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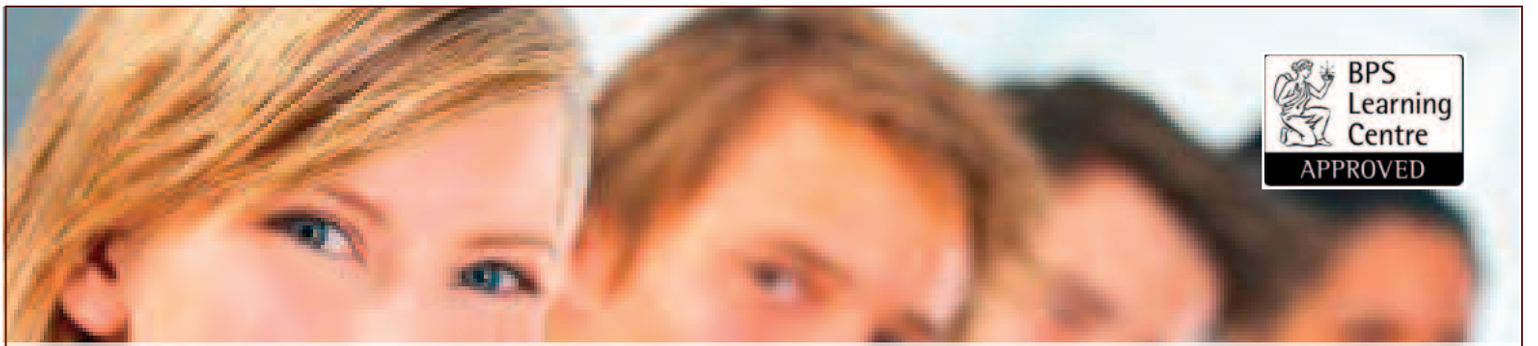
'The irony is, if you're just looking to reduce costs it's the preventative, early intervention stuff that gets results, yet that's exactly what's being cut...'

WOMEN AND CHILDREN FIRST

SUPPORTING FAMILIES THROUGH THE AUSTERITY AGENDA



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Brill could pick out what I needed to help myself in my day-to-day work. **T.M., Drug Worker, London**

I can see how this will work well with my clients. Useful information that can be adapted to many examples. Examples and case studies used were good too. Thank you. **Z.C., London**

Very funny and interesting, made the day enjoyable. **M.G., Addiction Nurse**

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Editorial – Claire Brown

Spirit of optimism

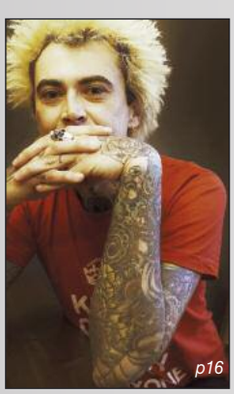
Times may be hard but there's strength in numbers

The future is by no means certain, as John Jolly points out (page 12). But the clear sense of purpose in some quarters gives me cause for optimism. While the NTA recovery strategy continues winding its way into the uncharted territory of Public Health England, those making their own path are gaining strength by the day through mutual support and a shared optimism. September's 'recovery month' was a public celebration of a movement that's been gathering considerable momentum behind the scenes, not least through social networking, and on p18 we celebrate initiatives taking place all over the country.

While online support networks can be incredibly effective, you can't beat the value of a get-together, as the NNEF meeting also demonstrated (page 12). A packed programme alongside camaraderie and informal knowledge-sharing was a reminder of the momentum of harm reduction work in this country – a movement that won't be dismissed by lack of money or political commitment. The message from PHE that harm reduction and public health interests are being aligned by government like never before must surely be a hopeful sign.

And for an uplifting example of harm reduction and recovery in action, see this month's good practice exchange, where BADSUF show off their gloriously inspiring shop (page 11). Well worth a visit!

This issue



FEATURES

REGULARS

NEWS IN BRIEF

BARNES AWAY

DrugScope chief executive Martin Barnes is to leave the organisation at the end of the year, the charity has announced. 'DrugScope is a terrific organisation working to support our members and a sector which makes a vital contribution to improving the lives and wellbeing of many individuals, families and communities,' he said. 'It has been a privilege to work for DrugScope and for a sector which is passionate, caring and effective.'

NO CREDIT

The Department for Work and Pensions' universal credit programme has suffered from 'weak management, ineffective control and poor governance', according to a report from the National Audit Office. The initiative has 'not achieved value for money' in its early implementation, says the document, with more than 70 per cent of the £425m spent so far going on IT systems, £34m of which has already been written off. *Universal credit: early progress at www.nao.org.uk*

DRY RUN

Alcohol Concern has launched its Dry January 2014 campaign – which aims to encourage 10,000 people to give up alcohol for the whole of January – with an event in Shoreditch, east London. 'British people love to talk about drinking, but we're not convinced we're having the right conversations,' says the organisation. 'We're using the campaign to help people think about their drinking, perhaps break bad habits, and maybe make a change by cutting down for the rest of the year.' *www.dryjanuary.org.uk*

RED CARD

The government should restrict alcohol marketing during televised football matches, according to researchers from Newcastle University. There were more than 4,000 visual references to alcohol – mainly billboards – in just over 18 hours of football studied on BBC, ITV and Sky, in addition to verbal references and adverts. 'We were surprised by just how many images there were during these games,' said speciality registrar in public health, Andy Graham. 'It was a constant bombardment. We believe a similar restriction to that imposed on tobacco products may be justified.' *Study at alcalc.oxfordjournals.org*

PHE 'does not recognise' picture in think tank report

Public Health England (PHE) has issued a statement that it does not recognise the portrait of a treatment system 'unambitious for recovery' in the *No quick fix* report from the Centre for Social Justice (CSJ).

The report, which received extensive media coverage, states that 'more than 40,000 people' were being 'abandoned on state-supplied heroin substitutes' for more than four years, and that a 'drug and alcohol crisis' was 'fuelling social breakdown'.

While England continued to face major challenges from substance use, it was wrong to argue that the treatment system was 'broken', said the statement from PHE's director of alcohol and drugs, Rosanna O'Connor. 'This ignores the considerable progress made,' she said. 'The system is continually evolving, has risen to meet existing challenges and is developing effective responses to emerging ones – not least the proliferation of new drugs.'

According to the CSJ report, the UK has become 'a hub for "legal high" websites', with postal services acting as 'couriers in the deadly trade' and responses to new psychoactive substances 'bureaucratic and inadequate'. It also states that, according to Freedom of Information (FOI) data, 55 per cent of English local authorities have cut their residential treatment budgets since the coalition came to power, while 'harm reduction services that maintain people in their addiction have been preserved under the NHS ring-fence', with a 40 per cent rise in the number of people on substitute prescription for more than a decade.

'There is a perception amongst some that alcohol and drug abuse are in remission,' says the document. 'Our research shows the opposite. The costs to society of substance abuse are rising. Use of opiates and crack remains high and roughly one new drug enters the market each week.' The report argues that there are entrenched 'vested interests' in the treatment system, with supporters of substitute treatment 'resistant to reform'.

'Drug and alcohol abuse fuels poverty and deprivation, leading to family breakdown and child neglect, homelessness, crime, debt, and long-term worklessness,' said CSJ director Christian Guy. 'From its impact on children to its consequences for pensioners, dependency destroys lives, wrecks families and blights communities.' Although methadone could be 'a way of stabilising chaotic drug users' it was often used to 'keep a lid on problems', he continued, constituting a system 'no different to taxpayers supporting an alcoholic by prescribing them vodka instead of them drinking gin.'

Meanwhile, there have been fresh warnings about new psychoactive substances in the PHE-commissioned National Poisons Information Service's (NPIS) annual review, with calls to its experts about 'legal highs' increasing by nearly 50 per cent since 2011. 'People should be aware that as many of these products are relatively new there is much less information about their safety,' said director of NPIS' Newcastle unit, Dr Simon Thomas.

The Advisory Council on the Misuse of Drugs has also recommended that three prescription medicines – including the 'z drug' sedatives zopiclone and zaleplon, as well as lisdexamfetamine, which is used in ADHD medicine – be controlled under the Misuse of Drugs Act. 'These drugs have a legitimate medical use but people should be under no illusion – taking them without prescription and medical advice can be dangerous,' said ACMD chair Professor Les Iversen.

No quick fix: exposing the depth of Britain's drugs and alcohol problem at www.centreforsocialjustice.org.uk

National Poisons Information Service – annual report 2012/2013 at www.hpa.org.uk/Publications/ChemicalsPoisons/NationalPoisonsInformationServiceAnnualReports/

STRATEGIC THINKING: A guide to help local councillors develop an effective alcohol strategy has been put together by Alcohol Concern, setting out the ways in which prioritised action can save money as well as reduce crime and alcohol-related ill health. 'We know that the cost of alcohol misuse is enormous and that it takes its toll on so many aspects of our communities, whether it's policing, providing hospital treatment or supporting children living with parents with an alcohol problem,' said chief executive Eric Appleby. As well as illustrating the extent of the damage done by alcohol misuse, the guide would support councillors to 'develop a robust and effective alcohol strategy which benefits their entire community', he said. The guide to alcohol for councillors free to download at *www.alcoholconcern.org.uk*

Cannabis legalisation could see use rise but potency fall

It is likely that overall cannabis consumption would rise 'significantly' if the drug were legalised and prices dropped as a result, according to a study of the economic impact of legalisation by the Institute for Social and Economic Research.

Average potency could fall, however, with 'aggregate consumption of the psychoactive ingredient THC rising much less than consumption of the good itself, and possibly even declining', says *Licensing and regulation of the cannabis market in England and Wales: towards a cost-benefit analysis*.

'All unambiguous claims for or against radical policy options should be treated with caution,' say the report's authors, given the levels of uncertainty around important issues relating to the introduction of a regulated market. These include a lack of understanding of why rates of use had declined over the last decade and the 'degree to which the association between cannabis use and long-term adverse outcomes is truly causal'. Much of the 'heated public debate' on cannabis policy is far too limited in scope, it concludes, with few of the 'the most vocal participants in the debate on drug policy reform' taking a 'sufficiently broad perspective'.

Product regulation similar to that for tobacco would have some advantages, the document states, although policy makers would need to bear in mind the consequences of different potential forms of regulation, with laissez-faire reforms likely to encourage large numbers of small producers and therefore potentially higher potency levels and consequent long-term harm.

Although the impacts on criminal justice and treatment costs would likely be 'modest' – at around £200-300m – the document estimates that the tax revenue from licensed cannabis supply in England and Wales would be between £0.4-0.9bn, 'far less than some of the assumptions that have appeared in the policy debate'. However, the contribution to 'reduction of the government deficit' would be between £0.5-£1.25bn, it says.

What the study did reveal was 'large gaps in our knowledge and in the data resources that would be required to supply the missing evidence,' said co-author Professor Stephen Pudney. Some of these 'may never be filled adequately, because of the extreme difficulty of estimating the true long-term causal effects of variations in drug use on outcomes', he said, with more sustained investment in data and research needed to better understand the impacts on areas such as drug-related crime and demand behaviour.

'In these times of economic crisis, it is essential to examine the possibilities of more cost-effective drug policy,' said Amanda Feilding, director of the Beckley Foundation, which commissioned the report. 'Our present prohibitionist policies have proved to be a failure. Cannabis comprises 80 per cent of all illicit drugs consumed worldwide. If we are to protect the young, surely governments can do a much better job than the cartels.'

Meanwhile, justice secretary Chris Grayling has announced that 'simple cautions' are to be banned for a range of offences including supplying class A drugs and that the government intends to review the use of 'all out of court disposals for adults' – including cannabis warnings – as they can be 'inconsistent and confusing'.

A total of 54 simple cautions – 'a slap on the wrist' according to Grayling – were issued in 2012 for 'supplying or offering to supply' a class A drug. The announcement was made in the same week that Durham chief constable Mike Barton wrote in the *Observer* that 'outright prohibition just hands revenue streams to villains' and called for a radical reform of drug policy.

Eastern Europe still bucking HIV trend

There has been a 33 per cent reduction in HIV infections in adults and children worldwide since 2001 but 'little change has occurred in the HIV burden among people who inject drugs', according to a report from UNAIDS.

