DDN
Drink and Drugs News

19 November 2007
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Tackling the language of racism

SIX OF THE BEST?
Matt shares his first half-year in recovery

LIFE BEYOND TREATMENT
New academy inspires lasting change

A NEW DAWN

Abstinence: a better way to a brighter future?

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Editor's letter

'Before all I had was an existence, but now I have a life that's worth living,' says Matt, who was six months into recovery when he wrote the article on page 11.

Matt would not be writing the same story if he had decided not to pursue the goal of becoming drug free. His detox was hard work and painful, but for him the process of rehab was about stripping everything in his life down and getting to the root of why he was using in the first place. Maintenance would have seemed like a sticking-plaster option: he needed to prove to himself that he could achieve the seemingly unachievable, to give himself the same chances as anybody else.

Our cover story makes the case strongly for the goal of abstinence in treatment, but equally it highlights the necessity of having that choice. A service user is quoted as saying he was maintained on a methadone script for years without being encouraged to go drug free. Another expresses his regret that he did not explore 22 years ago the opportunities of getting off drugs and learning the life skills he was discovering in rehab. That's a long time not to have explored other options; what could he have done sooner with the right support?

Of course prescription drugs including methadone have a hugely important role in making stabilisation possible – but they must never become an excuse for not offering anything more.

Jim McCartney's academy (page 10) opens up possibilities beyond being able to function OK. He is ambitious about making ex-drug users contenders in the workplace, with a full armoury of social skills and the motivation to do well. It emphasises the argument reiterated in our letters page and in FDAP conference presentations – that It's not about reducing the options to 'either harm reduction or abstinence', but about making sure we have both, at the time the individual is ready – and this can not be emphasised enough in a climate of fear over budgets.

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In this issue

News in Brief

Hybrid vehicles

Black cabs have been half-painted to make their back ends look like ambulances and police cars, as part of the government's 'Know your limits' safer drinking campaign. The two halves of the cabs – which will be on the streets of Birmingham, Manchester and Liverpool for eight weeks and London for four – are linked by the line 'don't let a good night turn into a bad one'. Buses will also feature route maps ending in A&E departments, on their sides. 'At this time of year when people will be out having a good time, these vehicles will, I hope, make people think about having one drink too many,' said Home Office minister Vernon Coaker.

Joined-up justice

A new youth justice unit has been launched to develop policy around young people and children who offend, or are at risk of offending. The Joint Youth Justice Unit merges the responsibilities of former departments in the Ministry of Justice and DFES. 'Joint responsibility with the Department for Children, Schools and Families will allow us to have a more joined-up approach towards dealing with young people in the justice system,' said justice minister David Hanson.

Agency undermined

Head of the Scottish Crime and Drug Enforcement Agency (SCDEA), Graeme Pearson, has cited lack of support as one of the main reasons for his decision to leave his job more than two years early. 'The agency has never been fully staffed and I would say, on average, is about 10 per cent down on what it should be,' he told the *Scotland on Sunday* newspaper.

Cancer warning

The World Cancer Research Foundation has warned that there is 'much stronger' evidence that alcohol can increase the risk of some cancers than was previously thought. 'Any alcohol consumption can increase your risk of cancer, though there is some evidence to suggest that small amounts of alcohol can help protect against heart disease,' says its new report *Food, nutrition, physical activity, and the prevention of cancer: a global perspective*. 'Therefore, if you choose to drink, do so in moderation'. Available at www.wcrf-uk.org/

New alliance calls for increase in alcohol tax and advertising restrictions

A new umbrella organisation of medical bodies and campaign groups has called for an increase in tax on alcohol and more effective restrictions on drinks advertising.

Members of the Alcohol Health Alliance, which launched last week, include the Royal Colleges, Alcohol Concern, the National Addiction Centre and the British Liver Trust. A 10 per cent increase on tax could cut alcohol-related deaths by up to 30 per cent, it says.

The alliance aims to propose evidence-based solutions to the UK's rising levels of alcohol-related ill health and prompt government action. It acknowledges that many measures could be politically controversial but that evidence to support them is now overwhelming.

It calls for better regulation of the drinks industry, with a ban on alcohol advertising on TV before the 9pm watershed and in cinemas except when the film is 18 rated, as well as stronger health warnings on promotional material. It also wants to see an increase in government provision of treatment services for people with alcohol misuse issues, as the problem is far more widespread than that of drug dependency, yet comparatively little treatment is available.

The alliance says that more funding should be made available for alcohol prevention strategies, as there is strong evidence that early intervention in hazardous drinking is both effective and cost effective. It argues that an increase in tax on alcohol could bring the level of provision for treatment and prevention services up to the same level as that for illegal drugs.

'Given the current alcohol problem in the UK – to increase taxation on alcohol and to improve treatment and prevention services seems both sensible and fair' it says. Drinks industry representatives, however, have said that an increase in tax would not reduce consumption and simply restrict consumer choice.

www.rcplondon.ac.uk/alcoholalliance/

Alcohol-related illness soars in Ireland

The number of people discharged from hospital in the Republic of Ireland with alcohol-related health issues or injuries rose by nearly 90 per cent in the decade to 2004, according to Health-related consequences of problem alcohol use, published by the Health Research Board (HRB).

The number discharged with alcohol-related liver disease increased by almost 150 per cent. In the same period, the number of bed days used by people with alcohol-related illness more than doubled to 117,373, while consumption rates of pure alcohol increased by 17 per cent to 13.4 litres per adult between 1995 and 2006.

'These figures from the Hospital In-Patient Inquiry (HIPE) scheme are remarkable,' said the report's lead author Dr Deirdre Mongan. 'Moreover, because HIPE does not record people attending accident and emergency who are not actually admitted to a hospital bed, it is fair to assume that these figures actually underestimate the pressure of problem alcohol use on acute hospital services.'

Three-quarters of those discharged were men, with most in the 50-59 age range. However the report found that around a fifth of the 26,000 discharges under 30 had long-term alcohol-related problems like liver disease, and almost half of those under 18 were women. Alcohol-related deaths doubled between 1995 and 2004, with almost 70 per cent occurring in those under 60.

The report also shows that more than 5,000 people received treatment for problem alcohol use, one in five of whom were using at least one other drug. It calls for greater integration of alcohol and drug treatment services, more accurate and complete data on the numbers of people receiving treatment, as well as increased taxation and measures to restrict the availability of alcohol, particularly to young people.

Full report available at www.hrb.ie/display_content.php?page_id=66&stream=1

Government boosts hostel investment

An extra £70m to fund more than 100 new or upgraded hostels with training facilities for rough sleepers, has been announced by housing minister Yvette Cooper.

The hostels will provide on-site training in practical vocational skills as well as in areas like running a small business. Hostels offering these facilities have been shown to have a far better success rate in helping clients move on to higher education, employment and independent living.

'Getting people not just off the street but back into work is a major challenge,' said Yvette Cooper. 'While homelessness is at its lowest level for 20 years, we need to press on for further improvements. The expansion of this scheme – which is proving a major success – will transform the lives of thousands of homeless people.'

Service user involvement conference gathering steam

Service user groups and service user co-ordinators are signing up from all over the country for the first national service user involvement conference 'Nothing about us without us', to be held on 31 January 2008.

The venue in Birmingham is proving to be a central location for delegates, who so far span from Newcastle Upon Tyne to Plymouth and from Wales to Ipswich. Momentum is building for a lively and interactive day, organised by *DDN* and The Alliance.

All service user groups attending the conference are invited to bring contributions, large or small, for the poster display, to give other delegates an idea of the services and support they offer. ***For more details visit www.drinkanddrugs.net/Events/events.html***

Boozy Betty: a new information campaign for female students has been launched by Action on Alcohol and Drugs in Edinburgh, based on research carried out at Heriot-Watt University. The 'Boozy Betty' posters and leaflets will be complemented by pilot drop-in sessions for students at Edinburgh and Lothian Council for Alcohol. The research – based on the responses of 700 students – found that 36 per cent of female students were drinking up to 16 units of alcohol on both Friday and Saturday nights, citing cheap drinks promotions as a key factor.

Alcohol tax increase 'an ethical duty'

The state has an ethical duty to help people live healthier lives and the government should ignore 'nanny state' criticisms and have the courage to introduce unpopular measures like higher taxes on alcohol to protect the public's health, according to a new report from the Nuffield Council for Bioethics.

Public health interventions are justified when other measures have failed, says *Public health – ethical issues* which looks at issues across the board from alcohol and food labelling to infectious diseases. It proposes a 'stewardship model' where the goals of improving health are balanced against issues of intrusion and coercion.

Measures that came at the top of a 'ladder of intervention' – such as restricting choice rather than simply providing information – would only be implemented if there was sufficient justification. To this end it wants to see 'coercive measures' on the price, marketing and availability of alcohol, calling for the government to review its relaxation of alcohol licensing. 'The stewardship model provides justification for the UK government to introduce measures that are more coercive than those which currently feature in the National Alcohol Strategy' it says.

Report available at www.nuffieldbioethics.org/go/ ourwork/publichealth/publication_451.html

Scottish Government for best practice in user involvement

A new good practice guide to service user involvement in substance misuse services has been published by the Scottish Government.

Service user involvement should be an integral part of the design, planning and delivery of services at all levels, according to *National quality standards for substance misuse services – good practice guide to service user involvement*.

Aimed at service providers and commissioners regardless of the size of the service, source of funding or client group, the guide recognises that service user involvement can be challenging but that 'the benefits resulting from both the process and the results can turn the challenge into an opportunity'.

