DDN
Drink and Drugs News
21 April 2008
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BARS TO PROGRESS
Are criminal justice interventions working?

CHAPTER AND VERSE
The role of creative writing in addiction recovery

POSTCODE LOTTERY
Why some children of drug users are still missing out

STAR QUALITY

Rating residential treatment – clearer choices for clients

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Editor's letter

Are residential treatment centres up to scratch? In explaining the new star rating system, David Finney mentions that the drug and alcohol sector performs better than most (page 6). Clearer signposts to good (and not so good) treatment should give clients and commissioners better choice, and prompt the poorer performers to shape up for survival.

The lottery of service standards becomes even more urgent when applied to support for children of drug-using parents. This frequently hidden clientele can not step forward to choose for themselves, as our researchers highlight on page 14. It's an unequivocal argument for replacing the postcode lottery with centralised control.

With criminal justice led programmes forming a main joist of drug strategy, Roger Howard (page 10) highlights how much we are taking for granted about the effectiveness of these interventions. The report highlights that standards of prison drug treatment are unacceptable – so why aren't we tackling reform head-on?, asks Kathy Gyngell (page 11).

On a different note, I was very interested to learn about Lapidus, a membership organisation for people who believe in the power of writing as a tool for healing and personal development. Fiona Friend looks at what this can mean for the addiction field, on page 12. Diary writing can be extremely cathartic; DDN contributors who have shared their personal stories often say that it helps them to take stock of how far they've come. A member of Fiona's creative writing group adds: 'I explore my feelings in a way no other format can do'.

There's another side to it that emerges from those who have experienced addiction: People who have experienced extreme highs and lows in their life are are often passionate about helping others get beyond that situation – which could explain why user forums can work so well as a support network. Empathy in written format can be a very powerful tool indeed.

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In this issue

News in Brief

Drug role for Barclays chief

Group CEO of Barclays, John Varley, has become honorary president of the UK Drug Policy Commission, where he will encourage business and community involvement as well as advise on strategy. 'There are good opportunities to improve collaboration between business, government and the community, in particular through projects which consider how recovering drug users can best reintegrate into society and work,' he said.

Out of Mind

Dr Marcus Roberts, formerly head of policy at mental health charity Mind, has become DrugScope's new director of policy, having previously headed DrugScope's policy division between 2003 and 2006. Carlita McKnight – previously of Voluntary Action Camden – also joins as membership development officer. 'We are delighted that Marcus is joining the DrugScope staff team once again,' said chief executive Martin Barnes. 'His broad policy perspective and insight into the intersections between drug use, mental health and criminal justice issues will be invaluable.'

BZP crackdown

Benzylpiperazine (BZP) pills have been classified as a C1 controlled drug in Australia and New Zealand, although there will be a six month amnesty period for possession. Know as 'party pills' in New Zealand, the substance mimics the effects of MDMA. In the UK, the Advisory Council on the Misuse of Drugs is awaiting the results of a Europe-wide risk assessment on the drug by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Triple LEAP

Three more patients have completed the LEAP (Lothians & Edinburgh Abstinence Programme), bringing the total to 17 since its launch. The intensive three-month programme, a partnership between NHS Lothian and local DAATs, operates seven days a week and includes group work, family therapy and one to one counselling, as well as aftercare support and access to self help groups (see *DDN*, 14 January, page 6). 'The project is extremely challenging and it is very satisfying and encouraging to see three more patients achieve so much in such a short time,' said clinical lead Dr David McCartney.

Drug 'revolution' needed

A specialist Prison and Addiction Unit (PandA) has been set up by centre-right think tank the Centre for Policy Studies, with the remit of challenging what it sees as the government's 'fundamentally flawed' drug policy.

Areas the unit will focus on include the integrated drugs treatment strategy for prisons, the implications of harm reduction, effective and ineffective treatments of addiction and what a prevention policy could look like, as well as 'the centralisation and management of treatment and why it is wrong' and 'the liberalisation of the control of supply of drugs and alcohol and its damaging consequences'.

The government's new drugs strategy is 'woolly and vague', says the unit, and harm reduction is a 'misconceived, "early retirement" strategy to reduce crime by pasturing addicts out on prescribed substitute drugs. The necessity of abstinence, which in other European countries is recognised as the key step on the road to recovery, is absent from UK treatment policy.' It also describes the NTA as a 'monolithic treatment bureaucracy' and DATs as 'local area bureaucracies' and 'expensive quangos'.

'I believe nothing short of a revolution in drug abuse treatment in the UK is required,' said PandA panel member and professor of drug misuse research at the University of Glasgow, Professor Neil McKeganey. 'This must recognise the unparalleled harms of illegal drug use and addiction and must focus first and foremost on getting addicts off drugs.'

The Centre for Policy Studies website is at www.cps.org.uk

Digging the dirt: work has begun on a new 18 bed residential detoxification and rehabilitation facility in Harlow, Essex – Grade II listed Passmore's House had fallen into disrepair until Vale House Stabilisation Services put in a successful bid to the NTA for funding to convert the building into a 12-bed detox and six-bed residential rehab facility. 'This is the culmination of five years' planning and development and I am delighted to see that finally construction is underway,' said chief executive Chris Hannaby (left). Also pictured (l-r) are Vale House Stabilisation Services chair Michael Baker QC, Labour MP for Harlow Bill Rammel and Malcolm Bushell of Mulalley Construction. The unit should be open by this time next year, and interested commissioners should contact Chris Hannaby on channaby@valehouse.org

Half-term crackdown on underage drinkers

Police seized more than 44,000 pints of alcohol from underage drinkers during a national campaign involving 39 police forces across England and Wales, following a smaller pilot campaign last October (*DDN*, 28 January, page 4).

More than 5,000 young people surrendered alcohol to the police during the campaign, which ran from 18-24 February, with a quarter of them telling the police they were 15 or under. However, over 23,000 young people in total came into contact with the police during the alcohol confiscations, and more than 3,500 'directions to leave' were issued.

Young people in underage drinking 'hot spots' were approached by police, based on tip-offs or local intelligence, and alcohol confiscated when it was found. Almost 70 per cent of the alcohol seized was beer and 14 per cent cider, while spirits accounted for 5 per cent and wine and alcopops 6 per cent each. In 70 per cent of cases it was not known, or the children refused to say, how they had obtained the alcohol. Of the 30 per cent that did say, however, half stated that they had bought it from a shop themselves.

Home Office minister Vernon Coaker said there would be more campaigns, and called for more information sharing between police and local agencies regarding repeat offenders in order to address problems as early as possible. 'Confiscating alcohol is just one part of our strategy to address the damage and disruption that underage drinking causes to youngsters, their families and the communities they live in,' he said. 'We are working across government to combine tough enforcement of the law with effective alcohol education for children and parents and to help young people find alternative things to do.'

Opening up: More than 40 Imams, Muslim community leaders and local councillors took part in an open forum in Ilford, east London, recently to discuss the often taboo subject of drug misuse in the Muslim and Asian communities. Hosted by the founding members of the 'Joining the Loop' partnership - Imam Haroon Patel (right) with Rabbi Aryeh Sufrin - the event also aimed to raise awareness of the partnership and ensure that community leaders were better placed to direct people to faith-sensitive treatment services.
'There are no boundaries to those who can find themselves struggling with addiction,' said Drugsline's executive director Rabbi Aryeh Sufrin. 'We need everyone to reach out and spread the message in their communities to let them know that these services exist.' Drugsline offers support, information and counselling in languages including Bengali, Gujarati, Urdu, Hebrew and Yiddish.

Get involved, agencies urged

The Home Office is calling on local agencies to take part in next month's National Tackling Drugs week, which runs from 19-23 May.

The week aims to raise awareness of the work done by agencies such as DAATs and Crime and Disorder Reduction Partnerships (CDRPs), and the range of services available. Among the key messages are that local agencies are working effectively to tackle drugs and reduce drug related crime, and that the number of people entering treatment continues to rise.

Meanwhile, a new range of resources to support mentors in their work with vulnerable young people has been launched by the FRANK campaign, in association with the Mentoring and Befriending Foundation (MBF). Three new publications aimed at mentors and project co-ordinators have been launched, including a credit card sized information resource on what to do in a crisis situation, as many mentors have no formal background in drugs work. 'Mentors and befrienders are ideally placed to help guide young people towards advice and support, which is why this partnership matters so much,' said Home Office minister Vernon Coaker.

To get involved in National Tackling Drugs Week visit http://drugs.homeoffice.gov.uk/communications-and-campaigns/tacklingdrugs/NationalTacklingDrugsWeek/whatyoucando/

Mentor publications available free at http:// drugs.homeoffice.gov.uk/communications-and-campaigns/mentoring

NHS 'failing dependent drinkers' says Alcohol Concern

The NHS is failing to deliver adequate treatment to dependent drinkers, says a new report from Alcohol Concern.

The government's focus on binge drinking has meant health services have targeted resources towards short interventions for those entering A&E departments after 'drunken mishaps', instead of more intensive treatment for people with chronic alcohol problems, according to The poor relation – has the emphasis on 'localism' really improved alcohol commissioning?

The report used information made available after a Freedom of Information request was sent to each PCT, and reveals that levels of support and PCT investment in treatment varied enormously across the country, with support for those wanting professional help for chronic drinking close to unavailable in some areas. Dependent drinkers could wait anything up to a year to gain access to structured treatment, compared with a three week maximum for those accessing drug rehabilitation programmes, it says.