People who inject drugs account for more than 40 per cent of new infections in some countries, predominantly in Eastern Europe and Central Asia, with many of these countries 'yet to demonstrate a robust response to this public health challenge', says *UNAIDS report on the global AIDS epidemic 2013*.

Although people who inject drugs account for not more than 0.5 per cent of the world's population they now make up between 5-10 per cent of all people living with HIV.

Progress in ensuring the 'respect of human rights' and 'securing access to HIV services for people most at risk of HIV infection, particularly people who use drugs,' has been slow, says UNAIDS, with 'gender inequality, punitive laws and discriminatory actions' continuing to hamper national responses. 'Concerted efforts are needed to address these persistent obstacles to the scale up of HIV services for people most in need.'

Meanwhile a new study from Public Health England (PHE) has highlighted the HIV and viral hepatitis risk for men who inject anabolic steroids and tanning drugs. Researchers found that one in 65 of 395 men surveyed for the report had HIV, while one in 18 injectors had been exposed to hepatitis C. 'Injectors of anabolic steroids and associated drugs are now the biggest client group at many needle and syringe programmes in the UK,' said the report's co-author, Jim McVeigh of Liverpool John Moores University. 'This research shows that anyone who injects drugs is at risk of HIV and other blood-borne viruses, regardless of their substance of choice.'

UNAIDS report on the global AIDS epidemic 2013 at www.unaids.org

Prevalence of, and risk factors for, HIV, hepatitis B and C infections among men who inject image and performance enhancing drugs at www.gov.uk

NEWS IN BRIEF

PROBATION PROMISES

The government has launched an invitation to tender for organisations 'looking to turn offenders' lives around' as part of its controversial 'transforming rehabilitation' strategy (*DDN*, June, page 6). The public would 'finally benefit from the best of the private and voluntary sectors, working together with the public sector, to cut reoffending,' said justice secretary Chris Grayling, with contracts expected to be awarded and mobilised by 2015. *www.justice.gov.uk/transforming-rehabilitation/competition*

FAMILY FEELINGS

Adfam has launched its annual writing competition for families affected by drugs or alcohol, with a grand prize of £150 and £100 prizes for runners up. Entries for Family Voices 2013 should be no more than 500 words and sent to Adfam, 25 Corsham Street, London N1 6DR or emailed to carols@adfam.org.uk. *The Adfam/DDN Families First conference will take place in Birmingham on 21 November. Details at www.drinkanddrugsnews.com*

VOLATILE SUBJECT

A new national support service for people affected by the misuse of aerosols, gases and solvents has been launched by specialist agencies Re-Solv and Solve It, with funding from the Department of Health. Although more than 50,000 people in the UK misuse volatile substances, little support has been available for them or their families. *www.communityforrecovery.org*

CARE POWER

The government intends to legislate to give the Care Quality Commission (CQC) statutory independence, 'rather like the Bank of England has over interest rates', according to health secretary Jeremy Hunt, who will relinquish powers to intervene in the CQC's operational decisions. The measures will be included in the Care Bill, which passes through the House of Lords this month.

PHE PORTAL

Public Health England (PHE) has launched a new 'data and knowledge gateway', with a range of tools covering areas such as alcohol, drugs, housing and deprivation, at *datagateway.phe.org.uk*. An updated alcohol and drugs support pack has also been developed to support the joint strategic needs assessment process and local health and wellbeing strategies. *Pack at www.nta.nhs.uk/jsna2013.aspx*

WHAT CAN WE DO ABOUT YOUNG PEOPLE BEING HOSPITALISED FOR ALCOHOL?

Figures obtained by the BBC reveal the extent to which young children are ending up in hospital because of alcohol. *DDN* reports

While recent reports have indicated that the numbers of young people drinking are on a downward trend, it seems that those who are drinking may well be drinking more.

Over the last five years, there have been nearly 48,000 incidents where alcohol or drugs have led to hospital admissions for people aged 17 or younger, according to according to figures obtained – via freedom of information (FOI) requests – by BBC Radio 5 Live's Victoria Derbyshire programme.

The true number is likely to be higher as only 125 of 189 trusts responded to the FOI request, the BBC points out. Perhaps most disturbingly, 293 children aged 11 or below went to an A&E department last year because of alcohol – including for falls and poisoning – a tenth of whom had to stay in hospital overnight. In addition, more than 1,300 12 to 14-year-olds attended for alcohol and over 4,600 15 to 17-year-olds, although, as the programme points out, the figures are down on 2009's totals.

'Probably about 11 or 12' says one of the programme's young interviewees, when asked how old he was when he started drinking – alcopops, lager, cider 'or whatever was lying around'. Many obtained their drink through siblings or asking strangers to buy it for them, and others discussed moving on to spirits as it got them drunk more quickly. Most cited boredom, peer pressure or the normalising effect of their parents' heavy drinking as reasons why they drank.

Alcohol charity Drinkaware called the figures 'shocking' and a 'stark reminder about the dangerous consequences of alcohol misuse', and urged parents to talk to their children about alcohol. 'As important role models for children when it comes to alcohol use, we encourage parents to have open and honest discussions about the risks of underage drinking,' said chief executive Elaine Hindal. 'We believe that the "alcohol chat" is better in the living room than in A&E.'

'I think it's more about what parents say to each other,' Alcohol Concern chief executive Eric Appleby tells *DDN*, however. 'It's very often a case of "do as I say but not as I do". We shouldn't be that surprised that kids get into trouble with alcohol, given the environment in which they grow up. It's no good saying to kids at the age of 14 or 15, "be careful with drink, don't drink too much" if they've spent the previous 14, 15 years hearing their parents and everyone else talking in very approving terms about drink – "it's Friday, let's have a drink!" and so on. By the time they're old enough to get their hands on it, they've been pretty much, you could almost say, brainwashed into thinking it's a good thing, an important thing, an adult thing.'

Although his organisation isn't 'entirely surprised' by these latest figures, they are nonetheless 'pretty frightening', he says. Alcohol Concern and others have consistently campaigned for tighter marketing restrictions – how much of a role does advertising play for this age group? 'It's one important factor – they see it all around them – and the research we did in Wales showed that kids know the alcohol brands more than they do the sweets or cakes brands (*DDN*, July, page 5)' he says. 'We know the advertising gets inside their heads and they retain that.'

And, inevitably, kids tend to buy alcohol that's cheap. So are these figures another argument in favour of minimum pricing? 'Absolutely. A couple of the kids interviewed on the Victoria Derbyshire programme actually said "we buy it from our pocket money" – we've been using the phrase "pocket money prices" for the last year or so, and it's just a perfect illustration.'

Minimum pricing is far from a silver bullet on its own, however, he acknowledges. 'It's one obvious response, but one thing we mustn't do is just blame the victims all the time. Yes, it's a strategy we need to take, but just saying "we should be tougher on pricing, tougher on underage sales" is only really scratching at the surface. Those are the things we can do straight away, but in the longer term it's about the environment that we subject young people to."

When it comes to getting treatment for those affected, are commissioners sufficiently aware of the specific needs of young people with alcohol issues? 'It would appear not,' he states. 'It feels as though people are still surprised when kids turn up in A&E and hospital wards with alcohol problems. They know all about the dangers of drugs but it somehow still seems to have passed them by that the numbers coming in through alcohol are much greater. And we clearly need to do more to tackle it.'

'A couple of the kids interviewed actually said "we buy it from our pocket money" – we've been using the phrase "pocket money prices" for the last year or so, and it's just a perfect illustration.'

ERIC APPLEBY, ALCOHOL CONCERN

MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

We more or less turn a blind eye to the users of illegal narcotics, concentrating our indignation on those who sell them. Would drugs be trafficked so profitably if we prosecuted users with the same zeal? Perhaps not. Prohibiting alcohol (as they once did in America) encourages gangsterism. It's the same with drugs. But a society of drinkers can more or less function normally. Can the same be said of one in which all drugs are freely available? Our fear that it can't – that great swathes of our young would become unemployable zombies – keeps narcotics illegal.
Peter McKay, *Mail on Sunday*, 15 September

What I don't understand at all is what decriminalisation of drugs will do for addicts. I mean not only active addicts who are locked in compulsive drug use, but also those millions of potential addicts, most of them children, who have not yet picked up their first drug and could go either way.
Melissa Kite, *Guardian*, 16 September

[The Centre for Social Justice's *No quick fix* report] is a muddled, shrill and selective document, determined to bring together issues such as binge drinking, heroin addiction, legal highs, cannabis smoking and alcoholism, which have different levels of seriousness, patterns of use and potential for harm. Yet at the heart of it lies a truth: Britain is a nation addicted, not necessarily to drugs or alcohol per se, but to excess itself.
Leo Benedictus, *Guardian*, 2 September

Despite the dangers, our appetite for destruction seems voracious. Perhaps it has always been so. Aldous Huxley and George Orwell could not envisage a futuristic Britain without drugs, be it 1g of Soma or a bottle of gin. Yet nothing has quite prepared us for the rise of the legal high generation. We can't stop them getting the drugs. And more worrying, we still don't know what, in the long run, the dangers of this Brave New World will be.
Joe Shute, *Telegraph*, 5 September

The Scottish nation as a whole, thanks to English taxpayers, has never had it so good. English money is propping up the most welfare, drink and drug-addicted nation in Europe.
Simon Heffer, *Mail*, 19 September

Poverty and addiction have a thousand mothers, none of them sloth. Surviving the streets and hustling for the next fix is some of the hardest work around.
Chris Arnade, *Guardian*, 9 September

Some people have moved [because of the bedroom tax] but most haven't, and those people will eventually find their debts unmanageable and become homeless. This cannot come as news to the devisers of the policy, and if it is not news to them then it must be part of their plan.
Zoe Williams, *Guardian*, 11 September

Nothing more graphically illustrates the warped, destructive values of Labour and the Left than the manufactured outrage over the so-called 'bedroom tax'. There has been a barrage of increasingly hysterical propaganda against this measure, which has been portrayed as a vindictive attack on the poor carried out by heartless Tories for purely ideological reasons. Despite all the noise they generate the frenzied protesters cannot disguise the weakness of their case.
Leo McKinstry, *Express*, 12 September

Post-its from Practice

Amazing journey

Joining the Birmingham recovery walk made **Dr Steve Brinksman** realise how far many of his patients had come

'It was a hugely inspiring sight to see so many people come together with a single positive aim.'

I WENT FOR A STROLL THE OTHER SUNDAY, which isn't remarkable in itself, but it was unusual in that 5,000 other people were doing the same thing! The fifth UK Recovery Walk had come to Birmingham and I was fortunate to be able to participate. It was a hugely inspiring sight to see so many people come together with a single positive aim.

As we made our way through the streets of Birmingham accompanied by drums, the waving of banners and a lot of noise from the walkers, there were an array of responses from onlookers – a few were bemused, the odd motorist looked fed-up at waiting for thousands to cross the road but the overwhelming attitude was of support and encouragement. For me the elderly lady on a mobility scooter who stopped and clapped and cheered the walkers saying 'Well done!' exemplified this.

Having been involved in the treatment system in Birmingham for more than 20 years I did recognise a few of the walkers. One of these, John, had decided that he wanted to be treated in general practice as 'it felt more normal.' He came to register with us as his own GP didn't provide OST. He was encouraged to look at getting support from a mutual aid group and after about 12 months he finally went to an NA meeting.

Over the next few months he came to the conclusion that he needed to be abstinent from medication as well as illicit drugs and he wanted to do a residential detoxification. Supported by our shared care worker, arrangements were made for him to go into our local unit. He has now been abstinent for two years and finds the fellowship he gets from mutual aid a key part in supporting his recovery.

Gary has been with the practice for over 15 years. In that time he has gone from fairly chaotic IV heroin and crack use with regular spells in prison, to a stable period on a methadone script during which time he became alcohol dependent. I was able to support him through a community alcohol withdrawal programme and following this he has found full time employment and no longer drinks. He doesn't yet feel he wants to stop his OST but he was as buoyant as anyone on that walk and I think he had earned his place there too.

