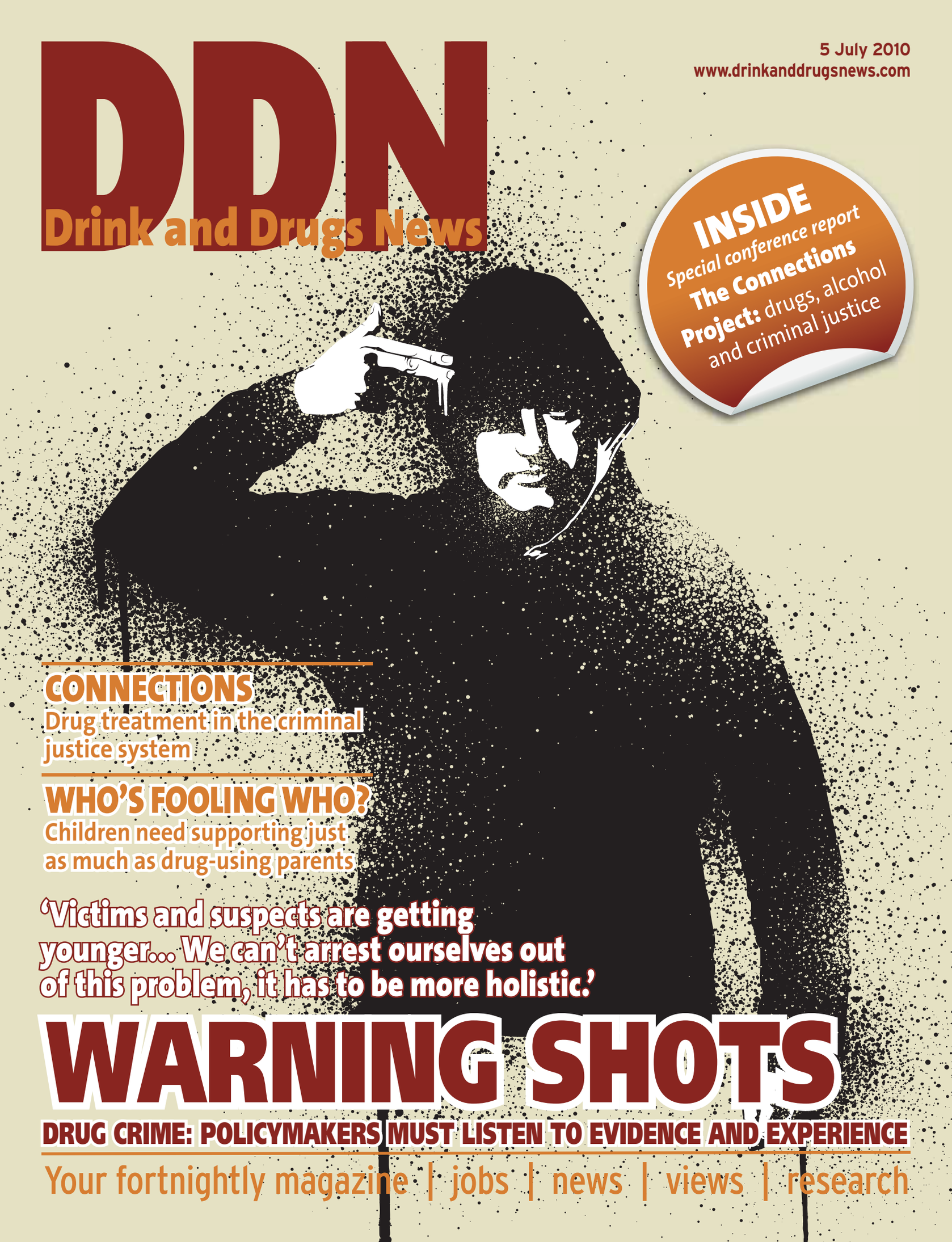
DDN
Drink and Drugs News

5 July 2010
www.drinkanddrugsnews.com



INSIDE
Special conference report
The Connections Project: drugs, alcohol and criminal justice

CONNECTIONS
Drug treatment in the criminal justice system

WHO'S FOOLING WHO?
Children need supporting just as much as drug-using parents

'Victims and suspects are getting younger... We can't arrest ourselves out of this problem, it has to be more holistic.'