'Helping people to stop binge drinking is important, but we must not lose sight of the more than 1 million dependent drinkers, many of whose lives would benefit from more intensive help,' said Alcohol Concern's new chief executive, Don Shenker. 'The findings of this research show that people with drink problems are being let down at the very moment they need support. The postcode lottery of alcohol services needs to end now, or the needless costs of alcohol related harm will just continue to spiral.'

Mr Shenker was appointed chief executive earlier this month, following three years as the organisation's director of policy and services, and stated that his first priority would be to engage with members to build a solid coalition to lobby government. 'I feel extremely honoured to have been given the opportunity to lead Alcohol Concern,' he said. 'There has never been a better time to be knocking on government's door to strengthen alcohol control and intervention policies. The evidence is clearly on our side. We must continue the excellent progress the field has achieved so far and campaign hard for increased funding for a range of alcohol interventions and for much tighter policy controls to reduce the rising costs of alcohol misuse.'

The poor relation – has the emphasis on 'localism' really improved alcohol commissioning? available at www.alcoholconcern.org.uk/servlets/doc/1303

News in Brief

Proxy proactive

A new scheme to target 'proxy sales' – adults buying alcohol for children – has been launched by the Safer Portsmouth Partnership. Trading standards officers are working with the police to increase undercover work and patrols, and the 'Proxy Watch' campaign will also see the distribution of thousands of posters, leaflets and cards, as well as a six-month cinema advert campaign warning adults not to commit an offence. 'On operations with police we find children as young as 12 with alcohol from proxy sales,' says head of trading standards at Portsmouth City Council, Rob Briggs. 'This is the first campaign of its type designed to directly tackle the issue of proxy sales, and if it's successful we hope that other councils will take it on.'

Alcohol accreditation

RAPt's alcohol dependency treatment programme has become the first to be awarded full accreditation status by the Correctional Services Accreditation Panel (CSAP). RAPt was commissioned by the National Offender Management Service (NOMS) to develop a pilot programme for alcohol-dependent offenders in response to a lack of treatment opportunities for offenders whose crimes are related to alcohol rather than drugs, and 77 per cent of participants rated their risk of relapse as either low or very low post treatment. 'We have now been able to show that it is possible to provide good quality interventions for this group of offenders,' said RAPt's head of services Gail Jones. 'The development of an alcohol-specific rehabilitation programme is good news for men in prison who have historically been unable to access treatment – it is also good news for their families and victims.'

CAN do

Bedford-based community drug programme CAN has increased its capacity by moving to bigger premises with more client rooms. Extra client rooms mean the organisation can now offer relapse prevention, anger and stress management, life skills, healthy living and building self esteem groups, among others. Individual key working and counselling and group complementary therapies will also be available.

Star quality

From this month, the Commission for Social Care Inspection (CSCI) will publish the 'quality rating' awarded to all registered residential services. This will have important implications for people who would like to pursue their treatment in a residential setting, as well as commissioners with purchasing decisions to make. It will also interest Drug Action Teams who may be keen to learn what quality of treatment is being provided in their region, or among the residential rehabilitation services they regularly use.

Providers of residential treatment will be equally keen to ensure they achieve the highest possible quality rating – awarded as stars – to demonstrate they are providing good quality care.

The new rating system is being introduced in parallel to the Tier 4 Improvement Review being undertaken by the National Treatment Agency, which focuses on the commissioning system as well as some aspects of the treatment provided. The NTA's review is fully supported and endorsed by CSCI.

The Commission has recognised that people want good information to enable them to choose their treatment setting. In particular, they understand people want to see beyond compliance with the National Minimum Standards, to see what the outcomes might be for them in different settings.

Introducing quality ratings is one of a raft of recent developments in how establishments are inspected. The 'Inspecting for Better Lives' programme has made the inspection process more transparent and focused.

These developments are particularly relevant to the drug and alcohol treatment sector:

- Clearer inspection reports, which start with a list of what a provider does well and what needs to improve.
- An outcome focused approach that enables people to see what the experience is of people using a service.
- Proportionality: CSCI will focus their efforts on providers who are not performing well.
- Quality ratings, which summarise the overall quality of care provided.

For a while, CSCI has been informing each residential service of its 'quality rating' in preparation for going public. This lead-in period has enabled participants to raise any concerns, such as whether inspectors were being consistent in their judgments, and has given time to develop a process whereby providers can challenge their rating. The aim is to ensure that judgments are fair, consistent and based on what really matters to people who use services.

How will quality ratings work?

There will be four levels available:

- Three stars will mean that a service is excellent
- Two stars will mean good
- One star will mean adequate
- Zero star will mean poor

In addition, there will be a small number of services where enforcement action is being taken. This is important in terms of safeguarding the

A new system is being introduced to rate the standard of residential treatment, giving clearer choices to clients. **David Finney** from the Commission for Social Care Inspection explains.

interests of people who use services.

For consistency, a series of rules have been devised that determine how the quality rating is arrived at. This is how they operate:

- A treatment centre that is awarded three stars, and thought of as 'excellent', will be well managed with a sustained record of high performance. It is not expected that services are perfect, but they will need to demonstrate excellence in safety and/or management. In addition, at least 50 per cent of outcome groups must be judged as 'excellent' or 'good'.
- For a two star rating of 'good', a centre may have some 'excellent' outcomes and will have at least 'good' outcomes for safety and management. There must be no outcome group rated as poor and 50 per cent must be rated as 'good' overall.
- For a one star rating, regarded as 'adequate', there may be some outcome groups rated as 'good' or even 'excellent', however at least 50 per cent must be rated as 'adequate'. Again, the crucial outcomes relating to safety and management must be rated as 'adequate', rather than 'poor'.
- For a no star rating, a service may have some strengths, but overall it will not be performing as a safe service.

Compared with other sectors, the drug and alcohol treatment sector provides a high percentage of services rated as 'excellent'. Out of the 134 registered services there are 30 rated as 'excellent', which is 22 per cent of the sector. This compares well with 12 per cent in all other sectors. Also the percentage of services rated as 'good' at 60 per cent, is higher than the national average of 56 per cent.

Drug and alcohol treatment centres are therefore leading the way in terms of providing good quality care. There are outcome groupings where this sector performs especially well:

Health and wellbeing

This means people's physical and emotional needs are being well met in the way they prefer. The 'good' and 'excellent' drug and alcohol treatment centres are especially commended for the way they are seen to work in partnership with their clients. This sense of working together towards recovery must be positively beneficial towards good treatment outcomes. In addition, the arrangements for specialist GP cover are commented on as being of great value to the people using the services, something that is often a scarce resource but clearly well nurtured in the best centres. There is also shown to be good care planning, and the regularity with which plans are reviewed as a co-operative exercise between key workers and clients, is especially useful and valuable for lasting recovery.

Fulfilment

Inspectors frequently report that people living in residential treatment centres are well supported in their aims of pursuing personal development and leading a fulfilling life. They receive many comments such as 'this place has saved my life and helped me to help others'. Other aspects which inspectors comment on are activities, relationships and a sense of re-integration into society.

Choice and Control

In the 'good' or 'excellent' treatment centres, there is the provision of good brochures and clear descriptions of where restrictions are placed on people so that they can exercise appropriate degrees of choice and control during their stay. This is an especially important theme when thinking about the maintenance of recovery that will be largely in the control of the person, when they leave the treatment centre.

The other outcome groups measured by Inspectors include: concerns and complaints; management and staffing; quality assurance; and continuous improvement – all of which showed performance that was above the average for all inspected sectors.

Other features of the 'Inspecting for Better Lives' initiative have included introducing unannounced inspections across the range of services. This is seen to give a more accurate account of how residential services operate on a day-to-day basis, without preparation before the arrival of the inspector.

Inspectors have a methodology that allows them to spend more time talking to people living in the service rather than being cocooned away in an office. They will also 'case track' specific individuals with their permission, to ensure all the systems work well for the benefit of people in treatment.

Wider policy implications

In December 2007, Alan Johnson, Secretary of State for Health, announced the 'Putting People First' agenda. This is important because one strand is to develop commissioning that incentivises and stimulates quality provision and third sector innovation.

When purchasing services, local councils might well be highlighting services across the board that perform well and prioritise placements in those services. The implications for the drug and alcohol treatment sector have yet to be realised, but nevertheless may well be borne in mind.

In a speech to the Care Show in Bournemouth on 1 April this year, John Fraser, Director of Quality, Performance and Methods at CSCI said: 'With the introduction of quality ratings, we are putting in place the final building blocks of our new approach to inspection and regulation.'

He also pointed to the future, when the government intends to create a new social care and health regulator, the Care Quality Commission, intended to take on its full powers in April 2009, subject to the passage of legislation. Following this, the Government intends a new regulatory framework to be in place for April 2010.

Meanwhile, the government has said that the Care Quality Commission will build on the good work of the current commission in developing quality ratings of care homes. So the sector can look forward to at least two years of stability in inspection processes and methods.

Given the overall transparency and accessibility of the new quality ratings, people requiring residential treatment and their funding bodies should now be clearer about where to find good quality care and improve chances of a successful recovery.

David Finney is provider relationship manager, sector lead for substance misuse at the Commission for Social Care Inspection (CSCI).

'It is precisely because there are so many disagreements about addiction and drug use, and such gaps in the evidence base, that drugs workers could benefit from a well-designed and accessible university degree.'

Up to the job?

My article on whether the drugs treatment workforce is up to the job (*DDN*, 10 March, page 13) has clearly sparked some strong feelings.