Commissioners need to improve their knowledge of user involvement and include clear descriptions in the specification of exactly what they want providers to do, it says, as it was sometimes difficult to reach consensus with service users about the best ways to work together. Similarly, services can have difficulty adapting when user involvement has not been the norm and staff can sometimes feel threatened by perceived criticism. Users themselves may be cynical about the process or worried about expressing their views, especially if they are dependent on the services. It may often be necessary to try a number of models of involvement before finding the best one, it says.

Available at www.scotland.gov.uk/Publications/2007/11/08092322/10

Turning point gets connected

A new centre to promote integrated service delivery has been launched by Turning Point. The Centre of Excellence in Connected Care will work closely with commissioners to allow local communities to have an input into services in their area.

Community representatives will receive effective training in how to re-design services based on the outcome of local audits, and funding and support will be on an integrated basis to include housing, social care and health. All services will be thoroughly evaluated and subject to a cost benefit analysis to make commissioning decisions accountable.

'The work of the Centre of Excellence fits with current government and commissioning priorities to give local people and local communities more influence and power to improve their lives,' said the centre's director Richard Kramer. 'Connected Care begins with the community it will serve and puts people at the centre of commissioning, involving them in the redesign and delivery of those services.'

News in Brief

Warwickshire contenders

The joint work of Warwickshire County Council's DAAT with local partners to develop a range of information and products to help reduce the harm caused by alcohol has been shortlisted for the Information Sharing award at the 2007 Positive Practice Awards organised by the Care Services Improvement Partnership. Winners will be announced on 17 December.

Portman protests

The Portman Group is urging the public to complain to them if they have concerns about irresponsible alcohol advertising. It is also distributing copies of a consumer guide to making complaints. 'While we continue to be proactive in raising standards, complaints help us to identify and eliminate any inappropriate marketing that is letting down the rest of the industry,' said chief executive David Poley. Copies of the guide available from info@portmangroup.org.uk

Mixer messages

BMA Scotland has called for compulsory alcohol labelling with consistent information on alcohol content and the number of units, as well as an end to heavy discounting of alcohol in supermarkets and off-licences. It also wants to see research into how pricing can be used as a lever to discourage heavy consumption of drinks with high alcohol content. 'The only way that individuals can keep a check on their own drinking patterns is to have access to clear information about what they are consuming,' said chair of BMA Scotland, Dr Peter Terry. 'By legislating for standardised labelling on all alcohol products, we can avoid mixed messages and help people to make informed choices about what they drink.'

Birmingham blitz

A new three-year alcohol strategy for Birmingham has been launched by Birmingham's community safety and health and wellbeing partnerships. 'Reducing harm/empowering change' will target support at those most at risk, and challenge the 'idea that drunken anti-social behaviour is acceptable or normal.' Police, the fire service, PCTs and other agencies have all had an active role in developing the strategy. 'We believe that by working together we can achieve our aim to shape an environment that actively promotes sensible drinking, reduces the harms associated with the misuse of alcohol and helps to create a safer and healthier Birmingham,' said city alcohol co-ordinator Hugh Tibbits.

FDAP looks at what's working – and what's not

Plenary speakers at FDAP's fifth annual drug and alcohol professionals' conference gave their views on what's important for the substance misuse field and its future strategy.

We need commitment and consistency from the top

Martin Barnes believed the government's radical review of the drug strategy, forecast for January, was now more likely to emerge in February or March. The DrugScope chief executive said there would be 'a lot to say about the way forward' and expected some tough decisions on future spending.

But it was important to acknowledge the many achievements of the drugs field in the face of the media's increasing readiness to portray drug treatment as ineffective. Simplistic exaggerated headlines should not be allowed to detract from sustained funding, he said. Young people's services and DIP had already suffered cuts, and insufficient funding was overwhelming the prison service.

'We need clear sustained commitment, leadership and consistency from the top,' said Mr Barnes. 'How else can we expect it from local funders and providers?' Shadow Home Secretary David Davis's call for an inquiry into failed expenditure on drug treatment, and the accompanying headlines, took no account of the fact that tens of thousands of people's lives were being improved, he said. The cold political reality was that crime had been the catalyst for the greater spend on treatment, and not compassion for drug users, said Mr Barnes.

There was still confusion over what successful treatment meant, and Mr Barnes warned against putting hard targets, such as retaining clients in treatment for 12 weeks, above clients' actual needs: 'People are concerned about the "Tesco-isation" of treatment – if you tick the right boxes and fax the right forms, it doesn't matter about the client.' It was crucial to achieve improvements that allowed flexibility, he said: 'Choice, dignity and the right to challenge without fear should be the right of every service user.'

These rights should be accompanied by effective aftercare through help with housing, training and employment – which were 'so fundamental they should not be called wraparound services but core services,' said Mr Barnes.

Don't let budget cuts undermine progress and competence

FDAP's chief executive, Simon Shepherd, looked back over ten years of working in the substance misuse field and listed markers of progress: the NTA had been set up accompanied by a massive increase in budget; twice as many people had been directed into treatment; waiting lists had been slashed; there was a better trained and skilled workforce; and more understanding now between different parts of the field, particularly abstinence and harm reduction.

But, he added, news had not all been good. There were still too many problems in accessing residential treatment, and there were too many instances of agencies struggling and having to shut. Despite the progress with professional competence, Mr Shepherd was worried that the end of NTA targets in 2008 would mean that staff training would lose out at a time when it was badly needed. 'Everyone in a frontline role must have adequate supervision,' he emphasised.

The 'ludicrous and discriminatory' two-year rule, the scandal of GPs' under-prescribing, inappropriate use of incentives (as mentioned in Mark Easton's *Today Programme* report) and big gaps in regulation were mentioned as unacceptable by Mr Shepherd, who highlighted 'actively dangerous' alternative therapies (as mentioned in recent *DDN* letters pages). 'We don't want to stifle innovation, but when we know of something dangerous, we shouldn't allow it to go on,' he said.

A key question was: despite having more money, were we using it effectively? Are the right people being referred to the right services?. TOPS would help, but not give us all the answers, said Mr Shepherd; we needed to have more confidence that outcomes could be properly quantified, so we could 'prove to government that present funding is being spent wisely, in order to retain funding'.

'There's a lot done, but still a lot to do,' he concluded. 'Workers need to be proud – but it's our job to ensure that you have the resources to take the sector forward over the next ten years.'

Alcohol Concern tackles the 'too much, too young' culture

Alcohol Concern's conference 'Too much too young? Alcohol and young people' looked at changing a culture that encourages young people to form an early and dangerous relationship with alcohol.

'Gold standard' must be the norm for drinks industry

'Gold standard' practices relating to alcohol marketing and advertising must become the norm – not the exception – in the drinks industry, Alcohol Concern chief executive Srabani Sen told delegates.

'Alcohol is not a product like other products,' she said. 'It is potentially – if mishandled – a dangerous product, which is why we want to see gold standards adopted as the norm. There are examples of really good practice in the drinks industry and we want to see wider uptake of these.' The drinks industry needed to look closely at the unintended consequences of poor practice, she said, such as bonuses for bar staff based on how much alcohol they sold.

It was also essential that there was independent scrutiny, rather than self-regulation, of the drinks industry. 'There are a number of self-regulatory codes – some are good, some are not,' she said. 'But even if they're good there's no independent monitoring of them, and when codes are breached there are few consequences.'

The conference saw the publication of two reports, *Time gentlemen please* which pulls together the themes of Alcohol Concern's 'Raising the bar' campaign, calling for a ban on pre-watershed alcohol advertising on TV, proactive monitoring of self-regulation and the reduction of underage sales to zero, and *Cheap at twice the price* which looks at children's buying power of alcohol. This report found that children's pocket money had increased by 200 per cent over the last 20 years, and that it cost less than an average week's pocket money to buy four times the recommended adult limit of alcohol in some supermarkets.

She also called for an increase in tax on alcohol to cut harmful levels of drinking among young people, and urged people to complain if they came across examples of irresponsible advertising and marketing. 'Trade bodies need to know if their members are breaching their own codes,' she said.

Help people out of treatment as early as possible

The drugs field needs to make its successes more visible, Paul Hayes told the conference. 'We do have a good story – but it's hard to believe, listening to the media,' the NTA chief executive said, referring to the fallout from the recent *Today Programme* interview, which claimed wholesale failure of the drug treatment system.

We now had two-thirds of problem drug users in treatment, and were successfully managing them, said Mr Hayes. Demonstrating a big impact on 180,000 people's health, as well as on society, was an important result that was being overlooked, he said.

A clear objective was to make sure as many people as possible were helped out of treatment as early as possible. 'If we don't, we will find the treatment system is unsustainable,' he said. 'If not enough people come out the back door, there will not be enough room at the front door.'

Clinical guidelines were giving a clear steer to prescribers and the TOP [Treatment Outcomes Profile] was ensuring treatment journeys could be fully addressed, said Mr Hayes. As well as ensuring value for money, the NTA's priorities included making sure that the right workers and managers were recruited and retained, that they were competent and motivated, and that they 'had the right skills and tools to deliver'.

Maintaining standards was the collective responsibility of not just the NTA, but also treatment providers, the NHS and commissioners, said Mr Hayes.

Treatment must focus on person not system

We need to stop over-promising on treatment and focus on the person and their recovery, said Professor David Clark, director of Wired. This meant focusing on their health and wellbeing instead of looking at drug problems as a criminal justice issue.