WARNING SHOTS

DRUG CRIME: POLICYMAKERS MUST LISTEN TO EVIDENCE AND EXPERIENCE

Your fortnightly magazine | jobs | news | views | research

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Noreen Oliver MBE - *Founder & Chief Executive Officer, The BAC (Burton Addiction Centre) and the O'Connor Centre in Staffordshire*
Dr. David McCartney - *Clinical Lead at Lothian & Edinburgh Abstinence Programme*
Dr. Alison Battersby - *Consultant Psychiatrist in Substance Misuse, NHS Plymouth*

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Editorial – Claire Brown

Inside learning

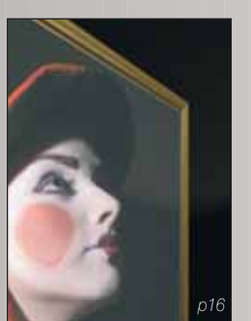
Time for a critical look at our prisons

AT FIRST GLANCE you might wonder why we've devoted most of this issue to reports about criminal justice system. At second glance you might wonder why these issues are of relevance to you. But the opportunity to share experience with other countries gives fresh perspective and evidence from experience – not just on the effectiveness of incarceration, but on harm reduction measures and their effect on drug users' behaviour and welfare. It also gives us a rare opportunity to stand back and assess what works back home.

This week justice secretary Ken Clarke has been exploring the idea of alternatives to prison sentences, looking instead at community sentences and 'payment by results' rehabilitation. Not so long ago politicians in this country seemed fixated on the idea of American style 'super-prisons' to warehouse a burgeoning prison population. Is the evidence now filtering through that drug-using offenders merely go on to reoffend? 'Prison works,' said Michael Howard as home secretary in the 1990s. 'Yeah right,' I hear you say now.

It was interesting to hear at several conference sessions how the UK is the envy of many other countries in its treatment of drug users, its pragmatic employment of harm reduction measures and its swift referral to rehabilitation. We could take inspiration from this – and we could choose to capitalise on it while political ears are open. At this week's cross-party group in Parliament (page 6), MPs were keen to emphasise that expertise and advice is welcome from all quarters – a sentiment that we hear echoed in the first statements coming from the coalition. But as well as the plaudits for progress, we should seize the opportunity for critical review. This afternoon my copy of *Inside Time*, the national newspaper for prisoners, arrived. Its headline is 'Prisons are awash with drugs', a story that gives results of a readers' survey and concludes that £100m worth of drugs are smuggled into prison every year. Is this a sign of our success?

This issue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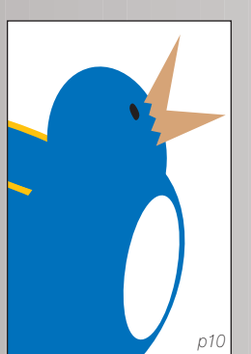
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FEATURES

REGULARS

News in Brief

Private justice

'Rigorously enforced community sentences that punish offenders but also get them off drugs' will form part of the government's criminal justice reform plans, according to a speech given by justice secretary Ken Clarke to the Centre for Crime and Justice Studies. The government plans to pay independent organisations 'by results' in reducing offending, he said, as well as focusing on issues like employment and housing, with details to be set out in a Green Paper in the autumn. 'Public services – including health, housing, drugs and alcohol services and local councils – can work together to transform lives,' said chief executive of the Revolving Doors Agency, Dominic Williamson. 'But this approach needs be supported across government.'

19th Glasgow anthrax case

A new case of anthrax has been confirmed in the Greater Glasgow and Clyde NHS board area, bringing the total number of cases in that region to 19, with 46 cases confirmed in Scotland as a whole.

Showing the way

Daily entries from a journal kept by a man during his three months in rehab for cocaine problems are being posted on the Trust the Process website. 'I hope it helps other people to understand, to know that they're not alone and to see that it is possible to come through using drugs and rebuild a life,' said Steve, who has been drug free for three years. www.trusttheprocess.org/blog

Keep it brief

More than 50,000 Scots received an alcohol brief intervention in 2009/10, according to figures from ISD Scotland, with more than 80,000 brief interventions carried out in the country since 2008. The government's target is 149,149 by the end of next year. 'After a steady start health boards have made significant progress towards our challenging target which is now within reach,' said health secretary Nicola Sturgeon. 'Brief interventions are not just clinically effective – they're also cost-effective.'