Lyn Matthews regards the question I posed as insulting and patronising. She questions whether a university education is indeed worth the paper it is written on and on that basis would prefer drug work and drug workers to remain much as they are at present. Similarly, Sebastian Saville laments the idea of university trained drug workers, celebrating in his own letter the skills of the various drug workers he employs in Release.

I am sure that many of those who are employed in the drugs treatment industry would rather things remained the same, but when we survey the clients of these services, as well as hear from the family members of those who have sought treatment, what we often get is a sense of professional practice that falls a long way short of the skills claimed by Saville and Matthews.

But let's be clear here. In my original article I was not suggesting for a moment that it was not possible to provide a high quality service within the drug treatment industry without a university education. My article was about the skills of the drug treatment workforce in general and about the need to have a clearer career structure on the part of those working within that industry. As that industry has grown in complexity and as addiction has become more widespread throughout society it is entirely appropriate that we ask whether the workforce currently employed within this field is indeed up to the job and to consider how that workforce may develop in the future.

Nothing in what Sebastian Saville or Lyn Matthews have written offers a constructive critique against the value of greater academic training for those working in the drugs treatment industry, even if they feel that their own positions may be threatened by such a development.

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

Effective professionalism

The letters by Sebastian Saville and Kenneth Eckersley (*DDN*, April 7, page 8) in response to Neil McKeganey's plea for better professional education in the drugs field make some excellent points, but in my opinion draw some unhelpful conclusions. There is a great deal of talent and commitment in the field, and Professor McKeganey stressed that he did not believe the lack of a degree meant people weren't good at their jobs.

It is precisely because there are so many disagreements about addiction and drug use, and such gaps in the evidence base, that drugs workers could benefit from a well-designed and accessible university degree. And it is by learning to carefully assess what evidence there is, that a person may come to agree with Mr Eckersley that we should be modest indeed about the power of medicine, psychology, counselling, psychotherapy or social work to 'fix' drug dependency problems, and that professionals would be well-advised to work synergistically with natural recovery mechanisms and support systems such as mutual help groups. Even if professionals can't 'do it for the person', they can certainly assist in the process.

Nor would it be anything less than a disaster to replace intuitive, experienced workers with 'institutionally trained technocrats'. What is possible is for the former to gain a rigorous, challenging and even enjoyable academic training to enable them to place their work in context, to participate more fully in the policy debate, and to be even more creative in addressing the needs of their clients.

The University of Bath Foundation Degree and B.Sc. (Hons) in Addictions Counselling, which I and my team at Action on Addiction deliver, evolved from our growing conviction at Clouds 20 years ago that we needed a broader and more informed perspective than we could gain from within our particular treatment philosophy. The professional training courses that started in 1988 with five students have now developed into a degree programme that combines relevant work-based learning with rigorous investigation of research and theory. The end product is a skilled, informed and confident professional. We have designed the programme to suit both newcomers to the field and those who are established workers. Most of our students are new to academia and we are committed to helping them access this world, learn and succeed.

What I would like to see is proper investment in this kind of professional education. Too often workers are asked to do complex work with minimal training, and few are properly supported in longer term training and development. The NTA should come in behind this effort, so that the cost of properly educating the workforce is taken into account in costing services, and employers will I hope become much more enthusiastic about supporting and investing in their employees longer term. Those who already do this find it enhances the work of their agencies dramatically.

I would also love to see intelligent, successful non-graduate leaders in the field such as Mr Saville finding out about courses such as ours (the degrees are described on the Action on Addiction website), and perhaps coming to see that the very last thing we are trying to do is to undermine the talent and experience that has achieved so much over the years.

Tim Leighton, Director, Centre for Addiction Treatment Studies, Manor House, Warminster

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.

Fact file

Service User Groups

This issue:
Iain Kemp from
Outlook Members Development Group, Manchester

'Be patient while you are developing the group, and be real about its aims and objectives.'

When and why did you start your group?
The members development group started in January 2007. Its aim is to involve service users in the running and development of Outlook and to use Drug and Alcohol Strategy Team (DAST) funding to benefit Outlook members.

How many members do you have?
The numbers attending the meetings can vary from three to 12. The average attendance is more likely to be four to six members.

How did you obtain funding?
We're funded from a DAST grant, awarded in April 2007.

Where and how regularly do you hold meetings?
We hold our meetings at Outlook once a week, on a Thursday afternoon.

How do you keep it going?
We try to enthuse new members of Outlook to get involved in the members' development group. We promote the group, develop realistic goals and aims, and manage group boundaries.

What have been the highlights so far?
The main highlight was a military challenge day for Outlook members and the staff team. We held it as a team building exercise in Liverpool.

How do you communicate with members?
We keep in touch by text message, letters, phone, noticeboard and word of mouth. Our website is online at www.east-manchester-outlook.org.uk

Have you any tips for others starting a group?
Be patient while you are developing the group, and be real about its aims and objectives.

My great escape

Bri Edwards tells the second part of his story. Down in London, his steady heroin habit required a steady income, so there was nothing else for it but to get a job – whatever that took.

Growing up in a fishing town like Aberdeen taught me a very hard lesson: that I had to work, and work hard, if I was to get anything out of life – and that included my dope.

I had made up my mind that if I was to stay in London and on my private script, which was my lifeline – or so I thought at the time – I needed a job. The next payment for my script was getting near and I had nothing towards it.

I took the tube to Tottenham Court Road. I had decided I would consider doing anything – and I meant anything. I had my drug supply sussed out and my accommodation was the best I could get under the circumstances.

As I wandered through Soho I remembered thinking would they want a male stripper – or maybe a doorman to keep all the perverts out? If that failed I could do the three-card 'find the lady' trick and rip off the tourists… all these thoughts raced through my head. All this job hunting was becoming work in itself.

Later that afternoon I made my way down Wardour Street and to my delight I saw an advert: maintenance man required. Right there and then I decided I would go and get that job. I walked down on the Dilly and saw some Junkie friends; they were either stoned or had just ripped off some money from another victim.

I asked them if they wanted to score some of my forthcoming script. They agreed and gave me £10.00. With this I could hire a pair of trousers and jacket for four hours.

I rang a big international company and got an interview for that afternoon. I got dressed, nicked a tie from a shop in Oxford Street, and paid a visit to the London School of Economics – my usual place for a hit, as their toilets were always clean. How I ever got to the interview in one piece I will never know.

This was a job with a major film distributors – a good job, and I was determined to get it. I had no previous experience in any form of maintenance except methadone. I met the personnel officer and thought to myself what a nice person she was. As we talked, I made up this story of how I had been privately educated in the Far East, there had been a fire, all my educational records had been lost and during the flight from the Far East to the UK my luggage had been stolen including my CV… all total and utter rubbish of the first degree. She bought the lot. I was in, and I started the following Monday at 8.30am.

The next problem was how I was going to get up in the morning. Near where I lived there was a post office. I made contact with my area postie and paid him a tenner to wake me up for the first few weeks. My life was about to change; with this job I had cash and I could find a bed-sit, a flat, or possibly a shared house.

All these dreams went through my head. The reality was that I lived in a ten by nine foot room with no windows and bare floorboards. I stayed there for another 19 months. The job that I got was going to fuel my new life but instead it fuelled my appetite for more and more heroin.

My office was in the basement of a five-storey building. My job was to change light bulbs, load the coffee machines, and keep all the office staff going with stationery, and I managed this successfully for several years. One day I was called into the manager's office and asked if I would like to deliver film to a major studio. I readily agreed, the keys for the company van were thrust into my hands, and I was off to the film set.

This new job was permanent. I loved the freedom of the van and going out to various sites around the South of England. This was a dream to me. Driving to the film studio one day, I was asked to help move some scenery around. I helped willingly, and saw to my amazement that I was in the middle of the new 007 James Bond film. All the actors were standing around waiting for hairdressers and makeup ready to go on the film set. I said to myself, 'Bri, you have made it.'

During this time my addiction had hit sky high and all the wages I was getting paid were not enough. All my plans and great ideas of getting a home and security were going down the drain fast. One day I fell down some stairs at the office where I worked, and broke my ankle. I was taken to the local hospital, put in plaster, and driven back to where I lived.

All my dreams of being happy flooded my mind. I knew my life had to change, but little did I know what lay ahead of me. My life was about to change more that I could have ever believed.

Next issue : Bri leaves London

Are criminal justice interventions working well enough to justify the significant investment in them? Last month's report from the UK Drug Policy Commission suggests not. Chief executive **Roger Howard** gives us an overview.

Bars to progress

A major feature of the last ten-year drug strategy, along with the expansion of community based treatment, has been the increased use of the criminal justice system (CJS) to target problem drug-using offenders with the aim of getting them 'out of crime and into treatment'. The flagship of the strategy in England and Wales has been the Drug Interventions Programme (DIP), which from its inception in 2003 has expanded quickly, costing £175 million in 2006/07. The total cost of CJS drug programmes now comes to £330 million and about one-third of referrals to community-based treatment in England and Wales are from CJS staff. Scotland too has increasingly used CJS-based interventions.

The recently published English and draft Welsh strategies indicate that drug-dependent offenders will continue to be prioritised and programme expansion will continue, albeit at a lesser pace. Importantly, this is the only area where funding is set to increase over the next three years. A new Scottish strategy is due shortly and the criminal justice system will no doubt continue to play a significant part in this too.

It is therefore timely that the first themed review by the UK Drug Policy Commission addressed this topic. We wanted to know if the evidence supports an increased criminal justice focus, and which interventions are most effective, and for whom. Over the course of eight months we commissioned the Institute for Criminal Policy Research to review the published evidence and consulted with a broad range of drug professionals, service users and policy makers.