There were so many people being missed out of treatment, he pointed out, including those not involved in the criminal justice system, problem drinkers, those addicted to prescription drugs and family members who were deeply affected by their relative's substance use.

It was no surprise that the BBC looked upon the drug treatment system as a failure, Prof Clark commented. 'We are open to criticism that we are not helping people get better,' he said. Too few people were leaving treatment drug-free and many commissioners and practitioners did not understand what getting people better meant. While methadone maintenance had its place, substitute prescribing was all too often robbing clients of the ambition of becoming drug-free. The NTA was 'caught between a rock and a hard place', justifying a system that was dominated by paperwork and hampered by decisions that were made with only superficial understanding. Despite many talented practitioners, it was vital to change focus from the drug to the person, Prof Clark emphasised.

Lasting change depended on drug users committing to a long-term plan of action. 'We need to be innovative and we need to empower the system,' said Prof Clark, explaining that this meant using a network of all possible resources, from treatment and support groups to loved ones, society and others in recovery.

We can, and will, take on the drinks industry

The tide is turning in our direction... there's a shifting culture around drinking, said Alcohol Concern chief executive Srabani Sen.

Alcohol Concern had seen a massive improvement through the recent emphasis on tackling health-related harm – which related not just to binge drinking but to behaviour across all age ranges, and signified less marginalising of problem drinking.

At the beginning of her three years in post, Ms Sen had been told 'you can never take on the drinks industry'. The 'massive move forward', including public service agreements (PSAs) on alcohol, meant this was now not the case, she believed.

While it was too soon to measure their effects, there were strong initiatives to tackle alcohol and promotions, and the Alcohol Health Alliance – of which AC was a member, alongside 23 other medical organisations and charities – had been officially launched on the day of the conference. The Alliance had already encountered pre-launch opposition from drinks industry bodies, 'which shows how scared they are' said Ms Sen.

The 'vast scramble for funds' would continue, she said, 'as we don't have the luxury of the pooled treatment budget'. With many more problem drinkers than drug users, it was inevitable that the alcohol sector would continue to scramble for survival.

Help the right decisions

Guidance to parents on the risks associated with young people drinking is to be published next year, parliamentary under-secretary of state for children, young people and families Kevin Brennan told Alcohol Concern delegates.

An expert panel of paediatricians, child psychologists and others would review the evidence that will form the basis of the guidance, he announced. Alcohol was a difficult problem for any government, he acknowledged. 'The good news is that fewer young people are drinking – but the ones who are, are drinking more.' It was important to help young people make the right decisions at the same time as having the opportunity to grow, develop and enjoy themselves. 'It has to be acceptable for young people to say "I don't want to drink", for parents to say "you're too young" and for shop and bar staff to refuse to serve them without ID. All of this requires a culture change.'

The government's national alcohol strategy *Safe, sensible, social* had identified under 18s as a priority group for the first time, he said, and young people with alcohol misuse problems would receive help through the NTA. This would now be woven into the government's spending plans through a public service agreement (PSA), he pledged. 'The real measure of success, however, will be when it's normal or even cool not to drink before you're 18.'

Two distinct drinking cultures developing

Two distinct cultures were emerging around young people and alcohol, said co-ordinator at the Drug Education Forum, Andrew Brown.

The majority of young people do not drink, he said, with the number who had never had a drink now higher than it used to be. The minority that did, however, were drinking more, and at a younger age. 'We've got two cultures developing and solidifying, with neither being served particularly well by the way we talk about – and teach around – alcohol.'

Not enough was known about the effect education had on young people's attitudes to alcohol, he said. Alcohol education needed to be given more weight in the school curriculum, and teachers were often unconfident about teaching around alcohol in case they were confronted about their own drinking. Similarly, parents could be unsure about how to start conversations about alcohol for fear it would lead to confrontation, and some parents who had their own problems with alcohol were not setting appropriate limits.

Education remained too knowledge-focused, as was the case in public information campaigns. 'Education is not information,' he said. 'Young people know about alcohol. We need to teach them attitudes and skills – pro-health attitudes and the skills not to go along with peer pressure.' Most alcohol education felt unconnected from young people's lives, and the tone was failing many: 'Shock tactics work with kids who aren't doing it – they don't work with young people who are already engaging with it, and in some cases they can make them more likely to do those things.' Mixed messages were also being sent about what constitutes 'binge drinking', he said.

It was essential to invest in research so there was evidence to work from, as schools were not told what was effective. The status of alcohol and drug education also had to be improved, he said. 'It should be a mandatory subject, but even this is not a magic bullet.'

Abstinence

a better way to a brighter future?

'Methadone is a treatment but not what the public expects. It is not about getting addicts off drugs but keeping them on our drugs and out of jail and alive,' said Mark Gilman, the NTA's regional co-ordinator for the North West, speaking at last year's 'Prisons and Beyond' Conference.

Government is using drug treatment to deliver problem-solving, albeit with little success, rather than the recovery that addicts and their families hope for. Our analysis challenges conventional orthodoxy about what current treatment policy has achieved, what constitutes treatment and what it is for. Accounts of the addicts themselves – voices rarely heard above the noise of the experts and the lobbyists – suggest there is little mystery to what we found to be a history of chronically relapsing policy:

'There's no options… I was maintained on methadone for years and years, and not once did the doctor or a drugs worker say, "well, look, have you ever thought about rehab?" I think it would have got my mind thinking in a different way... You're still in that setting, you're still in your home town, with the same people, with the same drugs, the same everything. And you're very blinkered. Common sense will tell you that you need to get out and break the circle… On a methadone script, people still use; you've got no chance at all.'

Our analysis of the impact of harm reduction and treatment programmes on drug-related deaths and other harms exposed many of the prevailing myths.

Investment in failure

Any evidence of reduction in drug-related harms is hard to find on key measures. The Office for National Statistics (ONS) points out: 'Data on mortality risk are needed to measure whether interventions have succeeded in reducing the risk of death… no national data on trends in mortality risk among problem drug users have been available since 1993.'

The drop in drugs deaths after 2000 was followed by a steep increase in 2004/5, largely accounted for by deaths involving heroin and morphine. Hepatitis C, re-offending, drug prevalence, problem use and the methadone 'cul de sac' – all rising statistics – are detailed and analysed in our report. Moreover the Health Protection Agency reports that new HIV diagnoses in the United Kingdom have doubled since 2000, exceeding 7,200 in 2004 and reaching 7,700 in 2005.

Next, the government's own harm reduction measurement tool – the Drugs Harm Index – is a highly doubtful abstract construction, with weightings based around shoddy treatment calculations, and proper quantitative cost analysis on savings via methadone unable to take account of quality of outcomes. Government treatment targets focus on proxy measures of retention and completion, not on proper 'drug free' outcomes. Increased treatment claims must be viewed with scepticism.

Further, the selective use of NTORS as 'evidence' of treatment cost savings – one which ignored the differential breakdown of 'outcomes' between methadone treatment and residential rehabilitation – lacks any credibility. We showed that the '£1 spent on treatment saves £ 9.50 in harm' mantra, which began life in the NTORS analysis papers as '£1 spent for £3 saved', was similarly flawed.

We also used the original Home Office research and follow-ups on DTTO re-offending rates, which show very poor outcomes for those offenders on the current methadone and counselling DTTO programmes.

Our analysis was based on an examination of the only credible evidence: the two treatment outcomes surveys – the NTORS breakdown and the latest two-year outcome of the DORIS (Drug Outcome Research in Scotland) survey – which both confirmed that recovery is far more likely to be achieved through residential rehabilitation than through methadone programmes.

Desire for change

'If I'd have been offered this previously, when my illness hadn't progressed to the point that my life was totally unmanageable, if I had been given Castle Craig, or a system like this, then I wouldn't be sitting here today.'

In addition to data analysis we took evidence from over 50 organisations, including DATs, and over 100 individuals – many of them in recovery.

Their testimonies spoke of a systemic failure to take advantage of motivation for change – whether at presenting for treatment, arrest, imprisonment, the birth of a child – when timing is all. As with the DORIS evidence (58 per cent of the sample entering a new treatment cycle aspired to and hoped for recovery from drug use as opposed to 'stabilisation'), our witnesses aspired to being clean – to 'getting their lives back' and not being service dependent. The DORIS findings, Professor Neil McKeganey told us, showed, 'there is absolutely no comparison as to which programmes are most enabling drug users to achieve what overwhelmingly they are saying that they want. ' (After three years 30 per cent were abstinent after residential rehab, compared with 7 per cent after methadone programmes). DORIS, NTORS, and the outcomes monitoring surveys conducted by RAPt and Clouds all show that drug-free recovery achieved through residential treatment is the only intervention with a real weight of evidence to support the work being done.

Recovery is possible

'When I first came here, I thought "I need to get off drugs", and that was it. But then I learnt that it was about learning life skills, which I never learnt

Abstinence works – the evidence is in the outcomes, say **Kathy Gyngell** and **Andy Horwood**, members of the Social Justice Policy Group, which compiled the *Breakthrough Britain: Addiction* report in July. Here they draw on their research to show that current treatment policy is doomed to relapse.

from being on heroin and methadone for 22 years… I just turned 40, and I'm thinking there's stuff that I don't even know... And I am just sort of like cramming it into a year.'

Addicts' testimonies confirmed the efficacy of abstinence treatment, particularly in the context of therapeutic community or 12-step style programmes. Yet they told of how they were routinely met with negative views about their 'readiness' for rehab or ability to change:

'I used to go and they said, "look, you don't turn up on time, you're very disorganised, we can't get in touch with you" – and I remember sitting there and saying, 'look, you know, I'm suffering from a condition… these are the symptoms of the condition.'