I was delighted to take part in the recovery walk and I hope that over the years I have worked in Birmingham I have helped some people take a few steps on their own journeys. But the main thing that struck me was how humbling it was to be among such a multitude who know that recovery is real and tangible and who wanted to celebrate that.

Steve Brinksman is a GP in Birmingham and clinical lead of SMMGP, www.smmgp.org.uk. He is also the RCGP regional lead in substance misuse for the West Midlands.

More on the walk on page 18.

With women hard-hit by spending cuts and often invisible in treatment services, A Brighton Oasis Project conference looked at how women and children could be supported through the austerity agenda. *DDN* reports

'It's vital to put women's perspective into the picture,' Caroline Lucas MP told delegates at the Brighton Oasis Project's *The road to recovery for women and children* conference. The government's austerity measures and cuts to local authority services were hitting women hardest, she said. 'We're in the midst of a record 25-year high in women's unemployment – women are paying a much higher price for the austerity agenda than men.'

When substance use was added to the mix the odds were even more stacked against women, she continued, further exacerbated by the tendency of payment by results to encourage a 'bulk-buying' approach. Despite around a quarter of service users being women, services were not designed for them nor did they get a mention in the 2010 drug strategy.

'The irony is, if you're just looking to reduce costs it's the preventative, early intervention stuff that gets results, yet that's exactly what's being cut,' she said. There was also a 'profound moral' argument to help people with substance issues, and women's substance problems were often more complex than men's, with issues of childcare, domestic violence, stigmatisation, prostitution and more. While parenthood could act as a barrier to treatment for some women it could be a strong motivation to engage with services for others, underling the importance of a 'truly flexible, partnership-based' approach, she said.

One example of partnership working was the Community of Practitioners (CAP) model – groups of professionals with shared concerns or passions, Michelle Cornes of King's College told delegates. It was vital to work towards longer-term care, she stressed, and her organisation's Community of Practice Development Programme had set out to determine if CAP could help the move from 'sequential handovers' to more meaningful collaboration, as well as support workers in 'what is an emotionally pressured and stressful job'.

Shared leadership, agreed work priorities and frequent communication were all vital, she said. 'But at a time of austerity, collaboration is what tends to fall off the agenda. Joint working doesn't happen on its own – you need to really work at it.' In the development programme, efforts to get criminal justice, drug and alcohol, mental health, housing and social workers – along with employment and training advisors – around the same table had been 'really hard', she said. 'One group didn't get beyond meeting three.'

Nonetheless, the final feedback had been overwhelmingly positive, with 'genuine integration' – often despite, rather than because of, management. 'What emerged were unofficial, "secret caseloads", as workers were wary of telling their managers that they'd strayed off their patch,' she said.

'One question we asked was "is this just a talking shop – are we wasting our time?" The answer was overwhelmingly "no". It genuinely kept people engaged and motivated.' It was vital to be realistic about outcomes, however. 'It's about having a system that's balanced. Maintenance and prevention outcomes linked to resilience and continuous practice over the longer term should be valued just as much as recovery outcomes.'

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Mary Lagaay, a postgraduate at the London School of Economics and Political Science, described the findings of another research project into long-term support, in this case the experiences of mothers after completing the intensive, 16-week POCAR (Parenting Our Children, Assessing Risk) intervention for maternal substance misuse.

Around 40 per cent of mothers with children in long-term foster care had them returned after the programme, but anxieties about having children removed by social workers had made initial relationships with professionals tense, she said, with feelings of being 'coerced' even if women later said they'd 'wanted to attend all along'. Relationships with social workers tended to remain adversarial, she pointed out, despite an acceptance of why they'd had to intervene, while the women were acutely sensitive to stigma and would try to promote themselves as good mothers even if they later acknowledged the damage they'd caused their children.

Maintaining structure in their lives was seen as a key element of long-term recovery, along with continued strategies around relapse prevention and parenting. However, self-confidence and self-esteem remained barriers to full reintegration, and the research endorsed the need for women-only services and awareness of the 'complex blend of social, cultural, community and material resources' that could support or hinder the recovery process.

One of the most important lessons when it came to safeguarding children when there was problematic substance use in the family was that risk was inevitable, independent social worker Gretchen Precey told delegates. 'It goes with the territory of child protection. People behave in idiosyncratic and unpredictable ways – we can learn how to improve our practice to manage risk, but we aren't going to eliminate it.'

A stark illustration of this was a serious case review she'd carried out, the harrowing story of 'T'. T was a three-year-old girl, the fourth child of 'entrenched substance users', who'd died of a drug overdose in 2006, she said.

The case had been closed in 2005 but reopened later the same year after an incident of 'serious domestic violence'. A shoplifting expedition that ended in a police car chase – with the child 'bouncing around in the back seat' – then led to T being taken into police protection and placed in foster care for five days, with the foster mother raising further concerns about the little girl's welfare. 'Those five days were the missed opportunity,' Precey told the conference.

'A man who's had a drug problem can often pass it off as a bit of a wild past and move on. But it's a bit more difficult to move on from being a woman who's had her child taken away...'

The girl was returned to the care of her mother but 'things began to deteriorate again' and she was placed on the child protection register. 'A legal planning meeting was called in October 2006 as a result of escalating concerns about her care, parental domestic violence and substance misuse, and the decision was made not to take her into care and apply instead for an intensive support package,' she said. 'Five days later she was dead.'

One key lesson was to be wary of the 'start again

HILDREN FIRST

syndrome – the desire to see every pregnancy or birth as a fresh start', she stated. This was something workers understandably used as a defence against 'overwhelming information and feelings of hopelessness', she said. 'It's obviously important not to be fatalistic, but it's also important to recognise what's happened in the past – there are judgement calls to be made. Sometimes women are dragging along this rock and feeling that they're never going to be let off the hook, but we can't ignore history either.'

There was a growing evidence base that short-term, behavioural approaches were not likely to succeed with families with long-standing, complex problems, she told the conference. 'One of the other siblings in this case had a head injury at one day old. But the mother told workers that she was "ready to be a mother" this time.'

Preoccupation with eligibility criteria rather than 'a primary concern for the child or the family' was also a risk, she warned, and information sharing was often woefully lacking. 'It's one thing for information to be accumulated, but having it and knowing what to do with it are very different things.' Communication problems were common, whether the result of incompatible IT systems or 'a lack of confidence' in challenging other agencies around their information. 'Practitioners need to be encouraged to think critically and systematically about the information they have.'

Being constantly faced with neglect could be 'debilitating', she acknowledged. 'Professionals can be overwhelmed by having too many problems to face and too much to achieve. But the risk is that the child becomes invisible.' In the case of T, 'nobody ever really knew that child, apart from that foster mother in those five days'.

Parental problem drug or alcohol use figured in a quarter of child protection register cases, with the children themselves describing 'uncertainty and chaos, disrupted education, fears of censure and separation and having to become carers themselves', she said. 'And children don't open up easily about these things – there's a lot of loyalty, as well as shame and fears of being taken into care.' Drug use could not be tackled in isolation from women's other needs, she stated. 'We need to be women-centred and needs-led, with a motivational, harm minimisation, solution-focused approach. And there needs to be trust.'

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Although there was now much more awareness that people did recover, knowledge around what enabled that remained limited, particularly regarding women, Brighton Oasis Project director Jo-Anne Welsh told the conference. 'Most policy documents are gender neutral. In terms of recovery capital, having family around is seen as important, but is that necessarily the same for women? If you've got health family relationships, yes, but the majority of our client group are single parents, and there are also considerations around domestic violence and whether caring for children is seen in terms of obligation or support. All the talk about "social capital" and family relationships needs to be a bit more nuanced around what are healthy relationships and what aren't.'

The stigma associated with substance-using mothers was immense, she stated. 'Clients feel ashamed, and that's a shame that doesn't go away. A man who's had a drug problem can often pass it off as a bit of a wild past and move on. But it's a bit more difficult to move on from being a woman who's had her child taken away – what "cultural capital" do you have then?' All of this underlined how vital it was to continue thinking about service provision in the context of women, she stressed, as well as to 'challenge and support'.

'It's easy for frontline workers to feel powerless. But we need to keep challenging ourselves and the people responsible for policy. It's hard, when you're doing a full-time job, to make the effort to study the evidence and look at new ideas. But I hope people do keep thinking about new developments and what they need to do differently, rather than just what to do with the client in front of them.'

The DDN/Adfam *Families First* conference, for families and all those who support them, takes place in Birmingham on 21 November. Details at www.drinkanddrugsnews.com

LETTERS

'...in reality policy has changed very little, with a belief that bullying people into recovery through the threats of the criminal justice system or reduction of benefits is the key.'

KEEPING THE LIGHTS ON

The Green Party is often accused of idealism, with an unwillingness to tackle or confront the reality of a sustainable future while maintaining the demands of present energy consumption. Certainly environmental campaigners are often against fracking, nuclear power and – when in their own communities – wind farms, or in Wales, the suggestion of a barrage across the Severn. So you are left with a sense that by merely saying one is a Green supporter this in itself is enough, rather than explaining what difficult decisions are required to keep the lights on.

On the drugs debate, Kenneth Eckersley conveniently forgets that inserting the word 'recovery' into a drug strategy does not in itself change very much at all (*DDN*, September, page 10). Today I am told if I give a person a needle and syringe I should record that as the starting point for a person's recovery journey rather than a harm reduction intervention. The action is the same but the words have changed.

The government strategy is condemned by its own think tank, The Centre for Social Justice, which admits that words have not altered the fact that we are the addictions capital of Europe. The accolade is deserved, as in reality policy has changed very little, with a belief that bullying people into recovery through the threats of the criminal justice system or reduction of benefits is the key. This approach was accelerated by the Blair government and continued by the present incumbents.

Caroline Lucas, he argues, has not looked at the new strategy and the marvellous results it promises. Eckersley is outraged that anyone would call for a change to the current policy that sees a greater number than ever imprisoned, replaced by an evidenced-based approach to dealing with addiction issues.

The offending statement from her party reads, 'The Greens warmly welcome this cross-party call for a complete rethink of the UK's drug policy, and the clear recognition of the need for an evidence-based approach to reducing drug-related harms.'

Like many others, she calls for a Royal Commission but I suspect those in the recovery movement are terrified by such an approach because of their own vested self interest in perpetuating the failing status quo.

Kenneth Eckersley says he is a Green practitioner. If he champions that cause, I worry that he does so not using any evidence and just goes with anecdotal examples, such as 'we had a warm summer this year'.

Martin Blakebrough, CEO, Kaleidoscope Project

SOBER FUN

As a social worker in London's East End for over 20 years I worked with many people who were harmed by alcohol. Since taking early retirement I have continued to work with alcoholics. People who went to prison have been in my home including a murderer.

Britain's biggest drug problem is caused by alcohol. As someone who loves playing cricket at the age of almost 69, I have benefited in many ways from having consumed no alcohol since I was thirteen – and every week I have lots of fun.

A major national campaign should be launched to highlight the option – and many advantages – of healthy and safe alcohol-free lifestyles.