Overall, we found that programmes within the criminal justice system can be at least as effective as those delivered on a purely voluntary basis in terms of reducing drug use and offending. The argument for using the criminal justice system as an opportunity to tackle problem drug use is strengthened by the fact that there are so many problem drug users passing through it: at least one in eight people arrested are problem heroin or crack users (compared with about one in 100 of the general population), and up to half of new prison receptions are problem drug users.

However, a headline-grabbing finding was that we know surprisingly little about the effectiveness of many of these programmes given the amount invested in them, and this is particularly the case for prison-based programmes such at CARAT (Counselling, Assessment, Referral, Advice and Throughcare) teams and drug-free wings. This is not to say that they are not doing good, but we cannot say how much, and we are a long way from knowing how to optimise the benefits of such interventions. The new drug strategy has promised a cross-government research plan to improve the overall evidence base. We hope that this is given the necessary resources and clout so that we can look forward to more informed spending decisions in future.

In our report we also came to the deeply concerning conclusion that prison drug services frequently fall short of even minimum standards and do not adhere to established best practice. A review of prison-based drug treatment funding by PricewaterhouseCoopers also said as much and concluded that a minimum standard of care in all prisons is not likely to be possible within existing funding. In fact, prison drug treatment funding has increased significantly from £7 million in 1997/8 to £80 million in 2007/08 but still lags behind the level of investment given to the more high-profile DIP programme.

The setting up of a new prison Drug Treatment Review Group under Professor Lord Patel is, therefore, to be welcomed. Of course it is not just funding which is constraining the efforts of prison staff. Harsher sentencing has resulted in overcrowding, which in turn means prisons having to deal with some of the most problematic drug users often for only brief periods of time.

The serious shortcomings in prison healthcare have been reflected in an underwhelming target announced in the new strategy, which is to achieve minimum standards of drug treatment in prisons, and then only by 2011. We absolutely must not lose sight of the principle of delivering care in prisons that is of equivalence to that found in the community, not least so that continuity of care between prison and the community can become a reality. Without proper treatment and support we put the health and well-being of prisoners at risk, and we should not be surprised if they revert to drug use and offending on release.

It is also disappointing that we still do not have commitment to the full roll-out of the Integrated Drug Treatment System (IDTS) to all prisons. It is currently only fully operational in less than a quarter of prisons. The envisaged roll-out has been subject to funding cuts and according to the new strategy it will be limited to an expansion of only the clinical elements, and to only about two-thirds of prisons, in 2008/9. Partial provision means that the quality of care received will remain variable and something of a lottery. It is perhaps no wonder that prisoners are resorting to legal action to seek the health care they need.

A lack of suitably robust independent research and evaluations makes it difficult to compare community and prison-based treatment, but on balance we concluded that we risk causing more harm than good by sending significant and growing numbers of problem drug users to prison, especially for relatively short sentences, rather than using community sentences to address their drug-related offending. For instance, a short prison sentence can disrupt community treatment programmes, cause problems with stable housing and employment and put strains on family relationships and also increases the risk of death from overdose on release from prison.

Given the overall high cost of incarceration before you even consider the additional costs of rehabilitation, it is likely that community orders will offer better value for money and have the potential to deliver similar reductions in reoffending, while improving the chances of reintegration back into mainstream society. Hence the evidence tends to support interventions such as dedicated drug courts which Jack Straw has announced will be very modestly expanded. Developments such as this and the commitment to increase the use of drug rehabilitation requirements in community sentences and conditional cautions offer some hope, but only if they are accompanied with a commitment to minimise the use of prison sentences for problem drug users not committing violent crimes.

A recent Ministry of Justice statistical review shows there is a wide regional variation in the use of custody which is only weakly related to levels of acquisitive crime and not at all linked to trends in overall crime levels, suggesting that other factors may be involved such as the preferences and prejudices of sentencers. One of the findings from the Leeds and London drug court evaluations was that training magistrates and judges in, among other things, the nature of addiction was essential for success. This shouldn't be confined to dedicated drug courts, as an understanding of addiction will help all sentencers to identify suitable candidates for DRRs and understand how to react to individual cases when there are relapses, breaches and reconvictions.

I suspect there will be many policymakers and practitioners who will argue that developing and implementing CJS interventions is not 'rocket science' and we do not need more research and evaluation to tell us what we instinctively know. I think that is short-sighted. In a knowledge-based economy, better information is going to be the key to success, for organisations and individuals. Our review has demonstrated the paucity of hard evidence to support some interventions. This is a continued source of frustration for all of us wanting improved care for offenders and others with drug problems.

Roger Howard is chief executive of the UK Drug Policy Commission.

You can download the UKDPC report, Reducing Drug Use, Reducing Reoffending, (and related reference reports) at www.ukdpc.org.uk/reports.shtml

Unlocking prison reform

When will the money follow the evidence for reforming prison drug treatment – and what are we waiting for? asks Kathy Gyngell

More than half of the 140,000 prisoners received into custody each year have a history of class A drug use. Prisons house the highest concentration and numbers of drug users in the country. Yet prisons, to date, have received little more than 5 per cent of the nearly half billion annual treatment budget that the community gets.

Last week the penny may have begun to drop. Prison treatment is to get a cash injection of £100 million over three years – staggeringly overdue, still insufficient but nevertheless welcome.

But what of the concurrent announcement for a National Prison Drug Treatment Review Group to bring a more evidence based approach to service delivery? Will evidence ever inform prison treatment decisions? It is hardly as though it is lacking. Nor is knowledge of the urgent need for post prison or second stage care and rehabilitation.

It is already known that only 50,000 of the 70,000 odd who enter custody each year with a class A drug problem get some form of detoxification, which as a 'treatment' in itself is totally insufficient. It is known that some 9,000 get short structured treatment courses, such as (P)ASRO or the Short Duration Programme (SDP) – and CBT courses, all of which need to be evaluated for 'effectiveness'. It is known that only a paltry 2,000 get to go on the only programmes which are known to work – for which there is an evidence base for successful drug free outcomes and for reduced reconviction rates. These are the 12 step and therapeutic community, intensive, longer duration programmes, mainly, but not all, run by RAPT in just a handful of prisons.

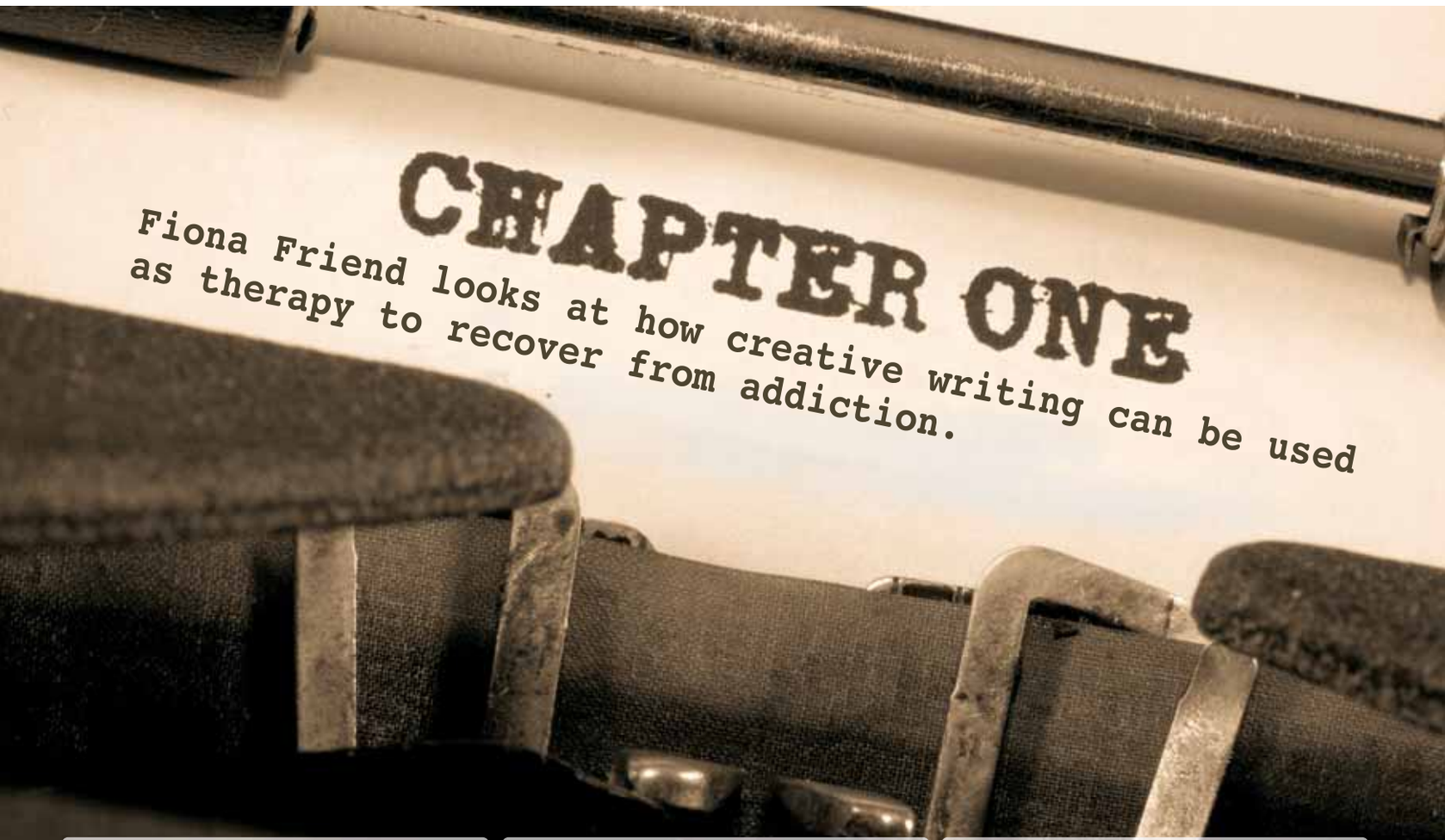
A key recommendation of the Conservatives Social Justice Policy Review was for such programmes to be set up in dedicated wings in every prison. It was made with reference to the reconviction evidence base and to an informed calculation of costs – only £30 million for a tenfold expansion of a RAPT style programme across the prison estate (a cost commensurate in fact with the government's new cash promise).