They told us how treatment services all too often close rather than open doors to change; of repeated emergency 'detox' and years of unchallenged methadone maintenance and drinking:

'It was always just about detoxing, getting detoxed and then getting back into society again – which didn't even touch the mental side of it. I'm 42 now, maybe when I was like 35 I would have got my life back then.'

Gulf between provision and need

The Home Office Drug Treatment Demand Model (the planning tool to help DATs match resources to local needs) anticipated that only 2.3 per cent of community treatment would be residential rehabilitation, and that a miniscule 0.7 per cent would be in-patient detoxification. For those very, very few that get rehab, funding is for unrealistically short periods of time:

'Aye, in 28 days I was physically better, you know I was well fed and all the rest of it, but I'd only scratched the surface mentally. Because the biggest thing I think is that people just don't understand the illness enough.'

The gulf between provision and need is huge and has got worse. In a period of otherwise unprecedented investment in other treatment services and bureaucracy, effective treatment has been run right down. With only 2,400 rehab beds to start with, (in a treatment system claiming some 195,000 people) units have closed, beds have lain empty and their funding has remained unresolved.

Funding changes have hit effective family treatment too. In recent years 13 residential centres have shrunk to just five across the whole country. One CEO said in this treatment climate they could not invest in expansion, despite their 90 per cent successful recovery outcomes for keeping families off drugs and intact. 'I would promote this place until I drop dead to be honest,' one young father told us. Given the impact of adult addiction on family breakdown – 58 per cent of the 350,000 children of addicts are not living with their parents, 22 per cent of young women between 15 and 19 presenting for treatment have a baby – the failure to invest in proven services that change lives is woeful.

The one adolescent residential unit in the country – just 12 young people at any time – is also currently operating at half capacity because of the funding crisis. Yet at least 1,000 teenagers have 'hard' drugs problems; unacceptably the numbers maintained on methadone and graduating to the adult 'treatment' process is growing.

Time for a radical rethink

'I never thought that I would get to the stage… I see people come through this door, and see them progress, and it's unbelievable. Every user should have the opportunity to come through into rehab.'

The bottom line is that the primary policy goals of 'initiation of abstinence' and 'prevention of relapse' found in countries like Holland and Sweden, where problem drug use is significantly lower, have been lost from UK strategy and 'models of care'.

Local treatment plans, commissioning and tendering programmes as a result leave little room for straightforward rehabilitative care, although more than one drugs charity CEO has commented: 'It's probably the most cost-effective thing you can buy.'

Our analysis of published treatment plans for all the DATs in the South East region for 2005/06 showed that DATs commission over ten times more Tier 3 interventions than Tier 4. It found that less than 30 per cent of the treatment budget is spent on structured day care, counselling and residential rehabilitation, as opposed to 70 per cent on clinical need and harm reduction interventions. It showed that treatment outcomes, in terms of recovery for the individual and its knock-on impact for families, children and communities, are relegated to an incidental consequence in current policy.

The recent RSA report *Illegal Drugs, Communities and Public Policy* and the UKDPC Report present the policy battleground as an 'either or' distinction between crime and health harm reduction. The failure of the Home Office led drugs strategy has reinvigorated both the public health and decriminalisation lobbies.

Our evidence-based conclusion, by contrast, shows this is sterile ground; neither health nor crime drivers will work outside the concept of, and commitment to, recovery. This means radically redressing the balance in services, and focusing on quality over numbers – cutting back on target-driven bureaucracy and formulaic maintenance managerialism. It means investing more appropriately to meet the needs and aspirations of addicts, their families and communities, with the goal of recovery.

'Breakthrough Britain: Addiction' was compiled to provide policy recommendations to the Conservative Party. Download the report at www.centreforsocial justice.org.uk/client/downloads/addictions.pdf

Jim McCartney explains why he has recently set up a new academy to develop former drug and alcohol drug users beyond drug treatment.

Living beyond **treatment**

The Russian Philosopher Leo Tolstoy gives a realistic depiction of humanity: 'Everyone thinks of changing the world, but no one thinks of changing himself.'

One of the most motivating aspects of my work is to lead an organisation that involves trying to inspire people to examine and change what they are doing with their lives. The century may still be young but it has already spawned a sizeable brood of challenges for correctional services working with recovering drug and alcohol users. The criminal justice system has to marshal resources, lay out plans, programme work and ensure that offenders are contained, managed and treated humanely. The pace of change accelerates and human kind is re-evaluating its role and purpose in this digitised technological age.

Rather than sugarcoat the situation or put too much focus on the future, we need to nurture and coach people with the present and leave them in no doubt that there is need for further continual change in their lives beyond recovery. I have concerns that within drug treatment in general, we may be giving a false sense of security to people who can be described, rightly or wrongly, as productively bankrupt.

Many recovering addicts are often released back into a negative environment of hopelessness; such places can have a debilitating impact on growth and development. Life skills, budgeting and home economics are all fine and good and most certainly needed, but without the continuation of social and emotional development, the individual runs the risk of getting left behind in a fast moving globally connected world. Many of the people we work with would have been fine 30 years ago in an industrial era of manufacturing and the process work regime. However, in this service sector technological age, the importance of communication and individual talent has become paramount in the recruitment and selection of potential employees.

Most of our graduates want fulfilment in their future jobs. Some are taking the necessary steps, enrolling on college courses and making a commitment to voluntary work. Others are still pondering on what to do. Nevertheless, almost all of them are still in the infancy of emotional and social intelligence. Although free from drugs and alcohol, this in itself will not get them to the market economy if they are not prepared to continue the process of changing themself. At the same time we do not want to deflate or underestimate their tremendous achievement in living a life of total abstinence from drugs and alcohol.

The skill for us as workers is to balance the need for change in such a way that we can give them a feeling of optimism and excitement about the new opportunities this presents. Critical to achieving this success is identifying how individuals need to change going forward.

Seth Godin's most recent work *The dip* (2007) differentiates between a dip (which you can work your way out of) and a cul de sac (which you can't). I believe that what's a dip for some people is a cul de sac for others. There is no point in going round and round like a hamster on a wheel, getting nowhere with people who have reached a dead end. Although we do not close the door of hope, we need to be mindful of those who are in a dip and are motivated to change.

Working within this culture is no different from a blue chip company. The management guru Gary Hamel, in his book the *The Future of Management* (2007), states: 'For the first time since the dawning of the industrial age, the only way to build a company fit for the future is to build one that's fit for human beings as well. This is your opportunity to build a management system that truly honours and cherishes human initiative, creativity and passion, essential ingredients for success in this new millennium.'

Recently I led a seminar for bank managers and directors from one of our leading high street banks. Sat around the boardroom were a group of men and women working within a culture of corporate banking. Some have an interest in working within our academy as coaches. The graduates of our programme, although they have had former histories of crime and drugs, have a similarity with a high achieving manager: the component of motivation. This can provide the fertile soil for innovation.

Blue chip companies want leaders, not just managers. Hence our academy can become a learning experience for potential leaders emerging within our high achieving companies. These are the people who truly understand that 21st century management requires its leaders to cherish and honour human initiative and gain insight to how innovation can manifest itself in all its different forms. Being a coach in our academy, working with motivated people in recovery, can provide a tremendous amount of insight to take back into your company and help mould your leadership potential.

Executive management continues to explore the different dimensions of talent strategy as a crucial means of achieving competitive advantage. John Boudeaus' most recent work elevates the importance of managers being the custodians of human resource talent. Top companies are moving away from basing executive bonus payments purely on financial success and towards a broader range of activities such as the development of talent and demonstrating how human talent can benefit the company.

In the same way I want our graduates to feel part of our academy, giving them a sense of belonging to a company that can help develop their talents. They have to do the work, engage with college, work with their personal development and take responsibility for their future careers. We can provide the framework that keeps them connected to reality, trains them in emotional and social intelligence, building on their motivational and commitment energies of engagement. Hence we can become an agency of human capital, offering our graduates to a whole host of companies who want to give motivated people a second chance.

Jim McCartney is Chief Executive of THOMAS (Those on the Margins of a Society), www.thomasonline.org.uk

Six months into **recovery**

Thirty-four-year old Matt has just spent his first six months in treatment at Littledale Therapeutic Community. He tells us how his life is changing.

The biggest thing that going into detox and rehab has done for me is to give me my life back. This is true on so many levels.

All the things I had lost during my addiction that I thought I would never get back, I now have the opportunity to regain. Before, all I had was an existence, but now I have a life that is worth living. I wake up in the morning and I look forward to life again. I am not worried about where the next bit of money is coming from, who I am going to bump into today, where I will end up, or what I will be doing. Although I will never get back the time I have wasted, I will be able to make something out of the future that I have now got. It is a wonderful thing to be living my life clean again, knowing that I have all the things in front of me that I could possibly want in life, if I choose to take them.

Detox was not easy but the way I now look at it is, if we put half the effort that we put into trying to obtain money on a daily basis, there is nothing that is not achievable. Yes it was painful, yes it was hard work, and yes it felt like I wanted to give up at times. But if you are at the point that you have had enough of life and want to do something about it, then you are already at a point of strength, as to make that decision is the first of many steps on the road to regaining your life.

Rehab is much in the same vein: for many people it is not enough to just do a detox, as there are usually underlying reasons for why we used in the first place. It is about addressing these issues to make sure that when you do re-enter society, you have a better chance of continuing your life free from all of the things that you used. The best advice I can give is to make that leap of faith in your own ability. I doubted my own abilities to do this, but after the initial few weeks and months, things get easier to deal with.

