The Thames Clinic is a six bedded, medically supervised residential detoxification facility, based in **Kingston upon Thames** and we are seeking to recruit a brand new team of dynamic, forward thinking professionals to work for us in this exciting new venture. If you want to be a part of this venture and personally strive for excellence, we need you to work for us.

We require:

1 **Full time Nurse (RMN/RGN)**
(part time/job share available)
(£23,749 – £30,598)

1 **Counselling Support Worker**
(part time/job share available)
(£16,536 – £25,320)

Previous experience of working in the addiction field is essential, or a very definite sensitivity to the needs of this client group. Those with personal experience of addiction or dependency on drugs/alcohol and who are at least two years drug free/sober are encouraged to apply, but it is not essential.

We plan to launch this new service in September 2008, so don't hesitate. Please send a covering letter and CV to Thames Clinic Personnel, Trust The Process Counselling, Telford Place, 1 Telford Way, Luton, Beds, LU1 1HT.

Also visit www.trustttheprocess.org

Closing date for all positions is Friday 27th June 2008

Contact Cathy Howlett on 07961 544544.

ttp counselling

alcohol and drug rehab

www.trustttheprocess.org