Now there is further confirmation of this 'evidence base' in the Institute for Criminal Policy Research's recent research review for the UKDPC. What's more its proven cost effectiveness has also been confirmed – earlier this year by the Ministry of Justice's publicised costs of the numbers treated, in each type of structured programme in the year 2006/7. This showed that the unit costs of the longer RAPT and therapeutic abstinence based programmes are actually significantly lower than the untested shorter duration programmes.

So what are we waiting for?

There is surely no excuse for the money not to follow the evidence right now.

Kathy Gyngell is chair of the Prisons and Addictions Forum at the Centre for Policy Studies.



Fiona Friend looks at how creative writing can be used as therapy to recover from addiction.

Many treatment centres, rehabs and day centres in the UK are discovering a relatively new form of therapy which can be immensely helpful as part of a therapeutic programme.

Writing therapy uses 'creative words for health and wellbeing' according to Lapidus, a professional association formed 12 years ago to promote the value of creative writing. Its members, a diverse group of writers, poets, social workers, service users, librarians, service providers and therapists, work across a wide range of different therapeutic environments. They agree that the field of addictions is one area with a clear and growing recognition of the value of words – whether it's writing therapy, bibliotherapy as practised in the US, journaling or autobiographical writing.

As someone who's worked in addiction as a groupworker and is also a freelance writer, I have found it an enormous privilege to work with this client group over the last seven years. Writing is my passion and I believe in its therapeutic powers. Just as art, music and dance are all used as therapy, so I've found that writing can be used in a very powerful way with groups in battling against addiction.

I currently work at Prinsted, a second-stage treatment centre which uses the 12-step model. Its director Caitilin Prinsep firmly believes: 'There is no reason why it wouldn't be equally suitable for all models and stages of treatment. It certainly seems to enhance and work with the 12 step model, given our underlying belief here that all human beings can benefit from their own creativity.'

Caitilin Prinsep and her co-director, Brian Ballantyne, first introduced creative writing when the centre opened in 2005 as one of their members of staff was already qualified in this field. Prinsep says it fits in with the rest of the programme because, 'Our main motivation is to facilitate all the residents to express how they feel – in a group, with peers, and one to one. The writing group provides a real focus for the programme: we believe the arts enhance the process of recovery and give people a different perspective.' She adds, 'Often it releases some of the clients' repressed feelings and underlying issues which they can bring to the rest of the programme and it also identifies thoughts and feelings they hadn't noticed before. We also use art therapy and I think both can work in this way.'

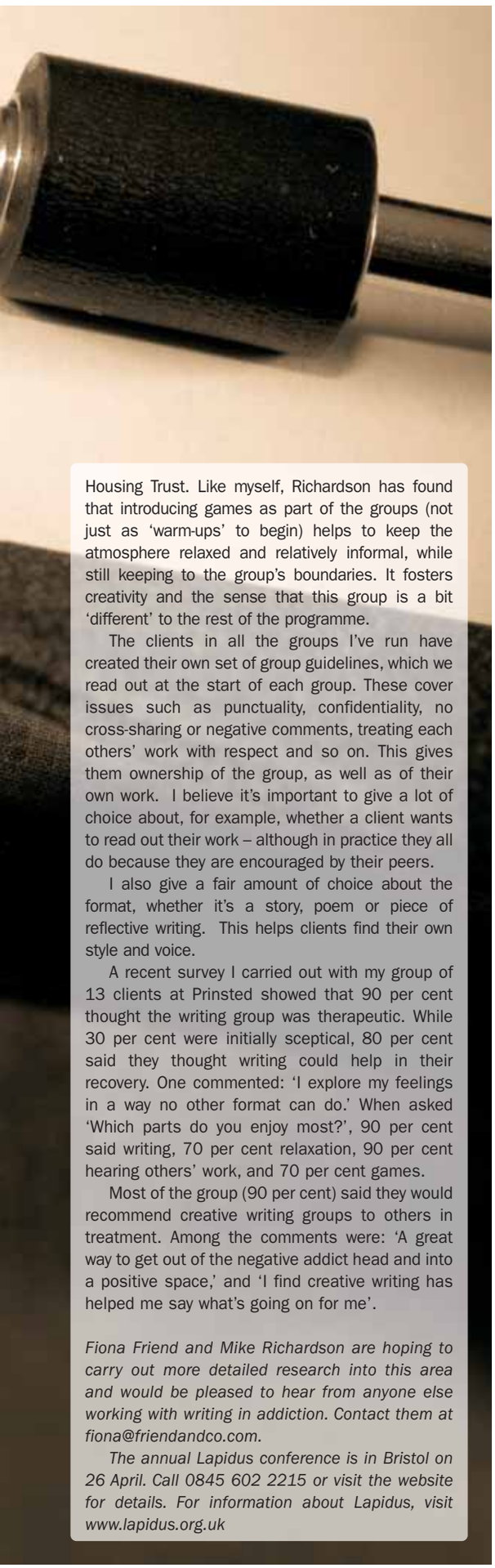
Another very important factor is that the group really enjoys the creative writing. 'It appeals to a lot of people – I think it's very valuable,' says Prinsep. 'We also have a page for creative writing in our newsletter and residents and ex-residents are always proud of their efforts when they see it published. It's very good for their self-esteem.'

One of the first people to use writing in addiction was poet Claire Williamson, who ran a group at Clouds. She facilitated groups that focused on sharing autobiographical written work – a concept familiar to the addiction recovery setting through the writing of life stories. Through an account called 'On the road to recovery' in her book *Writing Cures*, Williamson explained: 'By completing a coherent piece of writing which examines difficult issues, a sense of control is restored to clients. Genuine communication is achieved as group members begin to drop masks and labels to show themselves and their emotion.'

While, like Claire Williamson, I've more recently worked in residential treatment centres, I also spent five years working at two day centres – the Chrysalis abstinence programme at Kenward Trust's Wealden Day Centre, and at Addaction's Day Centre at Crawley, which was harm-reduction and motivational-interviewing based.

In both of the day centres clients would, by the nature of the illness and the fact that they were living in the community, relapse from time to time, but we found that they were still able to participate meaningfully in the groups. The socio-demographic and educational characteristics of the clients were generally quite different to the clients in the treatment centre; however my experience was that some of the most severely educationally disadvantaged people produced wonderful work. The same went for those who had been diagnosed with attention deficit hyperactivity disorder (ADHD) or profoundly dyslexic, whom caseworkers doubted would be able to benefit from the groups. One example of a client who proved them wrong was a homeless girl and poly drug user who had been out of the educational system since she was 12. She attended regularly for quite a while and wrote the most beautiful poetry.

The benefits of creative writing are borne out by Mike Richardson who has run therapeutic writing groups in Sussex over the last two years, at Phoenix Futures' Brighton Family Service and Brighton



Housing Trust. Like myself, Richardson has found that introducing games as part of the groups (not just as 'warm-ups' to begin) helps to keep the atmosphere relaxed and relatively informal, while still keeping to the group's boundaries. It fosters creativity and the sense that this group is a bit 'different' to the rest of the programme.

The clients in all the groups I've run have created their own set of group guidelines, which we read out at the start of each group. These cover issues such as punctuality, confidentiality, no cross-sharing or negative comments, treating each others' work with respect and so on. This gives them ownership of the group, as well as of their own work. I believe it's important to give a lot of choice about, for example, whether a client wants to read out their work – although in practice they all do because they are encouraged by their peers.

I also give a fair amount of choice about the format, whether it's a story, poem or piece of reflective writing. This helps clients find their own style and voice.

A recent survey I carried out with my group of 13 clients at Prinsted showed that 90 per cent thought the writing group was therapeutic. While 30 per cent were initially sceptical, 80 per cent said they thought writing could help in their recovery. One commented: 'I explore my feelings in a way no other format can do.' When asked 'Which parts do you enjoy most?', 90 per cent said writing, 70 per cent relaxation, 90 per cent hearing others' work, and 70 per cent games.

Most of the group (90 per cent) said they would recommend creative writing groups to others in treatment. Among the comments were: 'A great way to get out of the negative addict head and into a positive space,' and 'I find creative writing has helped me say what's going on for me'.

Fiona Friend and Mike Richardson are hoping to carry out more detailed research into this area and would be pleased to hear from anyone else working with writing in addiction. Contact them at fiona@friendandco.com.

The annual Lapidus conference is in Bristol on 26 April. Call 0845 602 2215 or visit the website for details. For information about Lapidus, visit www.lapidus.org.uk

Dear Santa,

This is the first time I've written a letter to you in many years, and in the interim much has happened to me.