The most amazing thing that I have gained from being in treatment is the change within myself. I used to have a feeling that I can only describe as turmoil – an accumulation of all the feelings that I have never dealt with before in my life. If you carry these feelings around with you for so long, you start to get confused about whether these feelings are a part of you and something that will always be there. For so long I felt that I would never be able to change, and that I would just have to accept them. As time has gone on for me in treatment I have found that this is not true, and through working out what the issues are that created these feelings in the first place, I have been able to find a way of dealing with them.

This is something that I thought was unachievable for me, something that I would never be able to do. But I have, and I am continuing to do throughout my treatment, and it gives me the ability to deal with things that will arise in my future – things that I previously would have run away from as I thought that I would never be able to cope. The biggest thing that being in treatment has been able to give me is change; the ability to change myself as a person, the way that I deal with things – and most of all, the way that I view myself. My turmoil is now abating; it has been replaced by a feeling of contentment and of being at peace that's so far away from the feeling I used to have.

'Going into treatment has been the best move I have made in my life, and if you are wanting to do something to change your life, have faith in yourself and make this step.'

I am able to understand that all things in life will not be good, but it is how I deal with them that sets me apart from the person that I was. All I saw before was the negative in everything, the bad side of all that was around me. Now I see that there are still bad things that can happen to me but it is how I approach them – even bad experiences can be good if I can learn from them. They will only continue to be bad if I repeat them. I still have a long way to go in treatment, but all that I have learnt so far will give me the ability to lead the life that I want – the life I should have had if I had not let my own insecurities lead into my substance misuse.

Going into treatment has been the best move I have made in my life, and if you are wanting to do something to change your life, have faith in yourself and make this step. It will be the best thing you can do to regain your life. Try and obtain as much information about different rehabs as you can, as they are all different in their approach and styles of treatment, and if you get a chance to go on a day placement, go, as it will give you a better insight into the place and the people in it. I did, and I went away knowing that the place I am in was the best place for me.

If you have had enough of your addicted lifestyle and you have the determination to fight through the hard times ahead then I would encourage anyone to look into treatment and what it has to offer. Do it for yourself, as no one will be able to do it for you.

The **elephant** in the room

The vast vocabulary relating to race and diversity must not obscure the need to tackle racism and discrimination head on, says **Neville Adams**.

Surveying the current circuitous linguistic map of race equality in the drugs' sphere and wider public sectors, one can't help wondering, as in the myth of Babel, whether or not those who originally dared to use the terms 'race', racism' and 'race equality' – in trying to make accountable powerful, but unjust, societal forces – were punished by the powers that be for erecting so direct a tower, that they were thereafter forced to speak many languages.

Language is important because it can define who can speak, what can be said, and, more importantly, what cannot be put on the agenda. It is thus both enabling and disabling. It can help identify, or misdiagnose the problem; recognise the solution; or signpost a cul-de-sac.

Take the term 'race' for example, which is a linchpin term in the anti-discriminatory legislation both in the UK and Europe. It is used in those instruments not in the sense that there are biologically different human races, but as a 'social construct'. This simply means that certain biological differences like skin colour, or ascribed biological differences like 'intelligence' – a contentious social creation in itself – have been used, historically and currently, as the bases for unjust social discrimination against those with these features or ascribed characteristics. 'Racism', the force that drives this form of discrimination, is the one that needs to be tackled.

Yet today, the clarity of that position is obscured by a multiplicity of terminological and conceptual obfuscations. 'Race' has been displaced by equal opportunities, ethnicity, diversity, cultural competence, social cohesion and a host of other sub-terms, like 'minority ethnic' all of them jostling and competing with, or misdirecting the best means to do away with 'race' as a destructive force. It brings to mind Malcolm X's observation that, 'Racism is like a Cadillac. Every year they bring out a new model.'

It is little wonder then, that within the public sector there is a feeling that equality is 'fad' driven – an impression that compounds the tendency for race equality to be marginalised. But there is more to the changing terminology that just conceptual fashion statements, because they reflect the small 'p' political battles over the direction of race equality in the public sector over the past 25 years.

One of the basic principles of democratic life is that all who are directly affected should be involved in the diagnosis of problems and formulation of solutions. As a general rule of thumb, there are two main tranches of race equality action which can be identified over the past few decades: those that can be seen to have flowed from the demands of the various minority, particularly visible minority communities, and have involved them; and those that have been initiated and originated within institutions, be they public or private. One can discern as well, two main impetuses to these, with the former being concerned broadly with what can be described as emancipation – a 'freedom from' outlook – and the latter with a proclivity for the management of 'race' – a 'control over' approach.

Exemplifying this last perspective is the case of 'diversity', which emerged in the early nineties in the UK at about the same time that national and local government, involving both major political parties, were for differing reasons distancing themselves from eighties equality initiatives. The lukewarm political support for race equality in the public sector at that time catalysed the emergence of organisational approaches to equality, which were deemed to be less threatening and more amenable to overall institutional aims.

Organisational 'diversity', an American import, was a key one. In the States, 'diversity' originated as a less threatening approach in the private sector from the wreckage of the Reaganite turn away from the civil rights era equality framework. It was white corporate America's revenge on affirmative action. Its importation into the public realm in the UK was facilitated through the grateful conduit of organisations like the Institute of Personnel Development, which sought to justify the cheerleading of diversity through the disingenuous caricaturing of eighties initiatives as being concerned almost solely with positive action, being for only Black people, and too conflictual. One thing is certain: in both the States and the UK, 'diversity' as a means to tackle racial inequality did not come from the demands of the various visible minority communities.

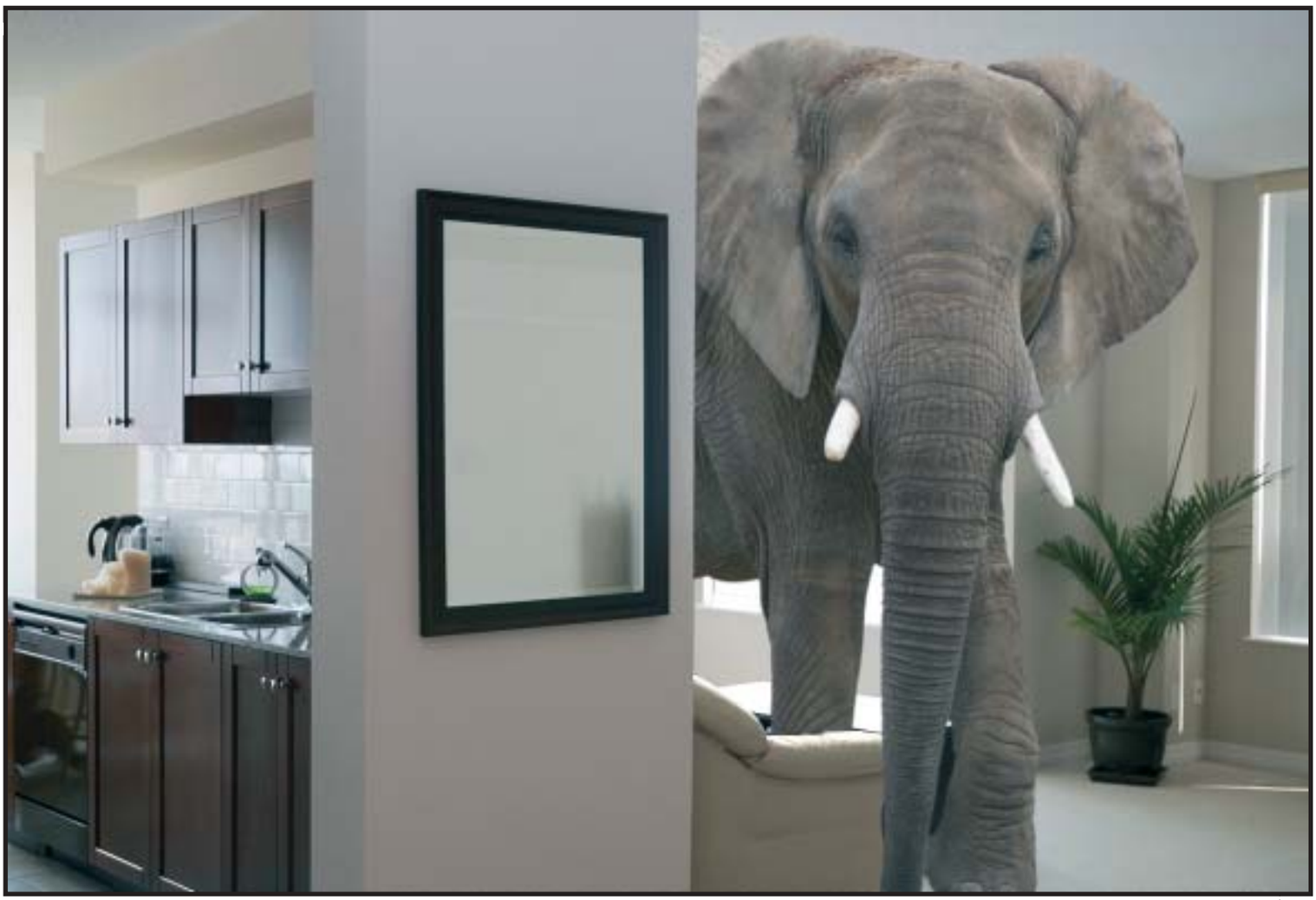
The sheer indeterminate nature of what exactly it stands for, other than 'we-are-all-individual-and-different' allows for a plethora of interpretations, and thus a view by those working in the equalities' field and by visible minority communities that it legitimates talking about exclusion and inclusion without having to do anything about it. Diversity comes to be, among other incarnations, about acknowledging differences; recognising other areas of concern not as inequalities, but as differences such as religion; a substitute title for what had been previously acknowledged as equalities work; an assertion of a 'whole organisation' approach; and, pertinently, a more 'business friendly' perspective. But its claim to be a new way of approaching the issue of race inequality really turns on the assertion that it values and celebrates differences, usually by fallacious reference to the multi-variegation found in nature.