John D Beasley, London

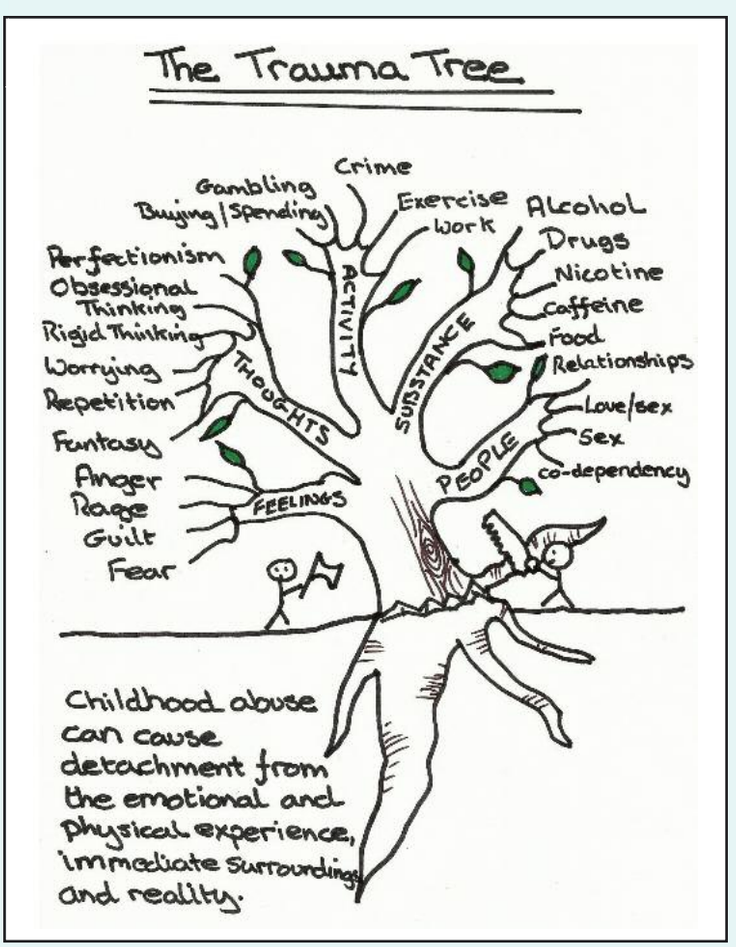
REAL GROWTH

After eight years free from any illegal substance, I have finally moved on by tackling the deep-rooted issues that have affected my life. I have attached a tree which Liz, my therapist, revamped to help me address some of these issues.

I have been fortunate to have funding and have applied for a further one year's funding, but it is so sad that the government cannot invest more widely. I have saved my county a lot of money through my cost-effective therapy.

I nearly died, yet I am still here for others, with my three daughters my priority, and if I can handle anything else in life I will put 100 per cent into it. Although we are all addicts in one way or another, I have realised and explored my shame and guilt, mainly through your magazine, and would like to thank you for moving me on.

Sean Rendell, by email



We welcome your letters...

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

Open for BUSINESS

In this month's good practice exchange, Julia Dixon-Large **tells DDN about BADSUF's innovative, volunteer-led charity shop**

THIS IS A DIFFICULT FINANCIAL CLIMATE TO COME OFF BENEFITS AND FIND EMPLOYMENT, when individuals may have neither employment history nor qualifications. BADSUF identified that some people wanted to obtain volunteer placements, and we proposed to open up a charity shop so that these individuals could build on their employment experience in a safe and contained environment.

The proposal was put forward to the local DAAT, and it was agreed that it would be pump-primed by the DAAT and BADSUF with the aim of it becoming self-funding over time. We looked at areas and decided on Boscombe for a variety of reasons, and the Boscombe Regeneration Partnership identified a number of key priorities to focus on – housing, employment and enterprise, environment, crime, health, education and attainment. We felt that we could help to meet some of these priorities by having the shop in this location.

The shop was sourced (which took a lot of hard work behind the scenes), refurbished and launched in February 2012 by the mayor of Bournemouth. We held open days and a volunteer day, as well as joining the Charity Retail Association and the Bournemouth Chamber of Commerce so that we could 'mingle' not just in retail arenas, but also with local business.

We made links with local businesses and schools, and received donations from a lovely group of schoolchildren. We also set up an eBay account and Facebook page to promote the shop.

As part of the BADSUF team we have Margo Benjafield, Nigel Seal and Jackie Twine, all doing different roles but primarily promoting the shop and volunteering opportunities.

We're lucky to have Caz Anderson as our charity shop/volunteer coordinator as she has vast experience in retail, treatment settings and managing and developing volunteers. Caz started with BADSUF in May and has worked very hard, and because of her enthusiasm and passion we now have 15 amazing, dedicated and hard-working volunteers from all walks of life and whose ages range from 21 to 72. This has created a diverse and eclectic bunch of people who offer a variety of fantastic skills.

Claire, a BADSUF volunteer, said of the shop, 'I have worked in charity shops before, but none so dedicated to their cause as this one. It does exactly as is said on the tin! The shop is the first point of call for many in the dark about the right channels to go down to better their lives, and it is truly a privilege to work here. The atmosphere is relaxed and happy – we love what we do.'

Another volunteer, Kaye, added, 'Having had a really chaotic lifestyle due to my addiction, and having been through the treatment "cycle" many times, I really found it difficult to fit in anywhere. I struggled to find a purpose in my life. Now I have a reason to get up every morning. I feel I have regained my confidence and self-esteem. I feel I am part of a team, a little community working with like-minded people.'

A typical day at the shop includes sorting out stock donations into relevant piles, steaming and hanging clothes, and then putting the stock out on the shop floor in order and in themes. Creating interesting and eye-catching window displays is also important, as we have a double-fronted shop.

Cleaning, tidying and customer service are a part of the daily routine, as well as giving out relevant information and leaflets and just enjoying being part of our little community – and taking turns to make a nice cup of tea to keep us all going. We have a real giggle at times too.

We have lots of returning local customers as the shop has a lovely atmosphere and is spacious, having been decorated stylishly by a local painter and decorator, John Gater. Customers have said it has a 'beautiful aura', and we all agree.

We would like thank Bournemouth DAAT, as well as countless others, for supporting us, and Action on Addiction SHARP Bournemouth Working Recovery for making and designing our sign. We welcome anyone who is interested to come along – just get in touch via the BADSUF website, or contact Caz, Julia or Jackie. There are lots of innovative ideas still being worked on behind the scenes so watch this space!

Julia Dixon-Large is the charity manager of BADSUF, www.badsuf.com

HEALTHY I

The NNEF annual meeting has become a keenly anticipated fixture for information and ideas. DDN **reports on this year's event in Bournemouth. Photos by** Nigel Brunsdon

Keeping harm reduction at the heart of drug strategy was a key concern of the National Needle Exchange Forum (NNEF)'s annual meeting. This year it was held in Bournemouth and drew enthusiastic attendance from needle exchange workers from all over the country.

The forum's chair Jamie Bridge reiterated the NNEF's aim of promoting, supporting and protecting good quality needle exchange in England, and invited Steve Taylor from Public Health England to give an update on how PHE related to this agenda.

'Harm reduction and public health interests align in a way that they didn't when the NTA had to be seen to be aligning with the government's recovery strategy,' said Taylor, outlining work on newer psychoactive substances, men who have sex with men (MSM), improving access to hep C treatment, adding to recovery resources and collecting evidence on the effect of recent legislation relating to the use of foil.

His colleague Vivian Hope, previously of the Health Protection Agency, gave an update on injecting drug use and infections from PHE's injecting drug use team. Patterns of injecting were changing, he said, with an increase in psychoactive and club drugs as well as performance drugs – primarily anabolic steroids.

Hepatitis B and C had declined markedly over time, thanks to 'harm reduction approaches supported by good drug treatment'. Levels of HIV infection were stable, although four times higher in London than elsewhere in England and Wales, and there had been spikes in transmission of HIV, probably related to crack cocaine and increased risk behaviour. Needle and syringe sharing had declined overall, but the changing patterns could increase risk among different populations, so it was important to respond quickly to any changing trends, he said.

Blenheim's chief executive, John Jolly, was asked to give an update on commissioning and policy in England, and could not find much to be optimistic about in the new localism agenda, with the impact likely to be that 'the needs of the many outweigh the needs of the few'. Despite politicians telling us 'changes will be positive', the drug and alcohol sector needed to realise that 'we are no longer the priority', he said. 'The priorities for public health are at local level.'

Ring-fenced drug money had gone into ring-fenced public health money, 'but it gets worse,' he said. 'The ring-fence comes off in 2015 and we'll have to compete with everything else. In London it feels a bit like the Wild West – the last man standing.'

Niamh Eastwood, chief executive of Release, underlined the need to be ready with legal challenges in this changing climate, and offered Release's practical help.

'If any of your clients are being harassed by police, let us know,' she said. Release was challenging such 'incredibly humiliating' experiences as strip search before arrest and the practice of forcing clients to reduce their methadone script, where it was linked to an organisation's policy decisions. They were also keen to challenge services that attempted to discharge clients on the grounds of bad behaviour, reminding them of their duty to provide alternative support.

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Next the spotlight fell on local services for a look at experiences on the front line. Tim White from DHUFT (the local NHS foundation trust) credited a multi-agency approach with bringing drug deaths down.

'We're doing what we can to bring services to the community,' he said, with the help of a thriving working relationship with the *Big Issue* and great support from Bournemouth DAT.

Simon Chilcott of the Big Issue Foundation said that about half of the 81 *Big Issue* vendors in Bournemouth had substance issues and that the needle exchange was successful in attracting repeat visitors, including steroid users.

'We see street users, people who are falling through services – it would be nice to catch them before they go down that far,' he added.

Richard James, a blood-borne virus specialist said the BBV project had become successful through working with other agencies, using dry blood spot testing instead of needles, and training more workers to do the testing. With the

'Harm reduction and public health interests align in a way that they didn't when the NTA had to be seen to be aligning with the government's recovery strategy.'

STEVE TAYLOR, PUBLIC HEALTH ENGLAND

EXCHANGE

percentage of people needing hep C testing higher than normal in this client group, it was a good idea to partner with a BBV project, he said. Needle exchanges represented a good opportunity to make contact with clients that didn't present to other agencies.

The meeting brought in expertise from frontline workers in other areas of the country. Philippe Bonnet, an outreach drug worker in Birmingham talked about his work with chaotic clients – people who had become regarded as 'problem people' rather than 'people with problems'.

Working in pharmacies in the centre of Birmingham had convinced him of the need for drug consumption rooms (DCRs) in the city, he said. Injecting in cold dark conditions often led to hurried injecting into cold veins, resulting in a high incidence of venous ulcers and abscesses.

Drug consumption rooms reduced deaths, as well as saving money for the NHS and reducing needle litter – apart from which, he pointed out, human beings should not be injecting in such circumstances. There were now 90 DCRs around the world, with the 91st opening in Paris next month. 'The drug strategy says we are committed to learning from what works in other countries and an evidence-based approach,' he said. 'So how much evidence do you need?'

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Next up to talk about frontline action, Nigel Brunsdon of HIT and the NNEF explored the potential of harm reduction cafes in sharing ideas.

'It's a return to the grassroots idea of small stuff that led to bigger action,' he said. The internet offered a way to share resources and ideas: 'Use the tools and adapt them, even if you're in the recovery movement.' Get active, piggyback events, choose the right venue and time (late afternoon or early evening) and think about involving speakers – 'but above all, don't wait for others to do it,' he said.

Moving on to the key developments for needle exchange, trainer and consultant Stephen Molloy wanted to know why all commissioners were not fully aware of the benefits of supplying naloxone.

'How can we prevent people from standing beside the graves of their loved ones who have died needlessly?' he asked, before giving a detailed reminder of the world's first licensed kit. Although recommended by the ACMD's naloxone report, it was still batted away by many politicians who said the decision lay with local areas.

'We know kits are used and we know lives are saved – so why wait?' asked Molloy. 'There are more than 1,700 deaths every year in the UK from accidental overdose. Why is this allowed to happen when naloxone works?'

Changing behaviour would mean having to talk to people about the potential of death – not a comfortable subject, he said. 'But we need to change attitudes – an opiate-related overdose death doesn't have to happen.'

The practical knowledge-sharing continued with Andrew Preston of Exchange Supplies explaining latest developments with low 'dead space' syringes – a design shown to have a much lower viral burden of HIV. Exchange were now working with Bath University to see if they could further improve the dead space measurement without compromising the fit of the needle.

The meeting then moved on to review changing trends, starting with trainer Danny Morris's look at mephedrone (MCAT) and methamphetamine (crystal meth). 'There have been changing trends in drug use that suggest progress in the work we do,' he said, but the rise in MCAT and crystal meth use among some groups – primarily MSM – bucked this trend. With the former drug massively cheaper than the latter, 'if gay men can't get hold of meth, MCAT will do,' he said.

The resulting extreme behaviour, which could include sex sessions of up to four days with different partners, meant the need for greater knowledge and understanding among drug workers, as well as expertise relating to possible complications including mental health problems.

As well as 'getting kit out there' it was important to engage and work in partnership with services including sexual health clinics, who were 'ill-equipped to give any advice', said Morris. He also advised the drug and alcohol field to 'de-emphasise recovery' in this context. 'If you have a recovery service, the door's not going to be open to them,' he said.