The first thing I'd like to ask for is my life back. When I say 'back' I don't know if I've ever truly had the life I would have liked, but I've had a glimpse of it in the last couple of months.

I would like a life free from drugs, free from depression, free from self-pity. I would like a life where I can begin to understand who I really am – not just the masks I've utilised and the games I've played. I know I have been blessed with a few gifts – intelligence, empathy, sensitivity and a strong sense of right and wrong. And I know I have been given many things in my life for which I am eternally grateful; a beautiful wife, three glorious children, a family who care deeply about me and numerous opportunities. Despite this, for some reason I have never felt grateful or blessed because of the deep dark void I felt inside of me. I filled this up with drugs for many years, however by the end of this period the void had become a wretched place of despair – and I saw the only way out as probably taking my own life.

I know now that I am an extremely fortunate man who just couldn't see or feel what was in front of me. Gradually now, these metal shutters are starting to peel back.

All I ask is that the growth I am starting to feel continues. I know that nobody else, including you, can help me to find out the true me – and grow to love myself. My request is, therefore, that I continue on this path. I know then that I stand a good chance of finding that elusive character that is me. I have a feeling that when I find my true self – and grow to accept and love myself, the rest of the things I could ask for are likely to follow.
I hope and pray that you can help with this plea.

Yours sincerely…

SHAME

Shame is corrosive
Acid eating me away
I burn you all too

THE COURTROOMS IN BLOOM

Have you ever fallen out of line, thinking that it's fine
Thinking it's all a waste of time and you don't seem to mind.

Bleakness filled the rooms and the stairs echoed regret, cold helplessness surrounded the floors whilst watching wooden doors, so tell them what you know
Bout alcohol and the disease of addiction because they think it's fiction
Whilst you fix a stitch as they don't listen.
We all see souls crying and drifting through, talking to themselves
To help the likes of me and you.
Alone and about to surrender to the court of law.

Research shows that children of drug-using parents are still vulnerable to an unreliable patchwork of services, say **David Best**, **Saffron Homayoun**, and **John Witton**.

Hidden Harm – another postcode lottery?

There is consistent evidence that the children of drug using parents are at greater risk of a range of adverse outcomes compared to children of parents who do not misuse substances. Not only are they at an increased risk of early onset of alcohol and tobacco use and higher rates of adolescent illicit drug use, they face potential adverse effects in a wide range of areas in their life.

The impact on their education is reflected in poor school attendance and missed medicals cannot fail to have an effect on their health. Furthermore, many children find themselves taking on adult roles, with all the implications that has on their relationships and identity, and the toll on their development and emotions can surface through depression and anxiety.

In England and Wales, there are estimated to be between 250,000 and 300,000 children that have at least one parent with a serious drug problem – representing 2-3 per cent of children under 16, and an even greater figure in Scotland. And so the *Hidden Harm* report was delivered in 2003 by the Advisory Council on the Misuse of Drugs (ACMD) Prevention Working Group in an attempt to raise awareness of this issue. Through 48 recommendations, it aimed to set an agenda that would tackle the cycle of adversity affecting drug using families, by focusing on improving the situation for the children, and for drug-using parents.

The initial survey conducted in 2002, and commissioned as part of the *Hidden Harm* evidence gathering process, found an inconsistency of provision across specialist drug agencies and a lack of clarity about information, standard protocols and joint working. So a follow up study was commissioned in 2006, to assess changes, focusing on specialist addiction services. This contributed to the overall assessment of how the 48 recommendations from the original report were being implemented, and to identifying cases of good practice.

The resulting report, *Hidden Harm Three Years On: Realities, Challenges and Opportunities*, identified a number of services that had excelled since the original *Hidden Harm* report. But it also showed that findings of the follow-up survey were markedly more equivocal. Just 259 specialist drug services had completed and returned the questionnaires – a response rate of only 20.6 per cent. Even though this low response rate could not be mapped against agencies that completed the original survey, this still represented agencies that provided drug treatment services to over 50,000 clients.

Worryingly, there was a substantial decrease in the provision of direct services between the 2002 and 2006 surveys, with only a third of services reporting provision of specialist services for drug using parents in the most recent survey (down 12 per cent) and just a quarter stating that they had services specifically dedicated to the children of drug-using parents (down 3 per cent).

The main change would appear to be a polarisation in the level and quality of service for drug using parents and their children, where service users in one area will receive an entirely different level and type of provision from their equivalents in the next town.

So why has this happened? When we look to the initial aims of the *Hidden Harm* report, it is unacceptable, given the *Every Child Matters* agenda, that the quality of provision for children of drug using parents depends solely on where they live. Based on the results presented here and provided to the authors of the *Three years on* report, leaving it up to the individual drug services does not seem to be a very effective way to go about ensuring a standardised provision of care for every child across the nation, and appears not to have improved baseline levels of treatment response, at least in England.

One of the key 'natural experiments' that falls from this work will be to assess future effects of *Hidden Harm* on service delivery in Scotland (where targets have been set at a national level) and in England where lack of action has been justified through the belief in a 'mainstreaming' response.

One simple indicator of the bifurcation of response is evident in whether the agencies actually have a copy of the report present. Simply having a paper copy of the initial *Hidden Harm* report at the agency was shown to be indicative of local commitment to this agenda. In contrast, those agencies that did not possess a copy of the report were much less likely to have embraced any part of the *Hidden Harm* agenda.

The 2006 survey results reveal that specialist drug services cannot be relied upon to provide uniform provision, pointing to a need for more centralised control of the matter to ensure a better future for every child with a drug using parent, not just those who are lucky enough to live in the right place.

At present, we have a patchwork of response based on the preferences and value systems of individual commissioners, service managers and workers. While good practice may shine brightly in some services and even in some DATs and regions, murky gloom pervades other areas, where we have no idea how many children live with drug-using parents – and far less what their needs are or what services do to address these needs.

David Best and Saffron Homayoun are at the Department of Psychiatry, University of Birmingham. John Witton is at the National Addiction Centre Institute of Psychiatry, Kings College, London.

A fully referenced version of this article is available by emailing d.w.best@bham.ac.uk

Nature of the problem: Addiction as a chronic disorder

In his next Briefings, Professor Clark looks at the time course of addiction and how it influences the way that we should be building systems, including for the delivery of treatment, that help people find recovery. In this first Briefing, he looks at acute and chronic disorders and how they are managed in today's medical world.

If we are to help people overcome serious substance use problems, then it is essential that we understand the nature of addiction and recovery, and the processes required to help someone move from addiction to recovery.

One key issue centres around whether addiction is an acute or chronic condition. This and related issues can lead to considerable controversy.

The terminology used to describe addiction can be influential in a variety of ways. It can shape people's attitudes towards whether they can overcome addiction, shape the way we deliver treatment and the way we help people along the path to recovery, and influence society's attitudes towards people with substance use problems. The idea that addiction may be a 'disease' has caused considerable controversy over many years.

My concern in this and the following articles is not whether addiction is a disease – or whether it is a habit, illness, disorder, or whatever. My concern is the temporal course of addiction and how this influences the treatment system that we should be offering to people affected by substance use problems, and all other forms of support that help them along the path to recovery.

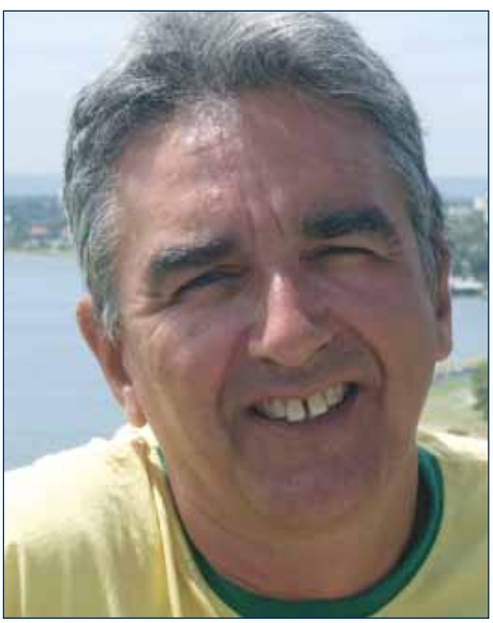
Over the past year, I have thought long and hard about the wide range issues that arise from the time course of substance use problems and addiction. However, I had not fully pieced together all the critical elements in a way that I felt confident enough to say what I really wanted to say about this matter.

This situation changed this week when I received a copy of a paper due to be published by William L. White and A. Thomas McLellan in the journal *Counselor*, entitled 'Addiction as a Chronic Disorder: Key Messages for Clients, Families and Referral Sources'. This manuscript consolidated and strengthened many of my own thoughts and beliefs, but took me far beyond my own ideas.

This paper is undoubtedly a classic and should be required reading for people working in the substance misuse field. I am grateful to Bill White for allowing me to quote freely from his work.

In considering the nature of addiction, in relation to its time course, I will first look at the nature of acute and chronic disorders in the medical world. This is essential because we need to understand that chronic disorders cannot be treated and managed like acute disorders.

Acute disorders such as broken bones, bacterial infections or short-lived emotional trauma can be typically attributed to a clearly defined source (*eg* infectious agent, physical trauma) and 'cured' by treatment and recovery processes that span a relatively short period of time.



'The terminology used to describe addiction can be influential in a variety of ways. It can shape people's attitudes towards whether they can overcome addiction, shape the way we deliver treatment and the way we help people along the path to recovery, and influence society's attitudes towards people with substance use problems.'