However, these differences – of culture, identity claims, gender, sexuality *etc* – are social, not natural; they are constructions. Further, not all differences can or should be acknowledged, especially those that are forged out of the denial, exclusion or oppression of others. Once one starts recognising that, we are again in the territory of collective wrongs and the solutions to these – the very approach diversity wishes to distance itself from.

It took the unfortunate racist murder of a Black teenager and the subsequent movement and campaign for justice – a campaign originating in, and led by the Black community – to refocus equalities' work on the prime concerns of race, race equality and racism. The main impetus for the Macpherson Report, the Race Relations (Amendment) Act, 2000 (RRAA 2000) and the current race equality framework for the public sector, can be traced back to that tragedy. Unfortunately institutional ways to control these changes, rather than embrace them, still emerge. Brief mention needs to be made of one of these, because it exemplifies the way in which race can be submerged by the layers of competing agendas.

Cultural competence, another American import, seems to have been uncritically adopted in certain parts of the UK public sector, particularly in the health and allied sectors, and, unfortunately, is quite prominent in the drugs' sector. The approach seems to have taken its operational and intellectual cue from the saying – the origin of which is attributed to native Americans – to the effect that one cannot judge people until one has walked a mile in whatever footwear is folkishly suitable. In other words, for services to be appropriate they have to be competent culturally for however many supposedly culturally distinct communities there are.

This of course is a nonsense; one can no more be 'competent' in other cultures than one can be in one's own imagined cultures. An approach like this assumes that cultures consist of an unchanging reservoir of attributes, which can be unproblematically banked in other people's consciousness. They do not. They are, instead, dynamic, fluid, contingent and ever changing.



Imagine the problems associated with trying to conjure up a transmittable core of what constitutes English culture. Who to leave out? What to include? This approach is an invitation to supercharge the rewind to the bad old days of 'rice and peas and samoosas' style multi-culturalism. Rather than address the real issue, it is more likely to license those who feel they should be the guardians of, and gatekeepers to, what they deem to be culturally appropriate.

Moreover, in reality, cultural competence is marked by its distinct lack of intellectual justification, other than a very conservative notion of culture, and its willingness to re-label as its own, anti-racist based race quality work that has long been in the public domain. There is no evidence to support any claims for the better efficacy and effectiveness of cultural competence as an answer to the problem of race inequality in public sector services, and drug services in particular – even if the use of the term 'competence' permits a certain degree of superficial interlocking with certain managerial techniques now common in the public sector.

One of the key reasons for the failure of public institutions – including, according to the Commission for Racial Equality's final report, key government departments – to implement properly their responsibilities under the RRAA 2000, apart from the usual 'lack-of-political-will' culprit, stems from the conceptual and attendant policy confusion surrounding the way in which racism and its remedial end goal, race equality, are mangled through the obscurities of approaches like diversity and cultural competence. The government is being misadvised.

On the other hand, we who are committed to an anti-racist and race equality approach must re-affirm and re-assert the primacy of this framework for the public and other sectors – not, therefore, because we wish to be, and be seen as, culturally or individually different, but because tackling race and racism, as social constructions, points the way to addressing other inequalities.

We assert this then because the task enjoined on us by the legacy of racism is that not only do we not want to see visible minorities treated in this way. We do not want to see anyone else, particularly those experiencing the unjust forces of social discrimination – women, disabled, gay men, lesbians, Muslims, Jewish people, working classes – treated in that way either.

Dr Neville Adams is Honorary Senior Research Fellow at City University and research consultant at T3E

'One of the key reasons for the failure of public institutions... stems from the conceptual and attendant policy confusion surrounding the way in which racism and its remedial end goal, race equality, are mangled through the obscurities of approaches like diversity and cultural competence. The government is being misadvised.'

Sea **change**

Like many a British seaside town, Weymouth is prone to higher than usual rates of alcohol-fuelled anti-social behaviour, teen pregnancies and sexually transmitted infections. **David Gilliver** talks to Dorset police officer Vicky Bailey about tackling them with the award-winning Blitz scheme.

Weymouth is a pretty seaside town on the Dorset coast. But, like many a seaside town, it can rely on an influx of holidaymakers and stag dos to add to its already significant rates of under-age drinking, alcohol fuelled violence, teen pregnancies and sexually transmitted diseases.

For the last couple of years, however, Dorset Police's Blitz scheme has been taking a multi-pronged approach to addressing these issues, by targeting not only young adults but children, parents and licensees. The scheme has been hailed as best practice by the Home Office and was overall winner of the 2006 Dorset Criminal Justice Awards.

Vicky Bailey is a police officer who's been attached to the scheme since its inception. 'I usually work on the regular response unit, but I really enjoy doing this because it's so rewarding,' she says. 'It's proactive policing and I can really see the positive effects when I'm on duty.

'Because we're a seaside town we experience a high volume of people coming down to drink — not just local people but holidaymakers and stag nights. Alcohol-related crime was quite high, with binge drinking, underage drinking and violence. We have lots of proxy purchasing, and a high rate of teenage pregnancy in Dorset. We were just looking at ways that we could bring all of that down.'

The scheme is split into various parts. Blitz takes the message of sensible drinking to schools, targeting those at year 9 or under, while Blitz 3 targets alcohol-fuelled violence in town centres and focuses on the 16-24 age range. Then there's a Factz workshop, which offers advice to parents and guardians on teenage drinking, and Blitzwise where the force has worked alongside local breweries to put up 10,000 posters across Dorset promoting sensible drinking.

A test run of the schools programme was carried out in 2005 with a few schools invited to participate, but this year the initiative will target every school in Dorset. It's multi-agency work involving the fire service and Dorset trading standards, and discussions are ongoing for Dorset Primary Care Trust to participate.

All schools, including independents and special schools, are offered workshops on sexual health, anti-social behaviour and arson and fire awareness as well as interactive activities and a play about under-age drinking and sexually transmitted infections.

'The children find it entertaining and extremely educational,' says Bailey. 'They become incredibly engaged. There's no cynicism from them, because we've really hit the right age group. The play's about under-age drinking, taking responsibility and the consequences of unprotected sex, and it really gets the message across. After the play the children can ask the actors questions and make observations while they're still in character. It's obvious that they really enjoy it.'

The presentations also feature 'beer goggles' – glasses adapted with building blocks to give the illusion of the vision of someone who's drunk – and illustrated, laminated cards about sexually transmitted diseases. 'It is the gore factor but we we're talking their language, not sweetening it. We're telling them in a way they'll understand,' says Bailey.

'We're not just stopping them doing things – we're trying to help them,' she continues. 'We've gone to leisure organisations and persuaded them to give children a discount when they present their Blitz card, and these are quite big savings – things like free entry to the local speedway and windsurfing.'

But the approach isn't all carrot – there's some stick as well. 'After we have a finding of guilt for any alcohol-related offence, we send out a warning letter about the likely consequences of any further behaviour. If they re-offend they're banned from all Pubwatch premises – the majority of pubs and clubs in Weymouth – for three months. If they continue to offend they're banned for a year and if they continue after that we apply for an ASBO. We're sending out a clear message that this sort of behaviour is unacceptable.'

Blitz presentations have been made to other forces, and there's significant interest in adopting similar schemes elsewhere. So is it making a difference? 'After Blitz 3, violent crime in Weymouth has fallen by nearly 10 per cent since last summer,' she says. 'The attitude of local kids and young people towards us has really changed. They've learned an awful lot and they're more positive towards us because they can see we're trying to help, not just be an annoyance.'

'When I'm out on the frontline they recognise me and it takes that negative attitude away. They know they can have a conversation with me and that I'm not just someone who's trying to dictate to them. I had one girl, 14, come up to me and say 'look I'm not drunk' – she was really proud, because normally she definitely would have been drunk. So many of them tell me that they're so much less susceptible to peer pressure than before – it's really rewarding.' **DDN**

Aiming for abstinence

The National Treatment Agency has clearly been much exercised recently over the number of drug users leaving drug abuse treatment drug free. In his response to Mark Easton's BBC report, Paul Hayes (chief executive of the NTA) has reported that of the 66,123 drug users leaving treatment in 2007/07, 5,829 were drug free.

On the basis of Paul Hayes' own figures, this means that only 8 per cent of addicts left treatment drug free. Expressed in another way, this means that 92 per cent of addicts are leaving treatment with an ongoing drug problem. Whatever the other benefits of drug treatment, it would appear that abstinence is rarely an outcome of drug treatment in England. Whether we should be accepting or alarmed by that figure can be gauged from the fact that research in Australia found that fully 40 per cent of heroin users had been abstinent for the preceding 12 months, when they were followed up three years after having started treatment. On the basis of this, comparable drug treatment services in England need to ask themselves: why are they enabling such a small number of drug users to become drug free?