Trending now

Injecting drug use is now 'stable or declining' in most European countries, according to a new report from the European Monitoring Centre for Drugs and Drug Addiction. *Trends in injecting drug use in Europe available at www.emcdda.europa.eu*

EC and UNODC 'complicit' in drug executions

Drug enforcement operations funded by the European Commission (EC), European governments and the UN Office on Drugs and Crime (UNODC) are leading to executions for drug offences, according to a new report from the International Harm Reduction Association (IHRA).

Enforcement operations in countries that enforce the death penalty for drugs – such as China, Vietnam and Iran – are being funded 'without appropriate safeguards despite the fact that the abolition of the death penalty is a requirement of entry into the Council of Europe and the European Union, and the United Nations advocates strongly against capital punishment' says *Complicity or abolition? The death penalty and international support for drug enforcement*. More than 30 states retain the death penalty for drugs offences, with a small minority 'highly committed' to the practice, says IHRA (*DDN*, 10 May, page 11).

Funding, legislative support, technical assistance, capacity-building initiatives and training are being provided to strengthen domestic drug enforcement activities that 'if successful result in increases in convictions of persons on drug charges and the potential for increased death sentences and executions,' says the report, making donor states, the EC and UNODC potentially complicit.

While the operations documented in the report were 'not intended to increase the application of the death penalty' this did not exclude donor governments, the EC or UNODC from responsibility for their human rights impact, says IHRA. The UK has provided more than £3.6m for drug enforcement activities in Iran, mostly through UNODC, since 1998, the document states, including for a 'programme of assistance to Iranian law enforcement authorities to tackle traffickers of heroin produced in Afghanistan'. The report wants to see a 'formal and transparent process' for conducting human rights impact assessments built into all drug enforcement activities, and calls on the EC, UNODC and governments to use their influence to help abolish the death penalty for drug offences.

'It is not the intention of these programmes to see people sentenced to death or executed, but it is a fact that it is happening,' said the report's co-author, IHRA deputy director Rick Lines. 'Many people around the world would be shocked to know that their governments are funding programmes that are leading people indirectly to death by hanging and firing squads.'

'IHRA universally condemns the use of the death penalty for drug offences as a breach of international human rights law and as a failed drug policy approach,' said co-author and IHRA's senior human rights analyst, Damon Barrett. 'The fact that in some cases this abusive practice in countries like China and Iran is being financially supported by European and UN donors is politically and morally unacceptable.'

Available at www.ihra.net

Holistic schemes needed to tackle dealing

Effectively tackling the UK's drug problem will require not only an increase in service provision for the families of drug users but schemes 'directed at tackling drug dealing in a holistic way', according to a new report from the Joseph Rowntree Foundation (JRF).

These initiatives would attempt to involve local communities in 'creating circumstances within which drug-selling activities can be separated off from their local community' or look at ways of providing sources of legitimate income for dealers, according to *Drugs research: an overview of evidence and questions for policy.*

The report also explores issues like consumption rooms, heroin prescription and the policing of drug possession. However, one of its authors, professor of drug misuse research at the University of Glasgow, Neil McKeganey, has issued a statement accusing sections of the media of 'misleading' reporting, following stories claiming he believed drugs and drug dealing could have 'a number of positive impacts on communities'. 'If we are to understand the impact of drug dealing on communities it is important that the media and others do not demand of researchers that they only report those findings which dovetail with their preferred views,' reads the statement. 'To do that would be to profoundly weaken the capacity of science to deepen our understanding of these and other social problems.'

Meanwhile, Home Office officials inadvertently sent an internal memo to the BBC which discusses withholding a report on the UK drugs strategy requested by Transform, because of fears of bad publicity. It took the organisation two years to obtain the *Drugs value for money review* under the Freedom of Information Act (*DDN*, 1 February, page 4) despite guidelines stating that FOI requests should be handled without taking into account who has made them. Transform has said it will make an official complaint. 'If we are to shift towards a more effective drug policy this culture of secrecy and suppression of evidence must end,' it says.

PROF NEIL MCKEGANEY: 'It is important that the media and others do not demand of researchers that they only report those findings which dovetail with their preferred views.'

JRF report available at www.jrf.org.uk

‘New drugs and markets’ dominate global drug situation

The worldwide supply of opiates and cocaine is in decline and drug use is ‘shifting towards new drugs and new markets’, according the United Nations Office on Drugs and Crime’s (UNODC) *World drug report 2010*.