While acute disorders may have been serious and have disrupted the person's life, they do not typically leave a lasting mark. In general, the person is no more likely to have a recurrence of the disorder than a person who has not experienced the same problem. The person may get another infection or break another bone, but this is considered a new occurrence of the problem, rather than a relapse.

Chronic disorders such as heart disease, asthma and diabetes are caused, and complicated, by a variety of biological, psychological and social factors. Mostly, it is not possible to identify the precise determinants of the condition – chronic disorders are caused by an interaction between multiple factors.

Choices of 'lifestyle' and other behavioural choices often play a role in the development and maintenance of these conditions.

Not surprisingly, the treatment of chronic disorders is more protracted and complex than that required for acute disorders. It does not produce as good outcomes as acute treatments.

White and McClellan point out that all chronic treatments, regardless of the disorder, share three important features.

Firstly, while they generally remove or reduce the symptoms of the disorder, they do not affect the root causes of the disease. For example, beta-blocking drugs reduce blood pressure and insulin improves the body's ability to digest sugar and starches, as long as the person continues the treatment. However, the person is not restored to normal after these treatments.

Secondly, all chronic treatments require the person to significantly change their lifestyle and behaviour for the benefits of the treatment to be maximised. For example, even if diabetics take their insulin as prescribed, they will not stop their disorder progressing unless they also reduce sugar and starch intake, increase exercise and reduce stress levels.

Thirdly, because of the complex and multiple factors underlying chronic disorders and the need for ongoing medical care and lifestyle change, it is not surprising that relapses regularly occur in all chronic disorders.

Clearly, treatment strategies for chronic disorders need far more than periodic visits to the doctor. They need regular in-person and/or telephone/internet monitoring of medication adherence, coupled with encouragement and support for changes in diet, exercise and stress that benefit health.

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

Training for Drug & Alcohol Practitioners

Programmes from 2008/09

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

Certificate in Substance Misuse Management (Stage 1)

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

18 month programme from September 2008 or by negotiation

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

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

18 month programme from September 2008 or by negotiation

Diploma in Substance Misuse Management (Stage 2)

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

2 year programme from October 2008

BSc in Substance Misuse Management (Stage 3)

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

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

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

Design & Print Centre 105884 02/08

SEFTON DRUG ACTION TEAM
Criminal Justice Treatment Services

INVITATION TO TENDER
Expression of Interest

Sefton Drug Action Team is responsible for the effective delivery of all elements of the new national drug strategy within the Borough of Sefton.

Working with our partners Merseyside Police and Merseyside Probation Service, the DAT has established an effective route into treatment for drug misusers within the criminal justice system.

Expressions of interests are sought from suitably qualified organisations with proven experience of delivering treatment within the criminal justice environment. Applicants should have a full knowledge and understanding of the Drug Interventions Programme including the Tough Choices agenda and the Prolific and Priority Offender Programme as well as experience of DTTO/DRR treatment provision.

Written or electronic expressions of interest must be received by 5.00pm on Friday, 25th April. Organisations expressing an interest will receive a tender pack week beginning 28th April for return by 2nd June. All organisations registering their interest will be invited to attend a briefing seminar on the afternoon of the 12th May at Bootle Town Hall.

Expressions of interest may be submitted electronically or in writing to:
Andrea Bird, Senior Category Manager, North West Collaborative Procurement Hub, 3rd Floor, Sandringham House, Windsor Street, Salford, M5 4DG
Email: andrea.bird@nwcph.nhs.uk

Cyngor Sir Gâr Carmarthenshire County Council

Partneriaeth Diogelwch Cymunedol Sir Gâr
Carmarthenshire Community Safety Partnership

TENDR

Partneriaeth Diogelwch Cymunedol Sir Gâr

Gwahoddiad i Gyflwyno Tendr - Gwasanaeth Cyffuriau Mynediad Agored Haen 2

Ar ran Partneriaeth Diogelwch Cymunedol Sir Gâr, mae Cyngor Sir Caerfyrddin yn gwahodd cyrff cymwys sydd â phrofiad addas a hanes o lwyddo o ran gweithredu Gwasanaethau Camddefnyddio Sylweddau, i fynegi diddordeb mewn cymryd rhan yn y broses dendro ar gyfer darparu Gwasanaeth Cyffuriau Mynediad Agored Haen 2 (Safonau Gofal) Sir Gaerfyrddin.

Bydd yn rhaid i'r ymgeisydd llwyddiannus weithio gyda darparwyr eraill yn y sir fel rhan o'r system driniaeth a gomisiynwyd, a disgwylir iddo gyfrannu at ddatblygu'r system driniaeth hon yn barhaus.

Bydd y contract yn para am ddwy flynedd ac yn dechrau ym mis Hydref / Tachwedd 2008, gyda'r opsiwn o'i ymestyn am flwyddyn ychwanegol yn amodol ar y dystiolaeth am yr angen ac ar berfformiad boddhaol.

Dylid cyflwyno mynegiadau o ddiddordeb yn ysgrifenedig i:
Gwyneth Jones, Swyddog Gweinyddol, Y Tîm Comisiynu a Chontractio, Gofal Cymdeithasol, yr Adran Iechyd a Thai, Cyngor Sir Caerfyrddin, 3 Heol Spilman, Caerfyrddin, SA31 1LE neu fel arall, drwy anfon e-bost at: Gwyjones@sirgar.gov.uk

Dosberthir Holiadur Cyn-gymhwyso i'r sawl sydd â diddordeb, a dylid ei gwblhau a'i ddychwelyd erbyn dydd Mawrth 6ed Mai 2008.

Bydd y dogfennau tendro yn cael eu hanfon at ymgeiswyr dethol yn ystod yr wythnos sy'n dechrau ar 12fed Mai 2008. Y dyddiad cau ar gyfer dychwelyd y ceisiadau tendro yw 9fed Mehefin 2008.

Gofynnir i ymgeiswyr nodi bod y cyfweliadau yn debygol o gael eu cynnal yn ystod yr wythnos sy'n dechrau ar 23ain Mehefin 2008.

TENDER

Carmarthenshire Community Safety Partnership

Invitation to Tender –
Tier 2 Open Access Drug Service

Carmarthenshire County Council on behalf of Carmarthenshire Community Safety Partnership is seeking expressions of interest from suitably experienced and qualified organisations with a proven track record of delivering Substance Misuse Services and wishing to participate in the tendering process for the provision of a Carmarthenshire Tier 2 (Models of Care) open access drug service.

The successful applicant will be required to work with other providers in the county as part of the commissioned treatment system and will be expected to contribute to the continued development of this treatment system.

The contract will be for a period of two years commencing in October / November 2008, with the option to extend for a further one year period subject to evidence of need and satisfactory performance.

Expressions of interest should be submitted in writing to:
Gwyneth Jones, Administrative Officer, Commissioning & Contracting Team, Social Care, Health & Housing Dept, Carmarthenshire County Council, 3 Spilman Street, Carmarthen, SA31 1LE or by e-mail to Gwyjones@carmarthenshire.gov.uk

Interested parties will be issued with a Pre-Qualification Questionnaire (PQQ), to be completed and returned by Tuesday 6th May 2008.

Tender documentation will be sent to selected applicants week commencing 12th May 2008. The deadline for return of tender applications is the 9th June 2008.

Applicants are asked to note that interviews are likely to take place week commencing the 23rd of June 2008.

WEST SUSSEX COUNTY COUNCIL
DRUG AND ALCOHOL ACTION TEAM
INTEGRATED ALCOHOL AND DRUG TREATMENT SERVICES

The West Sussex County Council Drug and Alcohol Action Team are looking to re-tender a range of services currently provided to drug and alcohol mis-users throughout the county of West Sussex. The service currently provides Tier 2 and 3 levels of service. Tasks include assessment, advice and information, fixed site needle exchange, psychosocial interventions, structured day programmes, medical assessment and specialist prescribing. The service shall also include a range of drug treatment interventions for drug misusing offenders in DIP.

West Sussex County Council are seeking expressions of interest from providers who are able to provide this type of service throughout the county of West Sussex.

The contract is from 4th May 2009 to 3rd May 2012, with an option to extend for a further two years depending on performance and need.

Providers will be expected to deliver services that are equitable, sustainable and demonstrate a best value approach as defined by the Government.

Those providers wishing to express an interest should email alison.eastman@westsussex.gov.uk. An Information Memorandum giving further details of the requirements will be forwarded with a link to the website whereby the pre-qualification questionnaire can be obtained.

The contact details for this tender is Alison Eastman, Contracts Commissioning Manager, Adults' Services Contracts Unit, West Sussex County Council.

Tel No. 01243 777183, e-mail: alison.eastman@westsussex.gov.uk, Fax no. 01243 777324.

Completed pre-qualification questionnaires with supporting information must be received no later than 12:00 noon, 16th May 2008.
M P Kendall
County Secretary

This advertisement may only be copied or republished in full.

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wakefield
City of Wakefield Metropolitan District Council

YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICE

Wakefield Council's Family Services Directorate wishes to invite tenders for the provision of a Young People's Substance Misuse Service, from suitably qualified and experienced organisations.

The Service will be a key aspect of the Council's approach to both Integrated and Targeted Youth Support. It will operate within the boundaries of Wakefield District, through a co-location model of delivery with the Youth Development and Support Service.

The current contract is due to expire on the 31st August 2008. It is the Council's intention to award a three-year contract, to a single service provider. This will be effective from the 1st September 2008.

The current Service Provider has indicated that Transfer of Undertakings (Protection of Employment) Regulations 2006 ('TUPE') will apply. The Council does not provide warranty, with regard to this statement. Prospective applicants are advised to seek their own independent and professional advice on TUPE.