One possible answer to that question may come from the fact that over the last ten years drug abuse treatment services in the UK have focused on reducing the harm of addicts continuing drug use, rather than reducing the extent of individuals' drug addiction. In the light of Hayes' figures we need to ensure that drug treatment services are indeed working towards addicts' abstinence rather than seeking simply to stabilise addicts continued drug use.

This is important because we know that securing employment is a key element in individuals' long-term recovery from drug dependency. Most employers would be understandably wary about offering a job to someone who continues to have a drug dependency problem – especially where this involves Class A substances.

If we are to do better by way of getting recovering drug users into employment, then drug treatment services need to do better by way of bringing their clients to a drug-free state. The fact that research has shown that most drug users approach drug treatment services with this aim in mind, only serves to underline the importance of ensuring that services are indeed working towards drug user abstinence.

Neil McKeganey, Professor of Drug Misuse Research, University of Glasgow

AA: Religious or spiritual?

Stephen Dais's excellent exploration of the difficulties that those experiencing alcohol related problems in prison experience (*DDN*, 5 November, page 14) can also be found in the community. The lack of facilities for those with severe alcohol problems can be traced to the government's Alcohol Strategy, which has little or no provision for those addicted to alcohol; in fact the word addicted, or alcoholism, is studiously avoided in the proposed strategy.

When one considers the wealth of evidence, that the likelihood of anyone meeting clinical criteria for alcohol addiction is unlikely to be able to recover to the extent that they can safely use alcohol again, it is inexcusable not to have a national service, operating in and out of prisons dedicated to abstinence-based recovery.

Given the lack of such a service, a prison worker's apparent and casual dismissal of Alcoholics Anonymous (AA), by quoting a cliché about religion was disappointing. I would argue that AA is not religious just because it refers to God; it is however spiritual. For anyone who feels that religion and spirituality are one and the same, clear differences can be found (Miller, 1998), and in the views of the National Institute of Alcohol Abuse and Alcoholism (1999). It is also worth noting that AA recognised the diversity of those affected by alcohol, long before it became politically correct to do so. It was for that reason that it was decided that 'the only requirement for membership was a desire to stop drinking'.

Insofar as young people are concerned, a visit to a few 'open meetings' would quickly dispel any ill-informed views that AA is not suitable for them. CASA, after two years of research, found how important the role of spirituality is in recovery. One would also quickly become aware that many of the members found AA in prison.

We should not overlook the fact that that addiction has a strong spiritual dimension, and that any interventions seeking to address the problems of addiction that are lacking spirituality, present a contradiction in terms.

Peter O'Loughlin, The Eden Lodge Practice.

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

Fighting fit

In his final column of 2007, Daren Garratt takes a moment to reflect that the Alliance has survived a really tough year – which has left them standing on strong foundations for a challenging year ahead.

So farewell then 2007, I can't say I'll be sad to see you go. It's been a tough year in many ways, but here I am warm in the knowledge that the Alliance is, thankfully, in one of the strongest positions it's ever been in. We've still got a lot of work to do, but we're ok.

How different to February then, when our Section 64 bid was unsuccessful, no new funding seemed forthcoming, and the harsh reality of having to bring sustainability to a national charity that had grown from a staff team of three to 14 in under 18 months was starting to take its toll on us.

But being a belligerent bunch, it was batten down the hatches time; Ursula Brown (operations manager and, let's face it, real boss of the Alliance!) went part-time, our fantastic staff-team really went to town with supportive DATs in their regions, and I went into some kind of deranged hyperdrive developing practical partnerships wherever I could find them. What I found was that people really valued the Alliance as a pivotal component of drug treatment provision in this country, and weren't prepared to see us go under.

Our dear friends at DDN hatched the idea of co-hosting the 'Nothing About Us, Without Us' conference, pharmaceutical companies Rosemont and Schering-Plough provided us with bursaries so we could roll out a more extensive training programme providing free places for user advocates, and we started getting requests or winning tenders to develop unique, and highly innovative projects. Wolverhampton, Kirklees, Lambeth, and Walsall DATs have all begun to develop groundbreaking peer-led services with our direct support and coordination, and early signs are that the number of DATs we're going to work directly with in 2008 will not only grow exponentially, but validate our audacious National Model of Advocacy pilot project, bringing contracted Alliance supported initiatives to all the regions we have workers in.

And as we evolve in focus and look to bring training and policy support to DATs and local partnerships around young people's transition to adult services, children of drug-using parents, mental health advocacy, homeless users, people living with BBVs, carers, family-friendly services, BME clients, dignified consumption, harm reduction, older users and other under-represented therapeutic communities, then things can only get brighter.

So to all the individuals who've supported us, fought our corner and trusted us to provide a professional service, I want to say thank you.

To Eliot, Michelle, Lorna, Ian, David and any other volunteers loved and lost along the way, I want to say thank you.

To Damian and all our illustrious board members past and present, I want to say thank you.

And to Ursula, Alan Joyce, Beryl Poole, Chris Hallam, Peter McDermott, Dave Pennington, Richard Maunders, Rob McGregor, Lee Collingham, Linda Lee, Tony Birt, Anna Millington, Maddy Burley, Tracey Gibbs, Caroline Blackburn, John Fitzpatrick and Bill Nelles, I want to say the biggest thanks of all. In one way or another you've all made a happy man feel very old. Cheers!

Daren Garratt is executive director of the Alliance

Recovery and communities of recovery (part IV)

Professor David Clark of WIRED finishes his look at the definition and conceptual boundaries of 'addiction recovery'.

In my last Briefing, I pointed out the necessity of having a clear definition of recovery. I focused on William White's article "Addiction recovery: Its definition and conceptual boundaries", in which he is trying to stimulate debate about the defining nature of recovery (Journal of Substance Abuse Treatment, 33: 229, 2007).

I continue the themes from the White review with the question:

Does the use of prescribed psychoactive drugs disqualify one from the status of recovery?

There are problems for a definition of recovery that precludes use of all drugs, including prescription drugs. These drugs may be used as an adjunct in the treatment of addictive disorders, prescribed for co-occurring mental health disorders, or prescribed for other conditions such as acute or chronic pain.

White believes that denying the status of recovery to people who are medically and socially stabilised on methadone is a particularly stigmatising consequence. In the States, a growing number of professional and recovery advocacy organisations are recognising the legitimacy and potential effectiveness of medication-assisted recovery.

A person's recovery status is best evaluated in terms of the motivations for medication use and its effects. One person's use of unprescribed methadone for intoxication purposes is not the same as another person who is prescribed the drug and uses it to help take the chaos out of their lives.

White points out that use of the phrase "medication-assisted recovery" would help 'legitimise' the recovery status of people who are using opiate substitutes on a prescribed basis, but this would also risk creating a recovery class structure in which this group would be seen as less than full members of recovery communities.

Is recovery something more than the elimination or deceleration of substance use problems from an otherwise unchanged life?

Addiction is often intimately related to other life problems of the individual and the resolution of addiction is often inseparable from the resolution of problems in which it is nested. Therefore, it is important to link broader personal and social adjustment outcomes to recovery.

In fact, most recovered and recovering people define recovery in terms of the resolution of their

substance use problems and an accompanying improved well-being at a variety of levels, eg physical, psychological, relational, educational/occupational, financial, and legal.

Must recovery be conscious, voluntary, and self-managed?

White points out that recovery can be a conscious process or the product of what sociologists call 'drift' – a movement out of addiction that is not marked by conscious planning, self-direction, or alterations in personal identity. Recovery does not need to be conscious.

In the view of recovery advocacy groups, there is no such thing as coerced recovery. Volitional change is very different to transient periods of substance use cessation 'generated by institutionalisation, rigorous monitoring by external authorities, or crisis-induced respites' from active substance use.

What are the temporal benchmarks of recovery?

Factors that complicate the process of defining a set point for addiction recovery include the fact that most severe substance use problems last a long time and ebb and flow over their course. Short-term episodes of voluntary or other-imposed abstinence and treatment can mark a respite rather than a termination of addiction.

Recovered and recovering are terms used to describe the process of resolving, or the status of having resolved, severe substance use problems.

'Recovering' conveys the dynamic, developmental process of addiction recovery, whereas 'recovered' provides a means of designating those who have achieved stable sobriety and better conveys the real hope for a permanent resolution of substance use problems.

The period used to designate people recovered from other chronic disorders is usually five years of continuous symptom remission. Consistent with this, research suggests that recovery from severe substance use disorders is not stable (point at which the risk of future lifetime relapse drops below 15 per cent) until after four to five years of sustained abstinence or sub-clinical use.

People with severe substance use problems often cycle in and out of problematic use and exhibit short periods of abstinence and sub-clinical use within the larger course of their addiction career. White emphasises that both moderated and abstinence-based problem resolutions require time periods of symptom remission to determine if they are a sustainable pattern of problem resolution or a brief hiatus in one's addiction career.

We need to be wary of treatment outcome studies that evaluate recovery between six and 24 months following admission or discharge from treatment.

Defining recovery: A proposal

William White offers the following definition of recovery for consideration:

'Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilise internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.'

Recovery is so much more than stopping using substances and is exemplified by the end of this definition. It involves developing a healthy, productive, and meaningful life – for some people this is a better life then they had before using substances.

Many of the ideas here can be found in: www.facesandvoicesofrecovery.org/pdf/White/2005-09_white_kurtz.pdf.

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For more information and to book, contact Harsha Vadgama at harsha.vadgama@publicinnovation.org.uk / 020 7922 7824.

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Wandsworth Carers' Centre

Are you energetic and passionate about enabling and supporting Carers? If so this is your opportunity to join a dynamic team that provides a range of support services to unpaid Carers in Wandsworth.