The global area under opium cultivation has fallen by 23 per cent in the last two years, while coca cultivation has fallen by 28 per cent in the last decade, says the report. While drug use has ‘stabilised’ in the developed world there are ‘signs of an increase in drug use’ in developing countries, with rising numbers of people using amphetamine-type stimulants (*DDN*, 22 September 2008, page 4). The number of people using these drugs – estimated at between 30m and 40m – is soon likely to exceed the number of worldwide cocaine and opiate users combined, says the report, which also says there is evidence of increasing misuse of prescription drugs.

The number of European cocaine users doubled in the ten years to 2008 – making the European market almost as valuable the US market, at $34bn and $37bn respectively – with the shift in demand accompanied by a shift in trafficking routes, and increasing amounts of cocaine entering Europe via West Africa (*DDN*, 3 November 2008, page 5). However the market for amphetamine-type stimulants is harder to track, says the report, because of shorter trafficking routes and the fact that much of the raw materials are readily available and legal.

The world drugs problem would not be solved ‘if we simply push addiction from cocaine and heroin to other addictive substances – and there are unlimited amounts of them, produced in mafia labs at trivial costs,’ said UNODC executive director Antonio Maria Costa. He also called for universal access to drug treatment, more respect for human rights, and for those countries that executed people for drug offences to end the practice (see story on facing page).

‘Just because people take drugs, or are behind bars, this doesn’t abolish their rights,’ he said. However, a letter signed by 20 organisations has been sent to UN secretary general Ban Ki Moon to caution against the appointment of Russian ambassador to the UK, Yuri Fedotov, as Costa’s replacement, as Fedotov is widely regarded as the frontrunner for the post. The signatory organisations, which include the International Harm Reduction Association (IHRA) and the International HIV/Aids Alliance, state that the appointment of a Russian government official would seriously damage UNODC’s credibility.

RICK LINES: ‘Russia’s appalling record on addressing the health and human rights issues associated with injecting drug use and HIV, and its repeated attempts to use its political clout to block international progress in these areas, mean that Russia’s candidate... will not have the necessary credibility and support.’

‘Russia’s well known and much-criticised neglect of HIV among its most vulnerable populations, as illustrated by the country’s refusal to provide access to opioid substitution therapy and harm reduction services, cannot be rewarded with a high-profile appointment such as this,’ said chair of the Eurasian Harm Reduction Network, Daria Ocheret. ‘We are asking the secretary general to think this through very carefully.’

‘There are almost two million people in Russia who inject drugs, most abandoned to HIV and often premature death by their government,’ said IHRA’s deputy director Rick Lines. ‘Russia’s appalling record on addressing the health and human rights issues associated with injecting drug use and HIV, and its repeated attempts to use its political clout to block international progress in these areas, mean that Russia’s candidate, a long serving government official, will not have the necessary credibility and support. Moreover, the independence of the office could be called into question.’

Report available at www.unodc.org

NTA pledges ‘more for less’

The drug treatment system is set to provide ‘more for less’, according to the National Treatment Agency’s (NTA) new business plan.

The agency will ‘take forward the government’s ambition for a rapid transformation of the treatment system’ and work with it to make sure allocation of central funding is ‘aligned to need and value, incentivising the achievement of clear outcomes’, says the plan. Alongside value for money, the NTA will also champion abstinence-focused treatment to avoid the ‘parking’ of people on methadone, and work with Offender Health and the Ministry of Justice to develop ‘a model for commissioning abstinence-focused treatment in a criminal justice setting’.

Other priorities will include commissioning a ‘rebalanced treatment system’ so that clients can access the right package of treatment, and improving outcomes – the latter supported by ‘smarter matching of health and criminal justice databases.’

The plan reflects the government’s priorities, the commitments of the coalition agreement and the ‘financial constraints facing the taxpayer,’ says the NTA.

‘The government’s commitment to reform now provides the spur for the cultural and structural change that is necessary to balance the system,’ states the document. The business plan will facilitate the ‘transformation of local treatment systems to enshrine greater ambition, and ensure that achieving sustained recovery from addiction is the basis of all local commissioning and service delivery in both prison and community settings’.