This tender will be undertaken through an electronic 'Supplier and Contract Management System'. This allows applicants to electronically download, complete and submit tender documents.

Further details on SCMS and details on how to register can be found at: http://scms.alito.co.uk

The return date for this tender is no later than 9th May 2008.

www.wakefield.gov.uk

HOUSE MANAGER

Prinsted

Part time House Manager up to 20hrs per week to run brand new 3rd stage facility providing treatment for Addiction attached to Prinsted, a prestigious Secondary Care Unit in Horley, Surrey.

You will need to be mature, flexible, have counselling skills, be able to work on own initiative, have good boundaries and communication skills. If you are in recovery you will need at least 5 years clean time.

Salary: Negotiable
Closing Date: 10 May 2008
Available to start: mid June 2008

The successful candidate will be required to apply for disclosure at Enhanced level from the Criminal Records Bureau.

For further info. and application form please contact Carole Barnes on 01293 825400 or carole@prinsted.org

DETOX NURSE

RMN/ RGN to work in CSCI registered 4-bed detox unit, part of the Bridge Programme drug and alcohol treatment service at Logos House, central Bristol.

37 hour daytime shifts
Starting Salary Band 5 point 3 (£19,970)

Experience in the drug treatment field would be helpful but is not essential. For an informal discussion contact Justine Lewis

Closing date: 28 April '08

We are also interested in recruiting relief nurses

THE SALVATION ARMY

For an application form, please apply to:

The Secretariat
The Salvation Army
Logos House
Wade Street
Bristol
BS2 9EL
Tel. 0117 955 2821

CV's will not be accepted
Promoting equality in the workplace.

Registered Charity No.215174,and in Scotland SC037691

DDN in association with FDAP

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

"Well presented and interactive"

Essential workshops

Supervision, appraisal and DANOS

2 June 2008 – central London

This one-day workshop for line managers and HR directors covers supervision, appraisal and development of front-line staff against DANOS and other national occupational standards. It is run by Iain Armstrong – a leading expert in DANOS and workforce development

Performance management

9 June 2008 – central London

This one-day workshop for line managers and HR directors builds on the "Supervision, appraisal and DANOS" workshop (outlined above), and focuses on managing and developing practitioners' performance against DANOS and other national occupational standards. It is run by Iain Armstrong – a leading expert in DANOS and workforce development.

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

adapt

HM PRISON SERVICE
Eastern & East Midlands area

CARAT Project Workers

Starting salary £19,000 to £20,500

Eastern Area
E.04.08 CARAT Worker (Part time) – HMP Edmunds Hill
E.08.08 CARAT Worker (Part time) – HMP Wayland
E.10.08 CARAT Worker (Permanent & Temporary) – HMP Chelmsford
E.11.08 CARAT Worker (Temporary) – HMP Norwich

East Midlands
EM.03.08 CARAT Worker (Part time) – HMP Stocken
EM.04.08 CARAT Worker (Permanent) – HMP Leicester

ADAPT a national provider of drug and alcohol treatment services in custody and the community, require enthusiastic individuals to join our CARAT teams. Successful candidates must have good written and oral skills and be experienced in working with people from diverse backgrounds. Experience of working with addictive behaviour is a distinct advantage, but not essential, as training will be provided.

CARAT Manager

Starting salary from £25,000

E.30.07 CARAT Manager – HMP Bedford

We are looking for an enthusiastic person to lead our CARAT team and be responsible for the delivery of CARAT's services to meet our contractual obligations to the Prison Service and to promote best practice. The role is challenging and dynamic, and the successful candidate will need to be able to evidence experience at first-line management level or equivalent, within the substance misuse field, criminal justice, or related setting.

PASRO Facilitator

Starting salary £19,000 to £20,500

E.12.08 PASRO Facilitator – HMP Highpoint

Working as part of the team delivering the PASRO programme, you will facilitate structured accredited groupwork programmes for prisoners who are substance misusers. You will need above average verbal and interpersonal skills, be able to confront prisoners without demeaning them, and have the ability to relate positively and empathetically to them whilst working within professional and Prison Service boundaries. Experience working as a facilitator, or with substance misusers, or offenders would be an advantage, and groupwork experience a bonus. Appointment is dependent on passing all phases of the selection process – initial interview, assessment centre and two five-day residential training courses.

Applications are particulary invited from *male and BME groups. ****Section 7SDA applies***

To request for an application pack please write to: ADAPT, Area Offices, 26 Thorpe Wood, Thorpe Wood Business Park, Peterborough, PE3 6SR or Email suzanne.sutterby@adapt-online.com

addaction

There's always more to learn.

For almost 40 years, Addaction has been at the forefront of helping people overcome their substance misuse problems. Our continued success means continued growth.

Operations Managers

c£40k • North East, North West, London & South East

As one of the best-known charities in the field, we're continually moving forwards in imaginative and challenging ways in response to the constantly changing world of substance misuse. Are you an experienced professional who can develop and drive our service offering with strategic leadership, inspirational management and entrepreneurial skills?

Level-headed, experienced and business-focused, you'll work closely with highly experienced and professional teams and partners. So you'll need to be able to both gain their respect, and have a well developed ability to respond to tendering opportunities that fit with our strategic objectives and create services that match real needs. So hands-on experience of the sharp end of working in drugs/alcohol services, whether as a service provider, a commissioner or as a statutory partner, is essential. A resilient person keen to take on new challenges in the world of substance misuse and committed to working for a values-driven organisation, you will have a strong track record of responding to tough challenges with compelling solutions. And the rewards? Apart from great benefits, you'll be able to make a life-time's difference to people's lives.

To apply, download a pack from our website and return it to c.davies@addaction.org.uk

Closing date: 12 noon, 6 May 2008.

where everyone's unique

Charity no. 1001957

www.addactionjobs.org.uk

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addiction recovery agency
support in recovery

The Addiction Recovery Agency provides abstinence-based and harm reduction services to people with drug and alcohol misuse problems

COUNSELLOR

(Job Ref: 0401)

£21,000 – £23,500 per annum

Plus £400 per annum, on-call allowance (1 week in 8)

Initially seconded to the residential programme (abstinence services) with opportunities for working with aftercare and relapse prevention. You will need two year's experience of abstinence-based treatment systems, plus a recognised qualification in counselling to diploma level.

Closing date: 9.00 am, Monday, 12th May 2008

To apply visit www.addictionrecovery.org.uk or call 0117-934-0844. Benefits include 25 days leave pa plus Bank Holidays, plus 1 day per year thereafter up to 30 days. 35 hour week (Monday – Friday, no shift work), pension, training package.

ARA is working towards equal opportunities
Registered Charity No 1002224

As we move forward into our next phase of development we are looking to recruit:

SMART
INNOVATIONS IN DRUG SERVICES

Regional Director (Thames Valley)
Finance Director

Both positions based in Oxford.
For further information and other opportunities with SMART CJS, visit www.smartcjs.org.uk or contact Poli Shajko on 01865 515318
p.shajko@smartcjs.org.uk

A skilled, professional and motivated workforce

Solutions Action Management was founded in 2001 to meet the ever-growing demands and changes required by the delivery of the National Drug Strategy. With the emergence of Drug Action Teams and greater funding specifically targeting young people, communities and criminal justice we provide trained substance misuse personnel in response to a growing demand for highly skilled individuals.

"I have been extremely happy with the services provided by Solutions Action Management. I have used them a number of times to provide a range of staff, from DAAT Commissioning Support posts to Qualified Social Worker and Drug Worker posts. I am consistently impressed with the level of skill and experience of the candidates put forward by SAM Recruitment, and SAM remains my preferred first option when seeking to fill existing vacancies or looking for staff for one-off short pieces of work. It is extremely important to me to be able to talk to an agency that really understands the field and the issues involved and can work with me to think up creative staffing solutions to some of the needs of the substance misuse field in the 21st Century.
Drug & Alcohol Action Team, Joint Commissioning Manager

At Solutions Action Management we use our vast amount of experience within the drug and alcohol sector. As a truly specialist substance misuse recruitment and consultancy agency we have in-depth knowledge and expertise in this field that more general recruitment agencies aren't able to offer. Whether you are a voluntary sector agency, local authority or private sector client, we find the solution to your staffing requirements. Our clients come back to us again and again.

"Solutions Action Management work hard on behalf of their consultants to ensure a perfect match between project and personnel and I have always found all the positions and work that I have been offered have been suited to my skills set and interesting to be involved with. I have been working with SAM for over four years now and, as well as being very busy, have found the support and range of work offered to be excellent."
Consultant in Mental Health, DAT Co-ordination, Joint Commissioning & Strategic Project Work

We provide skilled and motivated drug and alcohol professionals in all areas of the substance misuse field. If you are an organisation with positions to fill or a professional looking for your next role contact us now.

We provide:

- **DAAT co-ordinators**
- **Joint commissioning managers**
- **Consultants/managers**
- **Needs Assessments/bespoke one-off pieces of work**
- **Nurses**
- **Drug/criminal justice workers**
- **Counsellors 12-step, BST, CBT**

"Solutions Action Management have been very supportive, approachable and efficient. I have never experienced any problems whilst working through them. I feel confident to advise anyone to approach them for work/placements."
Qualified Social Worker – Substance Misuse

Solutions Action Management are now CSCI Registered and able to supply nurses. We are also starting to supply to treatment centres internationally.

See our latest vacancies at www.samrecruitment.org.uk