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Josie Smith of the Welsh Needle Exchange Forum, added her knowledge from the 2013 *Steroids and image enhancing drugs survey* (SIEDs) – an online survey from harm reduction databases in Wales.

It was found that many needle exchange workers felt ill-equipped to deal with the problem of steroids, which were distributed by coaches and increasingly used in bodybuilding. The majority of steroid injectors were between 18 and 22 years old – 'an age where you shouldn't be injecting these, as they interfere with natural hormones. A lot of younger users think you don't have to train or eat properly – you just bang the steroids in,' she added.

Needle sharing had increased as this population did not see itself as at risk, so they needed to be offered hepatitis B vaccinations and warned about the dangers. There were many risks and complications from a public health point of view, 'because we know so little about this population,' she said.

An online survey (at www.siedsinfo.co.uk) would help workers and pharmacists to learn more about this population, she added. Another initiative in Wales was to go out to gyms – 'the ones who are providing the gear' – but it was a constant battle to distribute information and posters, as gyms did not want to be associated with it.

With so much information-sharing taking place throughout the day, it was up to Mat Southwell of Coact to comment on the value of needle exchange in the past, present and future. Telling the story of one of the early drug user activists from the Italian drug using community in London, he highlighted the need to protect harm reduction, while emphasising how far we had come from the early dark days of the HIV response. 'This field has to be commended for its positive progress and culture of collaboration,' he said. **DDN**

See profile of Philippe Bonnet, page 16

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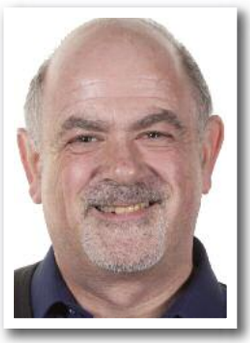
Changing PROFILE



A survey of needle exchange clients revealed the need for staff to keep up with the times, as James Langton explains

As a supplier of injecting equipment to needle and syringe programmes (NSPs), Daniels Healthcare wanted to discover more about what appeared to be a significantly changing profile of the injecting drug users who are our end-user clients. For a long time, anecdotally, we had been aware that steroid injectors were accessing needle exchanges for their equipment in ever-greater numbers. So over the course of last year we began to think it would be valuable to learn more about how our provision to this client group could be improved and also see if we could provide further information for commissioners and drugs services to help them understand the needs of a client group that frontline drugs workers often find very hard to engage with, beyond a quick exchange.

We approached Kevin Flemen at KFx to undertake research to use alongside experience gained at his workshops and training sessions, and a simple questionnaire was created and distributed by needle exchange workers to people attending exchanges and who used steroids. Fifty-four completed responses provided some interesting, and at some points surprising, results.

KFx and Daniels were both aware of worryingly wide variations in knowledge among people who use steroids, from the highly knowledgeable and experienced to those with only very basic understanding, so we decided to develop a series of information leaflets. We really liked KFx's idea of dividing the information into specific knowledge areas and creating resources which could be distributed either with their pharmacy packs, or individually by frontline workers, and eventually free of charge from our websites.

> 'We asked people what aspects of service were important to them, and the results confounded expectations.'

Starting with those who may not have extensive knowledge, it was decided that the following subjects would be the most helpful in offering straightforward harm reduction advice for naive injectors, as well as those who might be interested in exploring potential alternatives to steroid use.

The five leaflets focused on:

- **When to start?** A leaflet for younger people who either hadn't started using, or were just thinking about starting to use, performance-enhancing drugs.
- **IM injections:** a basic leaflet covering intramuscular technique, to be given out with packs for IM injection.
- **SC injections:** for people using any compounds subcutaneously, describing SC technique and to be given out to people taking packs for subcutaneous injection.
- **Melanotan:** a specific leaflet for people injecting tanning agents, identified as a group for whom there was little literature about administration.
- **Polydrug users:** a leaflet for people using steroids in a non-structured way alongside other substances such as alcohol and ecstasy. This group of young polydrug users was considered especially high risk and lacked any targeted literature.

By acknowledging the growing numbers of steroid injectors who were accessing drugs services, we hoped to demonstrate to this group that an exchange could also be part of a tailored intervention.

We wanted to be part of a conversation that acknowledged that NSPs were as much for people who used steroids as any other substance. As part of the same process, we concluded that if sharps boxes were going to carry any messages at all, some of these should also be steroid-specific, so we developed a series of educational messages specific to steroid users, delivered in an engaging way.

The relatively high response rate to the survey allowed us to see some clear trends emerging. However, as the sample group were self-selecting (*ie* the surveys were conducted in needle exchanges) it provided a poor impression of what went on for people who didn't use a needle exchange.

We used a simple nomination question to find out if service users felt that most of the people they knew already used needle exchanges. The results indicated that the majority of people attending services felt that most of their peers were also using exchanges, but there was also a significant population that didn't.

We asked people what aspects of service were important to them, and the results confounded expectations. Despite our preconceptions, a steroid-specific service was the least important aspect and less than a third considered evening or weekend sessions necessary to them. The crucial aspects were friendly, knowledgeable staff delivering the right equipment in a confidential setting.

While the result was biased – completed as it was by people already using needle exchange – the findings were still striking. They highlighted the need for effective staff training rather than a concentration on extended opening or steroid-only sessions.

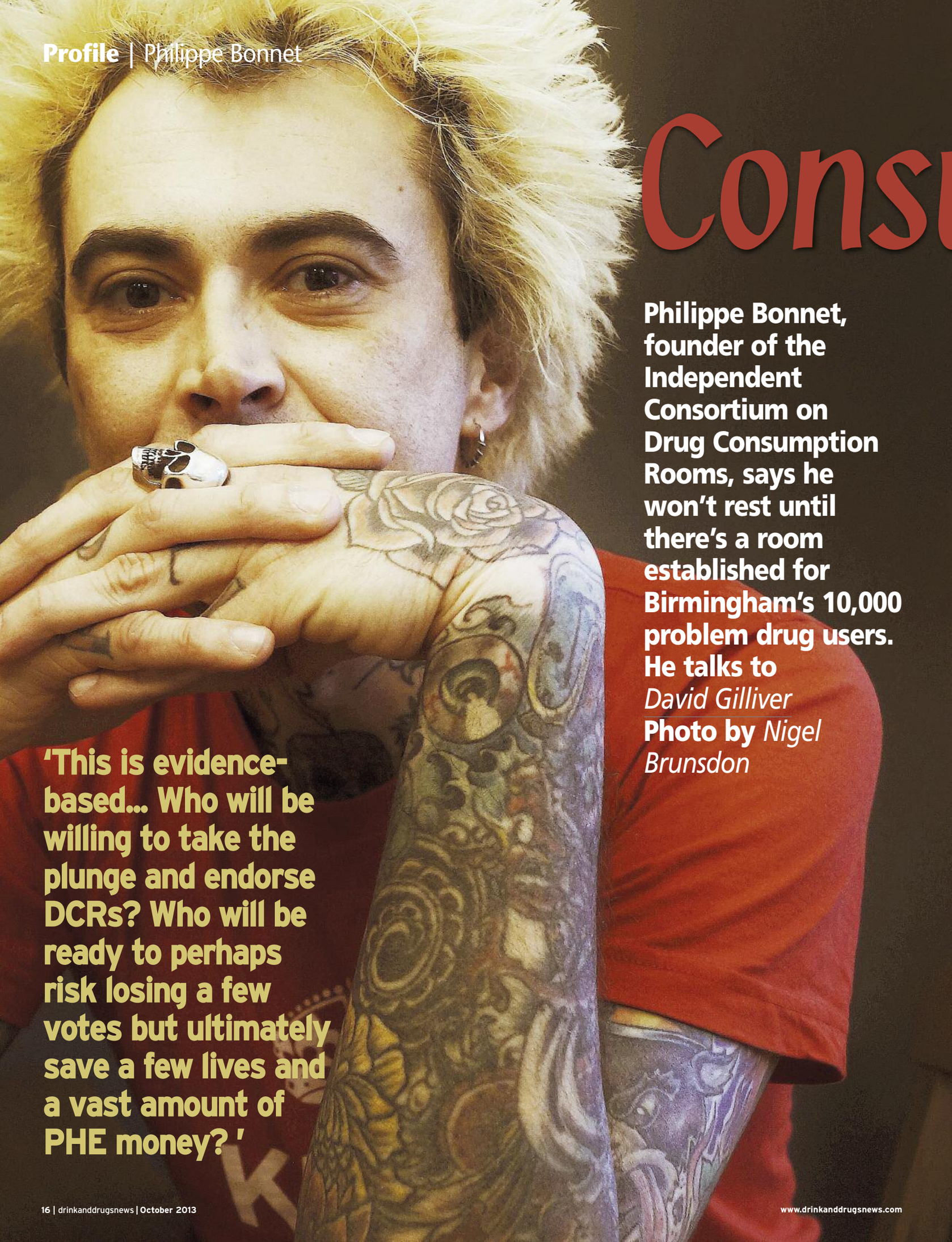
We found the exercise of focusing on the needs of steroid users informative and enlightening and will use the results to inform how we develop our distribution of equipment to this client group.

James Langton is harm reduction planning officer at Daniels Healthcare, www.daniels.co.uk

To receive a copy of the research, contact Kevin Flemen at www.kfx.org.uk

Consu

Philippe Bonnet, founder of the Independent Consortium on Drug Consumption Rooms, says he won't rest until there's a room established for Birmingham's 10,000 problem drug users. He talks to *David Gilliver*
Photo by *Nigel Brunsdon*



'This is evidence-based... Who will be willing to take the plunge and endorse DCRs? Who will be ready to perhaps risk losing a few votes but ultimately save a few lives and a vast amount of PHE money? '

uming passion

When the Independent Drugs Commission for Brighton and Hove reported earlier this year it made more than 20 recommendations, but the one seized on by the media – both liberal and conservative – was a feasibility study into the setting up of a drug consumption room (DCR) in the city (*DDN*, May, page 5).

Despite the existence of DCRs across the world – in Switzerland, the Netherlands, Germany, Spain, Australia, Canada and elsewhere – and a body of evidence on their effectiveness in promoting access to services and reducing both risk and public drug use, they remain a divisive issue.

Now an Independent Consortium on Drug Consumption Rooms (ICDR) has been established in Birmingham, with the aim of setting up a DCR in the city. Founded two months ago by outreach drug worker and trainer Philippe Bonnet – who is also deputy chair of the National Needle Exchange Forum (NNEF), chair of the Birmingham naloxone steering group and a trustee of homeless charity Birmingham Christmas Shelter – the consortium has already attracted some well-known names from the sector, including NNEF chair Jamie Bridge, Nigel Brunsdon of Injecting Advice, researcher Neil Hunt and Dr Judith Yates, who has more than 30 years' experience working with Birmingham's drug users.

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Given the controversy around DCRs, what's been the response from officialdom so far? 'We've arranged meetings with Birmingham City Council, Public Health England, the health and wellbeing board and the police and crime commissioner, but unfortunately the council and Public Health England have said they won't endorse the plan "for the foreseeable future",' he says. While police officers have told him off the record that 'as a citizen it makes perfect sense, but as a police officer I can't be seen to endorse it', he points out that 'police reports and attitudes from the DCRs operating worldwide are 100 per cent positive and officers are even pointing street users towards their local DCR'.

The next step is to find the local councillors most likely to adopt a sympathetic and pragmatic approach, he explains. 'Dr Yates and I met with a councillor who said DCRs made perfect sense to him and that he'd speak to other councillors to try to gauge who would eventually support us – he's aware DCRs aren't a vote winner,' But a growing number of organisations are already backing the campaign, including Release, the National Aids Trust (NAT), the Hepatitis C Trust, HIT, Swanswell and Inclusion Drug Alcohol Services in Birmingham.