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Carers Support and Development Worker Substance & Alcohol Misuse

Salary: £28,500 (inc. LW)

Required to develop this new service supporting people in Wandsworth affected by someone else's substance or alcohol misuse. This will involve direct provision of services, collaborative work with statutory and voluntary sector agencies, outreach, training and information and advocacy to Carers.

The successful applicant will have knowledge and experience in the field of substance & alcohol misuse, understanding of the issues as they relate to Carers, excellent communication and IT skills, and a commitment to working in the voluntary sector. In addition they will have experience of project development and delivering frontline services.

The post is initially for a 12 month period and is funded by Wandsworth DAAT.

For an application pack please contact:
Wandsworth Carers Centre,
181 Wandsworth High Street, London SW18 4JE
Tel: 020 8877 1200 Email: info@wandsworthcarers.org.uk

Closing date for completed applications:
5pm, 10th December 2007

Registered Charity No. 1053121

London Borough of Merton Merton Drug and Alcohol Action Team

merton

The Merton DAAT invites written applications from organisations, suitably qualified and experienced in the delivery of the Drug Intervention Program (D.I.P) and Arrest/Court Referral services.

The successful tenderer will be responsible for delivery of D.I.P services and objectives which include Required Assessments, Single Point of Contact, 24/7 Out of Hours line and operation of the Arrest/Court Referral services in Merton.

The service will be integrated into existing statutory and non statutory drug services in Merton, working together to achieve our local Drug Treatment and National objectives.

The primary aim is to identify, assess, make onward referrals and provide support to ensure that drug-misusing offenders engage in available treatment interventions. The provider will also facilitate access to through care and aftercare services.

The successful applicant must be prepared to be operational within a short timescale and evidence local management arrangements with existing services in the borough.

Merton DAAT will award the contract for an initial period of 3 years renewable 12 monthly, dependent on service performance, delivery quality and availability of funding. It is anticipated that the contract will commence May 2008.

Requests for Tender Documentation must be received in writing using the contact details below by 5.00pm, 7th December 2007.

It is anticipated that tender documents will be dispatched after 10th December 2007.

Mark Robertson
Merton DAAT, Chief Executives Department,
3rd Floor, Athena House,
86-88 London Road, Morden SM4 5AZ.
Email Mark.Robertson@merton.gov.uk

Redcar and Cleveland NHS Primary Care Trust

Redcar & Cleveland SSCP Safer Stronger Communities Partnership

REDCAR & CLEVELAND PARTNERSHIP

TENDER OPPORTUNITY

REDCAR AND CLEVELAND PRIMARY CARE TRUST

(on behalf of the Safer Stronger Communities Partnership Redcar and Cleveland)

INTEND TO RE COMMISSION ITS FULL DRUG TREATMENT SERVICES VIA AN OPEN TENDERING PROCEDURE

We are seeking organisations to deliver all or part of the range of drug treatment services to adults within the Redcar and Cleveland area.

This presents an exciting opportunity for forward thinking, innovative organisations to tender for the provision of:

- Clinical treatment services.
- Care Co-ordination, including DIP.
- Harm minimisation services.

If you are interested in submitting a tender for any of the above services you are strongly advised to attend the tender briefing session taking place at

The Innovation Centre, Kirkletham Business Park, Vienna Court, Kirkletham, Redcar and Cleveland TS10 5SH
on Thursday 6th December 2007, 1pm.

Representatives at the briefing will provide details of the tender's proposals, its scope and content, outline the tender process and distribute tender packs.

To confirm / reserve a place please telephone
Viki Whelan – 01642 777853 viki.whelan@nhs.net
Susan Pashley – 01642 777852 spashley@nhs.net

Organisations wishing to tender but unable to attend the event can apply for a full pack by contacting Viki Whelan or Susan Pashley on the above contact details, packs will be posted out on the tender briefing day.

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Middlesbrough NHS Primary Care Trust

Safer Middlesbrough

Middlesbrough Primary Care Trust
(on behalf of the Safer Middlesbrough Partnership)

TENDER FOR THE PROVISION OF SERVICES WITHIN A LOCAL DRUG TREATMENT MODEL

Middlesbrough PCT (on behalf of the Safer Middlesbrough Partnership) is inviting expressions of interest from suitably experienced organisations for the provision of one or more of the services below.

Harm minimisation Services
A community focused, harm reduction service, including the following key elements of service

- The provision of sterile equipment and the safe disposal of used equipment via a central needle exchange
- The coordination of a pharmacy needle exchange service
- Harm minimisation and health promotional advice, signposting, and ongoing support for providers and users of services.
- Open access information, advice and support services to drug users, concerned others and professionals.
- Outreach facilities which encourage engagement with local communities
- Services appropriate for all problematic drug users, including stimulant users
- The provision of both tier 2 and tier 3 interventions where appropriate

Care Coordination Services
A team focused on improving the care coordination of clients in local services, building on lessons learnt from the Drugs intervention program and care coordination in other areas of work. The key elements of service to be offered will include :

- Care coordination of complex clients who cannot be care coordinated elsewhere
- Initial screening assessment
- Joint comprehensive assessment of complex clients
- Development of care pathways between services
- Initial TOPS questionnaire of all complex clients
- All current clients in service reviewed over 12 month period, assessed for care coordination and assigned appropriate level of support.
- Carry out all relevant processes related to DIP.
- Testing of DRR clients

Assertive Outreach Services
Many clients are at risk of dropping out of treatment or the criminal justice system because of various social, psychological or criminal reasons. The Assertive outreach Team will be expected to work with these clients and include the following key elements of service:

- Developing processes to improve retention of clients in services
- Processes to Identify and engage with treatment naïve clients
- Interventions that can be targeted at hard to reach groups

It is anticipated that each contract will commence on or shortly after 1st April 2008 and will run on a rolling annual contract up to a maximum of 4 years. The contract will be awarded on the basis of the most economically advantageous tender in terms of price and quality.

Expressions of interest in tendering for these contracts should be submitted in writing by Friday 14th December at 12 noon and should be sent to: David Jackson, Joint commissioning Manager, Safer Middlesbrough Partnership, 2 River Court, Brighouse road, Middlesbrough,TS2 1RT Email; d_jackson@middlesbrough.gov.uk

INVITATION TO TENDER

User engagement service, Buckinghamshire

Buckinghamshire County Council

The Buckinghamshire Drug and Alcohol Action Team (DAAT) invites tenders for a User Engagement Service in Buckinghamshire.

The contract is expected to be awarded for the period 1st April 2008 – 31st March 2011, subject to annual review and ongoing funding. Requests for tender packs should be sent to:

Helen Bold, Procurement and Commissioning, Buckinghamshire County Council, 7th Floor, County Hall, Aylesbury, Bucks HP20 1YG

Or by email to: *procurement@buckscc.gov.uk*

Requests for packs must be received by 5 p.m. on 7/12/07

The closing date for the receipt of tenders is 12 noon 21/1/08

For further enquiries please contact:
James Sainsbury, Bucks DAAT Joint Commissioning Manager, 01296 382780 or email: *jsainsbury@buckscc.gov.uk*

CITY COUNCIL NOTICES

COVENTRY COMMUNITY SAFETY PARTNERSHIP

INVITATION FOR EXPRESSIONS OF INTEREST - YOUNG PEOPLES SUBSTANCE MISUSE SERVICE

The following Services is due be offered for Tender on 2nd January 2008

- The Coventry Young Persons Substance Misuse Treatment Service
- The 'Named Youth Offending Service Substance Misuse Worker' resource to be based within the Coventry Youth Offending Service.

Closing date for submission of Tender documents is scheduled for 11th February 2008. The Contract is due to be awarded w/c 17th March 2008. There is an expectation that the service will be operational from 1st July 2008.

Prospective providers are asked to complete the Pre Qualification Questionnaire available from the Coventry City Council website (www.coventry.gov.uk/tendering) and return to the address below by 4.00 pm on 7th December 2007. Failure to submit a completed Pre Qualification Questionnaire will eliminate organisations from submitting the full tender documentation.

Tenders are expected to cost the service in the region of £250,000 - £300,000 pa.

NB. Security of Employment arrangements are applicable for staff currently working in the service.

Coventry City Council

Young Peoples Substance Misuse Commissioner, Coventry Community Safety Partnership, Room 214, 2nd Floor, Broadgate House, Broadgate, Coventry CV1 1FS

RAPt
THE REHABILITATION FOR ADDICTED PRISONERS TRUST
stopping addiction. stopping crime.

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RAPt one of the country's foremost providers of drug treatment services in prisons are currently looking for the following individual to join the Head Office team.

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RAPt Head Office, London
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If you are interested in the advertised position and would like to receive an application pack, please send an A4 of A5 size SAE for 65p to: Mandy Coburn, RAPt, Riverside House, 27-29 Vauxhall Grove, London, SW8 1SY, clearly stating this position or download an application pack from www.rapt.org.uk.

Closing date for completed applications: Friday 30 November 2007.

RAPt strongly encourages applications from Black and Minority Ethnic individuals and from those in recovery from addiction

Registered Charity No. 1001701

NO AGENCIES PLEASE **www.rapt.org.uk**

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For further information and to apply, please visit **www.phoenix-futures.org.uk** email **recruit@phoenix-futures.org.uk** or, telephone 020 7234 9772 quoting Ref: 07/11/259. Please note that we are unable to accept CV's.
Closing date: 3/12/07. Interview date: TBA.

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