Considering the reaction to the Brighton report, however, just how big an obstacle does he anticipate the media will be? 'It could be massive, but my argument when I'm told that consumption rooms aren't flavour of the month is that they never have been and never will be. I run clinics in the two busiest needle exchanges in Birmingham city centre and I see the damage of street injecting on a daily basis. Every single DCR caused controversy at first, but they're all well embedded now and it's not a big deal anymore – residents and the police are actually glad they exist. We need to take the sensationalist factor out of DCRs – you could even argue that pubs are kind of consumption rooms for alcohol.'

On the subject of sensationalism, getting a fair hearing is vital, he stresses, although not always easy. 'When the Brighton thing kicked off in the press I was interviewed by the local BBC radio in Sussex and then I got a call from BBC West Midlands asking if I'd be prepared to do an interview. I said that what I would like is to have a televised debate that is actually a real, rational debate – us stating our case and people who are against stating their case – so that we can properly put counter-arguments and they're not lost in the editing. We haven't heard anything back as yet.'

Given the controversy and the reluctance from the authorities, how confident is he that he can actually pull this off? 'Put it this way, I won't rest until it's in place,' he states. 'Commissioners and councillors come and go – they aren't in post forever – and I'll carry on until it opens. One of my mottos is that although I don't necessarily condone drug use, I'll fight until my death for the rights of people who use drugs to be able to do so as safely as possible.'

As an ex service user he's speaking from personal experience, having spent about 12 years with a 'heroin, crack and other pharmaceuticals' problem followed by ten years in recovery. 'I was an injector but I was lucky to have friends in the medical profession, which is why I was so good at injecting and why my skills now are around teaching safer injecting and other harm reduction interventions.'

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Although French, he's been in the UK for 25 years, but is in regular touch with key figures in the drugs sector in France, which will see its own first consumption room open near the Gare du Nord in Paris next month. 'Bernard Bertrand is the French expert on consumption rooms and he created the Global Platform for Drug Consumption Rooms – I'm in contact with him regularly and we talk about what's happening here and in France,' he says. 'It took ten years to get where they are now, and especially the last four years have been horrendous.'

Presumably that was because of the political climate under Sarkozy? 'Yes, but now Marisol Touraine, the health minister [under current president François Hollande] has said "OK, I've heard a lot about the effectiveness of DCRs in other countries, I have enough evidence and I want to implement it as soon as possible". But also the local mayors were very influential. The mayor for the 10th arrondissement, where the consumption room will be located, was all for it and other local mayors said they wanted it too, but because this was under the Sarkozy government they were told no. They said, "we're the local councillors – we know DCRs are effective and we want them" but the ruling party said no.'

There's now growing demand from other French cities with problems around street injecting, he says – particularly Marseille, Strasbourg and Bordeaux – and, perhaps surprisingly, once the new government was in place the plan for the Paris consumption room was agreed without significant opposition.

'A Facebook page was created by people who were against it, but they only got about 200 members, and there were a couple of protests in the streets. The thing is that this is evidence-based – it's not just some people saying it's a good thing. There's a mountain of evidence about the effectiveness of consumption rooms in reducing overdose deaths, injecting complications, needle litter and so on.'

Nonetheless, he's fully aware that it's going to be very much an uphill struggle in Birmingham. 'The main barriers are going to be local politicians,' he states. 'Who will be willing to take the plunge and endorse DCRs? Who will be ready to perhaps risk losing a few votes but ultimately save a few lives and a vast amount of PHE money? Because we know DCRs are cost-effective as well.'

When it comes to funding, the consortium's intention is not necessarily to approach PHE, he explains. 'According to government figures, between 2007 and 2010 more than £90m was recovered from drug traffickers through confiscation orders. That could fund DCRs very nicely.'

And DCRs do fit with official policy, he stresses. 'The drug strategy clearly states that the government is committed to reviewing evidence of what works from other countries and what can be learned from it, and that's music to my ears. And let's not forget as well that Public Health England has been mandated to look after the most vulnerable in our society. I don't think in this day and age in England we should be allowing people to inject in the circumstances that they're forced to – I think that's pretty appalling and sad. We need to be more pragmatic and health orientated.'

Consumption rooms have also had some high profile support, he points out, with David Cameron a member of the 2002 home affairs select committee that recommended they be piloted in the UK. 'Now, 11 years later, there's even more evidence. I've written to him asking if he still stands by his statement, and I'm waiting for a reply.'

www.facebook.com/IndependentConsortiumOnDrugConsumptionRoomsIcdcr

September saw recovery activities taking place across the UK and Ireland. Richard Cunningham, Alistair Sinclair and Stuart Green look back on a vibrant recovery month

RECOVERY RISING

Protective shield

Recovery is at the heart of a popular annual tournament in Gateshead, as Richard Cunningham explains

This September Gateshead International Football Stadium played host to a football event with a difference. The majority of the players involved in the tournament were recovered, or in recovery, from drug or alcohol dependency.

The recovery shield is an annual tournament organised by Turning Point. It has been going from strength to strength and is now in its third year, with each year seeing more players and teams competing. What started off as a local tournament has become a national event, with healthy regional patriotism adding to the tournament's competitive edge. This year we had a record 20 teams and more than 200 people took part.

It is my hope and one of the main aims of the recovery shield that the growing profile of the tournament will help to break down the stigma often associated with alcohol and drug dependency in wider society. Without concerted efforts to bridge the gap into the community, there is a chance that people in the early stage of recovery can be left feeling more and more isolated, making sustained recovery much more difficult to achieve.

Working in the substance misuse field we know that dependency on alcohol and drugs does not discriminate. It is not restricted to certain segments of society, nor is it a question of age or gender. When an individual is dependent it can often be hugely difficult to see a way of escaping the problem, and that is why it is so important that events like the recovery shield exist to not only support people in their recovery but to give a wider reason to recover and reassurance that it is possible.

As Tommy Armstrong, one of the players from this year's winning team Norcare, said: 'Everyone participating took it as an opportunity to make friends and show the outside world that we are not all the same and people can make a difference to their lives with support and social interaction.'

The event provides a meeting place and an activity that enables those in recovery to come together in an environment without judgement – a place to meet new people and share experiences. This can assist with recovery and, more importantly, provide a situation where the players can feel comfortable and be themselves.

I am not claiming that events like this are the magic cure for those in recovery but they can go a long way towards helping people reintegrate back into their community, to show that there is life after dependency.

The game itself is also shown to have a positive effect on people's mental health. Players feel part of a team, which is very important to those who can often feel outside of, or removed from, society. In the tournament these players become part of a collective that must work together to progress through the rounds. Those who have played in football games, or any team sport for that matter, will know that you need to place an element of trust in your team mates and the importance of this simple human connection cannot be overplayed.

The recovery shield is all about partnership working. Scott Duncan from HMP Northumberland, a key partner in the event, spoke about his involvement:

'I was delighted to be involved in the 2013 recovery shield and feel the whole event was a huge success. The players who participated were a credit to their various organisations and testimony to this is the fact that we had a total of 52 matches and at no time was a player 'sin-binned' for inappropriate behaviour. Bringing together teams from various areas encourages integration and sportsmanship, this was evident in abundance.

'My personal role as HMP Northumberland's representative in the community is to assist ex-offenders on their recovery journey to minimise the likelihood of reoffending. Sport is a hugely important part of recovery and clients who attend the gym on a regular basis whilst in custody are given excellent tuition on health and training by the PE department at HMP Northumberland. This support is carried on to when they are released through the SAS (Sport After Sentence) project when they are given advice and guidance on local sport and gym opportunities.'

David McCormack, who played for North East Athletic at the tournament added:

'The recovery shield is strongly becoming one of the most celebrated events in the recovery community both in the North East and further afield. It celebrates the

'I am not claiming that events like this are the magic cure for those in recovery but they can go a long way towards helping people reintegrate...'

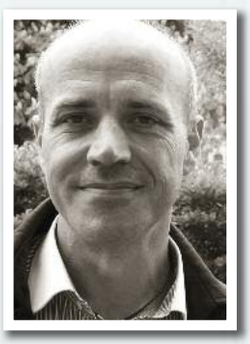
'The British recovery movement, a movement that places individual and community wellbeing above drug or alcohol or mental health status, is finally on the move.'

changes in people's lives and also gives renewed hope to those around, by allowing them to understand there is something else out there other than addiction.

The tournament has been a fantastic success and I would like to take this opportunity to congratulate the winning team Norcare. The awards and recognition are great of course but the recovery shield is all about coming together, as individuals in recovery, partner agencies, friends and family and all those who work in the substance misuse field to celebrate and promote recovery. This is at the heart of everything we do.

If you are interested in being involved in the 2014 recovery shield please get in touch!

Richard Cunningham is peer mentor coordinator for substance misuse at Turning Point, richard.cunningham@turning-point.co.uk



We made the path

With its ambitious walks and varied activities across the country, the vision of a recovery month became a reality, says Alistair Sinclair

As I write this, on the last day of September, I'm on my way to the Wirral to attend the ARCH 20th anniversary recovery event and mark the end of the first UK recovery month. This seems particularly apt as a few days ago I attended the official launch of Hope Springs, a new recovery centre in Chesterfield, Derbyshire, where Mark Gilman, recovery lead at Public Health England, talked about the heroin explosion on the Wirral in the mid-80s. Mark said that nearly 30 years later, people on the Wirral were 'finding recovery' with the same people who had introduced them to heroin, and he went on to talk about the vital importance of authenticity, healthy social networks and visible recovery in communities.

Recovery was very visible at the fifth UK recovery walk in Birmingham on 22 September. Around 5,000 people from all over the UK walked through the city centre, celebrating community strengths, solidarity and the importance of building friendships and connections. Organised and delivered by the Birmingham Recovery Community (you can find them on Facebook) the UK recovery walk was the big celebration in a recovery month that saw events in many places across the UK. The UKRF had promoted the 'idea' of a recovery month through its networks, and we were pleased – if not a little relieved – to see 49 recovery events (that we're aware of) take place throughout September. This year was a bit of a rehearsal for future years, but it saw thousands of people engaged in making recovery visible and making new connections in many places across communities.

On 1 September more than 100 people from Birmingham, Chester, Coventry, Leicester, Lancashire, Bradford and North Wales, climbed 3,600 feet to mark the beginning of recovery month, raising a purple flag of recovery on Snowdon's summit. Gloucestershire and Cumbria held their first recovery walks and Weston held its second. In Lancashire, 55 very determined people endured appalling rain to climb to the top of Pendle Hill. There were other walks – some in fancy dress and sponsored – in Cleethorpes, Scunthorpe and Leicester and a bike ride in Morecambe. Dublin held its second Irish recovery walk and there were recovery celebrations in Ayr, Durham, Doncaster, Cardiff and Liverpool. There were film nights in Wigan and Blackpool, football tournaments in York, Burnley and Lancaster; an art exhibition in Liverpool; a festival in Oxford; a recovery awareness day in Kingston and the opening of Café Hub in Blackburn.

The UKRF ran six workshops in recovery month exploring community values and strengths in Derbyshire, Rochdale, Norwich and Birkenhead. Working in partnership with the Derbyshire NHS Trust, we brought people from the worlds of mental health and drug recovery together at a national conference in Chesterfield to explore shared values and begin work on a recovery model for the whole community.

Ruth Passman from NHS England spoke at our conference and invited recovery community members to an NHS values summit in Manchester. The summit was opened by the head of NHS England, Sir David Nicholson, who described it as taking place in 'national recovery month'. This idea – a month that brings people together to champion recovery in its widest sense, celebrating and promoting wellbeing for all within communities – became a reality in September.

For recovery activists involved in September's activities, 2013 will be a significant year. The British recovery movement, a movement that places individual and community wellbeing above drug or alcohol or mental health status, is finally

'...it became apparent that this was going to go viral. We closed registration with 22 teams and had to turn away four further teams of ten.'

'We gained a lot of support from people we work in partnership with... a strong message of health and wellbeing was promoted throughout the whole day.'

on the move. Watch out for recovery month 2014.
Birmingham Recovery Community
https://www.facebook.com/BirminghamRecoveryCommunity?fref=ts
Friends of the UK Recovery Federation
https://www.facebook.com/groups/UKRecoveryFederation/
Alistair Sinclair is UKRF director

In it to win

Giving something back to the community gave a winning formula to Doncaster's recovery games, says Stuart Green

Every year at New Beginnings, part of Rotherham Doncaster and South Humber NHS Foundation Trust, we look to raise sponsorship for Aurora, a local cancer respite charity. This year, one of the staff at New Beginnings, Neil Firbank, came up with the brainwave of the recovery games. The idea came from discussing with a colleague and group members what had inspired them over the past year and the Olympics and Para-Olympics kept coming up – actually seeing and believing in others who had achieved something to be proud of appeared to be the main reasons. So we decided to go ahead with the recovery games.

The original idea was to have local teams competing against each other, while raising money for charity. This would give them the opportunity to give something back to their local community, learn to work together in a team with staff and each other as well as reducing stigma within our community. We were looking to attract between four and eight teams of up to ten members. Once we got the message out with the venue – a local activity centre with its own marina, part of Doncaster Cultural Leisure Trust (DCLT) – it became apparent that this was going to go viral. We closed registration with 22 teams and had to turn away four further teams of ten.

The day began with a zumba demonstration as a warm-up, with people competing against each other in eight rounds of events. These included a gladiator duel climb, low rope challenge, kata-canoe race, eliminator run, team archery, the boom blaster, giant buzz wire and a demolition wrecking ball.

The event was pitched in the summer holidays to attract a family atmosphere and there was plenty for spectators to do, including a bouncy castle, face painter and a circus entertainer mingling with the crowd. The children competed in a space hopper grand national, with the fastest time over three age groups being awarded recovery games gold medals.

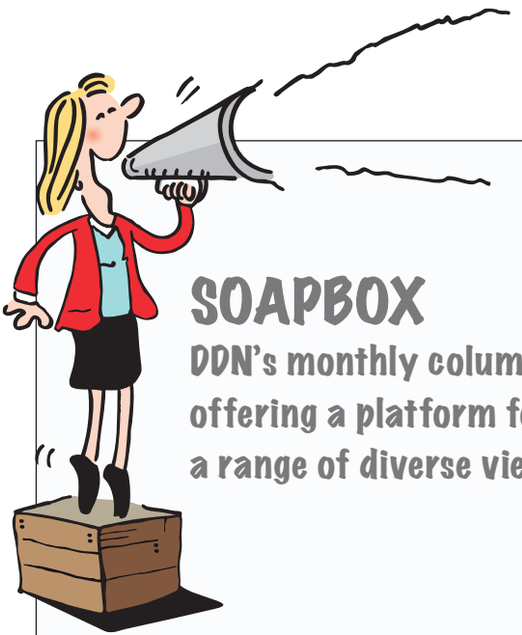
At New Beginnings it was a frantic week leading up to it – the arts and crafts room was abuzz making banners, costumes and the podium for the winners. We gained a lot of support from people we work in partnership with, who kindly donated time or money to the event. This resulted in every participant getting a medal presented by the mayor of Doncaster and our assistant director, Ian Joustra, with the winners receiving gold medals and a commemorative shield. During the lunch break we had live jazz and a raffle for locally sourced produce from the place where our service users volunteer. As well as entertaining the crowds, a strong message of health and wellbeing was promoted throughout the whole day, with a number of stalls from the community fire safety team, local carers groups, complementary therapy taster sessions and free physical health checks.

On the morning, it was pouring down with rain and we really didn't know what to expect. But suddenly coaches, cars and people started turning up in their masses. We had more than 300 people attend. There was a clear buzz in the air and a competitive but respectful edge for each other among the teams. The local campers thought the Martians had landed and could not work out what was happening to their tranquil camping site next door. As the weather improved, more people arrived and the catering facilities did not stop all day.

The culmination of the day was a united feeling that recovery could be fun, competitive and a genuinely viable option. We had teams from Scunthorpe, Grimsby, Doncaster, Chesterfield, York, Rotherham and Sheffield, to name just a few, and more than £400 was raised for charity. Feedback is still pouring in as to how much people enjoyed the day itself, from local community members, staff and of course those in recovery. This looks like it's going to become an annual event, with York expressing an interest to take it forward next year.

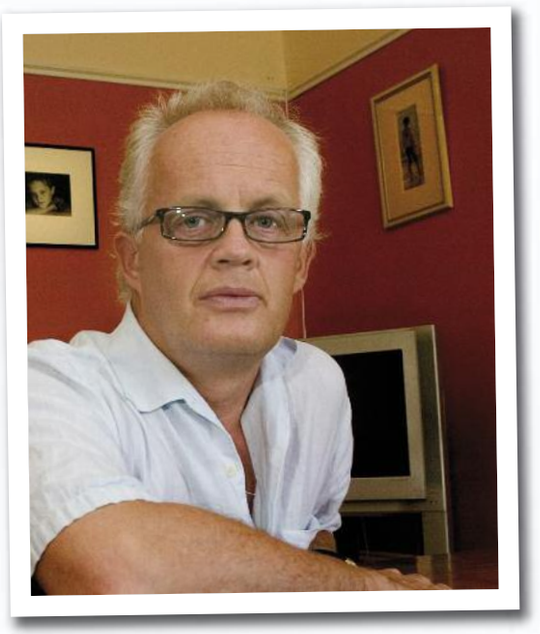
Oh, and finally, there was no fix but New Beginnings won – all that training paid off!

Stuart Green is service manager at New Beginnings, www.drughub.co.uk



SOAPBOX

DDN's monthly column offering a platform for a range of diverse views.



THE BIG QUESTION

Is drug prohibition helping or hindering recovery, asks Neil McKeganey

Professor Dame Sally Davies, the chief medical officer for England, recently joined a growing chorus of voices in the UK calling for drugs to be treated as a health rather than a criminal justice issue.

Earlier this year the British Medical Association published its *Drugs of dependence* report, which included a similar call, and in May the Royal College of General Practitioners voted in favour of decriminalising all illegal drugs at its 18th national conference on managing drug and alcohol problems, advocating that drug use should be seen first and foremost as a health issue. It's a debate that has been aired recently in *DDN*, with correspondence between Dr Chris Ford and Anna Soubry MP, among others.

The belief underpinning these calls is that somehow drug users' needs, including their recovery needs, are being impeded as a result of the drug laws, and that only by overturning those laws will it be possible to fully meet these needs. What is the evidence that their recovery is being hampered by so-called 'prohibitionist' drug laws? One way in which this might be occurring is if individuals are less willing to contact drug treatment services as a result of tougher drug laws.

Contrary to what you might expect, some countries with the most liberal drug policies have the lowest proportion of drug users in treatment. In Portugal, where drugs were decriminalised for personal use in 2002 and treatment has been promoted in preference to prosecution, only 14.2 per cent of problematic drug users are in contact with drug treatment services. Similarly, in Italy, which has a policy of dealing with drug possession offences with administrative rather than criminal justice penalties, only 14.6 per cent of problem drug users are in contact with treatment services.

Both of these countries have a lower level of contact with drug treatment services than either Sweden, known for its zero tolerance drug policies, or the UK, where heroin and cocaine attract the highest criminal justice penalty.

On the basis of these data it would appear that there is no simple association between restrictive drug laws and the proportion of problem drug users receiving drug dependency treatment. As a result it cannot be simply asserted that the drug laws are hindering people's access to treatment.

Recovery, though, is about more than the level of contact with drug treatment services. One of the challenges that drug users often face in their recovery has to do with avoiding the 'cues' that remind them of their former drug use. It is for this reason that recovering addicts often try to move to a new area as a way of reducing their exposure to the people and the places that are most closely associated with their past drug use.

In the case of recovering alcoholics, reducing their exposure to alcohol is made that much more difficult by the near ubiquity with which the product is available within our culture. In contrast, heroin is much less available and the recovering addict has to work less hard to avoid being exposed to the drug. One of the ways in which the drug laws may actually assist individuals in their recovery is through reducing the visibility and accessibility of the drugs involved.

There are other ways in which the fact that some drugs are illegal might impact adversely on individuals' recovery, one of which has to do with stigma. There is no doubt that individuals dependent upon illegal drugs are highly stigmatised – but so too are alcoholics. The stigma felt by those who are drug or alcohol dependent may have less to do with the legal status of the drugs than the negative judgements around the individual being seen to be 'out of control' in their behaviour.

Securing employment is an important part of the process of sustaining an individual's recovery and one that can be adversely affected by negative attitudes on the part of employers. We know that many employers are reluctant to employ a recovering drug user and that as a result, the individual's recovery is made that much harder. However, the negative judgements of employers may have more to do with the perception of the drug user as unreliable or untrustworthy than the illegality of the drugs involved.

There will be many occasions though when a recovering drug user's chances of securing employment will be adversely affected as a result of them having a criminal record. This is a problem that can be dealt with without the need to overturn the drug laws through, for example, expunging drugs convictions where the individual is seen to be demonstrating a sustained commitment to recovery.

In the calls to treat drug use as a health rather than a criminal justice issue there is an assumption that the drug laws are having an adverse impact on the delivery of health-related support and that as a result society should choose between viewing drug use as a health or a criminal justice issue. The fact that certain drugs are illegal may actually help an individual's recovery journey and it is certainly not the case that countries with the most liberal drugs laws are necessarily the best at providing accessible drug treatment services to dependent drug users.

Instead of viewing drug use as either a health or a criminal justice issue there is a strong case for retaining both elements in how we are tackling our drug problems; ensuring that those in recovery are assisted in every way possible, including by reducing the availability and accessibility of illegal drugs on the streets.

Professor Neil McKeganey is at the Centre for Drug Misuse Research, Glasgow

COMING SOON...

Q: WHERE WILL YOU BE ON THURSDAY 20 FEBRUARY 2014?

A: AT THE NATIONAL SERVICE USER INVOLVEMENT CONFERENCE WITH FRIENDS AND COLLEAGUES FROM ALL OVER THE COUNTRY.

Q: WHAT WILL YOU DO THERE?

A: CHALLENGE UNFAIR POLICY. MAKE SURE OF MY RIGHT TO FAIR TREATMENT. GET INSPIRED BY ACTIVISTS WHO MADE THINGS HAPPEN. LEARN FROM FANTASTIC PROACTIVE SERVICE USER AND RECOVERY GROUPS FROM ALL OVER THE COUNTRY. NETWORK LIKE I'VE NEVER NETWORKED BEFORE. HAVE THE MOST AMAZING DAY OF THE YEAR.

Q: WHY SHOULD I BE THERE?

A: BECAUSE I'D HATE TO SEE YOU MISS OUT ON THE CONFERENCE THAT SHAPES OUR FUTURE.

Q: WHAT WILL BE ON THE PROGRAMME?

A: EVERYTHING THAT'S IMPORTANT TO US. HAVE YOU FILLED IN THE ONLINE SURVEY YET TO SUBMIT YOUR SUGGESTIONS? JOIN THE PROGRAMME CONSULTATION AT WWW.DRINKANDDRUGSNEWS.COM/SU14 – FILL IN OUR QUICK SURVEY AND HELP SHAPE THE CONFERENCE YOU WANT.

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BE THERE... WE WILL

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Public Health has formally transferred from the NHS to Ealing Council from 1 April 2013. The role of Head of Drug and Alcohol Strategy will lead a coordinated approach to reducing harms associated with substance misuse across the borough of Ealing and promote recovery.

About you:
You will have extensive experience in commissioning and be able to demonstrate the ability to combine a rigorous approach to performance management with the ability to take a strategic overview of the service and how it relates to the wider health and social care system.

You will have:
- Specialist knowledge of substance misuse, preferably in a commissioning setting
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- Detailed knowledge of commissioning processes
- Experience of commissioning in health or social care and experience of partnership working in a related field
- Relevant professional or management qualification at degree level

Our offer:
In return, we will offer excellent development opportunities, plus a range of benefits that includes a final salary pension scheme, flexible working and the opportunity to make a real difference to our local community.

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To find out more contact Dr Bal Kaur, Interim DPH on 020 8825 6335.

If you are interested in this post please apply online at www.ealing.gov.uk/jobs

Closing date: 21 October 2013.
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Ealing
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DHI

DHI is an award winning charity that challenges social exclusion by supporting people to achieve their potential and contribute to the richness and wellbeing of their community. We are looking for applicants who will share our passion for our values, and our commitment to our client groups and our local communities.

Drug Worker (Recovery Broker)
Full Time: 37.5 hours per week
Salary Scale: NJC 22-28 depending on experience (£19,817 - £23,945)
Location: Warmley, South Gloucestershire

DHI South Gloucestershire are looking for a full time, permanent Drug Worker (Recovery Broker) to join their team. The role entails facilitating exciting group work sessions, motivational one-to-one key working with mind mapping, comprehensive assessments and recovery planning. The role also includes working in partnership with GPs to provide substitute prescribing for appropriate clients with substance misuse issues, with a focus on their recovery and referring to detox and other relevant agencies. The successful post holder must have their own transport and have a willingness to work flexibly including evenings and weekends.

Alcohol Worker (Recovery Broker)
Full Time: 37.5 hours per week
Salary Scale: NJC 22-28 depending on experience (£19,817 - £23,945)
Location: Warmley, South Gloucestershire

DHI South Gloucestershire are looking for a full time, permanent Alcohol Worker (Recovery Broker) to join their alcohol team. The role entails facilitating exciting group work sessions, motivational one-to-one key working with mind mapping, comprehensive assessments and recovery planning. The successful post holder may be recovery focused and flexible. The post may contain some evening and weekend work.

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Expressions of Interest

North Tyneside Council

OPPORTUNITY 1

Integrated Drug and Alcohol Treatment and Recovery Service

North Tyneside Council invites expressions of interest from innovative and experienced organisations that can enable people to achieve a range of outcomes that will improve the lives of individuals, families and communities affected by drug and alcohol issues.

The procurement exercise will involve a single contract that will cover a comprehensive range of community (i.e. non-residential) interventions for adults (and their families), representing the majority of specialist drug/alcohol services in the North Tyneside area.

The interventions will be expected to enable people to holistically address their problems and build the strengths (skills and interests) required to achieve sustainable recovery.

Services will be expected to work closely with other health and social care providers (education, housing, employment etc.) and community-assets, such as voluntary associations and peer-led initiatives to form a comprehensive drug and alcohol, support, treatment, recovery and advocacy service.

The intention is to establish a contract with a sole provider, lead provider or consortium.

The new contract will commence on April 1st 2014 for an initial period of three years with the possibility of extending for up to two further years.

OPPORTUNITY 2

Family and Carer Support Service for those affected by someone else's Drug and Alcohol Misuse

Expressions of interest are also invited from experienced and innovative organisations to provide a service for carers and family members of substance misusers in North Tyneside based on sound evidence and best practice.

The new contract will commence on April 1st 2014 for an initial period of three years with the possibility of extending for up to two further years.

Both exercises are being conducted in electronic format (e-tender). Applicants wishing to register their interest against these tenders should go to the website located at **www.nepoportal.org** select **North Tyneside Council** and enter the contract ID **QTLE-9BGEMN** for Opportunity 1 and contract ID **QTLE-9BGEVV** for Opportunity 2

Please Note:
Opportunity 1 will be available from 14th October, 2013
Opportunity 2 will be available from 11th November, 2013

Unregistered suppliers will be directed to a Supplier Registration form to be completed. (The tender documents will be available automatically after an expression of interest is made on the NEPO Portal against these opportunities. The email address included on the Supplier Registration form will be the primary contact for the organisation)

Your attention is directed to a Supplier Event for Opportunity 1. This will be held at North Tyneside Council, Quadrant East, Silverlink North, Cobalt Business Park, Newcastle Upon Tyne, NE27 0BY on 11th October, 2014 from 11.00am - 1.00pm.

This is an opportunity for potential service providers to hear an overview of the services subject to tender, the procurement process and the opportunity to network and ask questions.

To book a place at the event please contact DrugActionTeam@northtyneside.gov.uk

Suffolk County Council

Public Health Suffolk

Tender for the provision of a Comprehensive Drug and Alcohol Treatment Service for Suffolk

(Young people, Adult and Community Criminal Justice services)

Suffolk Public Health wish to announce the intention to re-commission all community Criminal Justice, Young Peoples and Adult Drug and Alcohol services subject to Cabinet approval. The planning is underway to prepare for an intended service delivery start date of April 2015.

Substance misuse services will be expected to work closely with other health, criminal justice and social care providers (education, housing, employment etc) and community assets such as voluntary organisations and peer led initiatives to form a system providing comprehensive support, treatment, recovery and advocacy interventions for those using drugs and alcohol.

We therefore wish to facilitate a range of opportunities to engage with the market, stakeholders, service users and their families to help us develop an outstanding service that will enable continued improvement in the lives of individuals, families and communities who are affected by drug and alcohol issues. The importance of the wider family, community links and user and carer involvement is essential to develop an effective recovery ethos and the social re-integration of Service Users.

We will be holding:

- *An event for substance misuse service providers (covering Young people, adults and criminal justice) open to both local to Suffolk and national organisations. This will take place on Wednesday 13th November.*
- *A wider stakeholder event, open to all local organisations and services outside of treatment provision who contribute to the support and recovery journey of adults and young people misusing drugs or alcohol (including Criminal Justice). This will take place on Wednesday 20th November.*
- *A range of service user and carer engagement opportunities, working with our local forums across young people, criminal justice and adults networks.*

If you are interested in attending the provider or stakeholder event please let us know by contacting Marie Grace at marie.grace@suffolk.gov.uk

We will then contact you with further details as they are confirmed.

EXPRESSIONS OF INTEREST

HARTLEPOOL BOROUGH COUNCIL

Specialist Drug and Alcohol Prescribing Service

HBC Contract Reference Number: 669
NEPO Contract Reference Number: QTLE-99PDKA

Hartlepool Borough Council are seeking expressions of interest from suitably qualified, experienced and competent organisations to deliver a comprehensive range of specialist clinical treatment and prescribing services for drug and alcohol misusing adults (18+) within the Borough of Hartlepool.

The successful provider will be required to work alongside other organisations in a fully integrated local treatment model and focus on innovative responses that produce outcomes aligned to the Recovery and Reintegration agenda.

The contract will initially be awarded for a period of 2 years, commencing April 1st 2014 and may be extended at the absolute discretion of the Council, for an additional 3 x one year extension periods, subject to future commissioning intentions, satisfactory performance and availability of funding.

Full details relating to the service required will be provided in the Invitation To Tender (ITT) document.

Organisations wishing to register interest and download tender documents, which will go live on **4th October 2013**, should apply via the North East Portal. **www.qtegov.com**

If you require assistance with registering please email karen.burke@hartlepool.gov.uk

Can you help overcome the harms caused by alcohol, drugs and gambling?

aquarius

Data Officer

Wolverhampton

£19,817 - £23,188 per annum • 37 hours per week

We are looking for a competent and motivated individual who will be responsible for providing an efficient data support service to the organisation.

For full details and the opportunity to download an application pack, please visit www.aquarius.org.uk

Alternatively email: recruitment@aquarius.org.uk or write to Human Resources, 2nd Floor, 16 Kent Street, Birmingham B5 6RD, quoting ref: WOL/13/52.

Closing date: Noon on Friday, 25th October 2013.

If you have not heard from us within six weeks of the closing date, please assume your application has been unsuccessful on this occasion.

The successful candidate will be subject to an enhanced DBS check.

Aquarius – fully committed to equality in employment and service delivery. Aquarius Action Projects is a Registered Charity No. 1014305.

INVESTORS IN PEOPLE

swanswell

Swanswell is a national recovery charity with over 44 years' experience of delivering successful community-based services. We support people, their families, carers and affected others with problems related to drug and/or alcohol misuse so they can change and be happy.

RECOVERY WORKER

(reference 100)
Hours: 37 per week (full time)
Location: Leicestershire
Salary: £16,952 gross pa

Swanswell Recovery Workers are responsible for offering practical support to service users. The role requires excellent communication skills and the ability to connect with service users in the community, supporting them to develop skills and work towards a more independent lifestyle.

Recovery Workers manage a caseload of people, helping them to learn and develop skills to make sustainable changes to their lifestyle, such as gaining and maintaining their recovery, finding accommodation, accessing education and employment, and managing household budgets.

SUBSTANCE MISUSE WORKER

(reference 101)
Hours: 37 per week (full time)
Location: Leicestershire
Salary: £22,948 gross pa

Swanswell's Substance Misuse Workers are responsible for co-ordinating the treatment of service users, helping them to deal with their substance misuse issues. You'll need to be able to work with service users holistically, helping them to access other services that can help with the practical problems they may be facing as a result of their substance misuse. We'll provide you with regular supervision sessions, giving you the opportunity to discuss your work with your supervisor.

QUALITY ASSURANCE PRACTITIONER

(reference 102)
Hours: 37 per week (full time)
Location: Leicestershire
Salary: £29,236 – £35,430 gross pa

The role of the Quality Assurance Practitioner is essential in ensuring that there is robust clinical leadership within our teams. You'll have responsibility for supporting the Service Excellence and Business Strategies. Your focus in this role is on the day-to-day delivery of excellence in quality treatment provision, ensuring that all clinical governance and compliance targets are met across Swanswell.

As an effective leader, you'll be able to work in teams and networks, developing self-awareness of your behaviour to build and maintain relationships. You'll encourage improvement, making evidence-based decisions on a daily basis. Importantly, you'll be able to communicate Swanswell's vision and rationale for change to others.

The most important things you'll bring to these roles are your positive attitude, enthusiasm, integrity and ability to use initiative as well as your belief in our ambition; to eliminate the problems of alcohol and drug use within a generation.

The closing date for all posts is 18 October 2013.
Interviews will be held on 28 October and 1 November.
Please apply on our website at www.swanswell.org/current-vacancies

Families First

The 2nd Adfam/DDN family conference

Adfam
Families, drugs and alcohol

DDN
Drink and Drugs News

Putting families at the centre of recovery

While addiction can tear families apart, family support can be a huge factor in driving the successful recovery of both the individual and the whole family.

Families First brings together family members, professionals and policy-makers to exchange expertise, coping mechanisms, legal knowledge and networking with those who truly understand the complex nature of addiction in the family.

With expertise from premier family support charity Adfam, this is a must-attend event for family members affected by substance use and for all agencies and organsations who genuinely want to support them.

Full programme and online booking at

www.drinkanddrugsnews.com

e: conferences@cjwellings.com t: 01233 633 315

CONFERENCE PROGRAMME

9.30–10.30AM **COFFEE AND REGISTRATION**

10.30AM **OPENING SESSION**

Chaired by Adfam chief executive **Vivienne Evans**, this session will feature **Kate McKenzie**, mother and activist, who will give a family perspective on the call for fair treatment, and **Mark Gilman**, Public Health England's recovery lead, who will look at how families can help their loved ones achieve recovery while looking after their own welfare.

11.40AM **COFFEE BREAK**

12.00PM–12.20PM **SESSION TWO**

Nick Barton, chief executive of Action on Addiction, looks at 'tough love': how do you keep a loved one's recovery on track while looking after the needs of the family in their own right?

12.20PM–1.00PM **'ASK THE EXPERTS'**

Question time debate, with panelists from the drug and alcohol sector and family support.

1.00PM–1.50PM **LUNCH AND NETWORKING**

1.50PM **WORKSHOPS**

Young people and families, with **Kama McKenzie**, Family Development Coordinator– Adfam.

Rights, roles, responsibilities – The legal side of living with a drug or alcohol using relative, with **Kirstie Douse**, Head of Legal Services, Release.

Alcohol and Families, with **Lauren Booker**, workplace programme manager, Alcohol Concern.

Club drugs and legal highs, with **Becky Harris** and **Galit Haviv-Thomas**, The Club Drug Clinic.

Carers' rights, with **The Princes Trust**

Naloxone, with an expert trainer.

2.50PM–3.10PM **COFFEE**

3.10PM: **AFTERNOON SESSION**

Adfam talk about the challenges and benefits of speaking out for families. **Jason Gough** shares personal insights into the journey he and his family took through recovery and repairing their relationships.

4.00PM **FINISH OF CONFERENCE**

4.00PM–5.00PM

Open group taster sessions with **Al-Anon** and **Famanon**

Thursday, 21 November 2013 – BIRMINGHAM