Full story on page 9

News in Brief

I declare

A statement calling for scientific evidence to be incorporated into illicit drug policies has been drafted by a range of organisations ahead of the XVIII International Aids Conference in Vienna later this month. ‘The evidence that law enforcement has failed to prevent the availability of illegal drugs, in communities where there is demand, is now unambiguous,’ it states. To sign the declaration visit *www.viennadeclaration.com*

Letter of the law

Crime prevention minister James Brokenshire has written to organisers of this summer’s music festivals asking them to warn people about the dangers of legal highs. ‘During the festival season we know that people may be tempted to try potentially dangerous new drugs, particularly when they are advertised as “legal” or “herbal”’ he said. He has also made four new appointments to the Advisory Council on the Misuse of Drugs (ACMD). They are pharmacologist Dr Roger Brimblecombe, neuropharmacologist Professor Raymond Hill, pharmacist Graham Parsons and veterinary specialist Dr Jason Aldiss. All appointments are for three years. ‘This coalition government recognises the range of expertise in the ACMD and the valuable role it has to play in informing government drugs policy,’ said Brokenshire.

Having a seizure

More than 100kg of class A drugs were seized in Scotland last year, including 51kg of high purity cocaine, according to the Scottish Crime and Drug Enforcement Agency’s (SCDEA) *Annual report 2009/2010*. The agency also seized 1.6 tons of class B drugs. ‘Rather than wait for these drugs to flood our streets we are increasingly going directly to the point of production and providing partners in those countries with our intelligence,’ said SCDEA director general, deputy chief constable Gordon Meldrum. Available at www.sdea.police.uk

Demanding issues

The International Narcotics Control Board (INCB) has issued its 2009 annual report. ‘International drug control efforts cannot be successful in the long term without continuous efforts to reduce illicit drug demand,’ says INCB president Sevil Atasoy. Report of the *International Narcotics Control Board for 2009 available at www.incb.org*

PARLIAMENTARY BRIEFING

The Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction met for the first time since the election to agree priorities for campaigning to the new government. **DDN** reports from the House of Commons

Meeting on its fifth anniversary, the group started by the Conference Consortium to bring key issues on treatment and harm reduction to the attention of parliament, reconvened for the first time under the coalition government.

After confirming the continuing chairmanship of Lord David Ramsbotham and welcoming Lord Benjamin Mancroft as vice chair, the group assessed its campaigning priorities. Over the past year the group had raised issues including the distribution and use of foil and participated in discussions on the role of the Independent Safeguarding Authority and welfare reform.

The group should continue to campaign for a balanced treatment system that acknowledged the many complex reasons behind a person's drug or alcohol use, said WDP chief executive Stuart Campbell. He stressed the need to focus on all drugs including alcohol, and not just heroin and crack, and wanted more priority to be given to the complex conditions that co-exist with addiction, including poor physical and mental health, housing issues and learning difficulties. 'Short-term treatment is unlikely to succeed. We need a balanced treatment system that delivers a continuum of care and guides people through recovery,' he said.

Good quality commissioning coupled with transparent performance management procedures would be essential to achieve this, explained Mark Jones of Compass. It was vital for commissioning to be focused on outcomes that matter and which would meet local needs effectively, he said. What had become clear was that the commissioning status quo wouldn't do and there was not the expertise to commission recovery yet, added Steve Hamer, Compass chief executive.

Harry Fletcher of the National Association of Probation Officers (NAPO) suggested that the group responded to Justice Secretary Ken Clarke's comments on the need for alternatives to prison for the 55,000 people on sentences of less than six months. The group also wanted to raise the need for more appropriate treatment for the thousands of military veterans in prison, particularly the many with alcohol problems.

While campaigning for better treatment in the UK, it was also important to keep pressure on the government to fulfil its international obligations, executive director of IHRA Gerry Stimson reminded the group. The UK had a good record of supporting harm reduction projects around the world and was the biggest single bilateral donor. Despite this there was still a huge amount to be done, as the money spent on harm reduction still only amounted to three cents a day per user. The Global Fund should be spending 20 times this amount, said Prof Stimson. IHRA would continue to provide evidence to politicians of the human rights abuses faced by drug users to help them understand the issues, he added.

Paddy Costall, managing director of the Conference Consortium, wanted the group to engage early with Ian Duncan Smith, secretary of state for work and pensions, to ensure meaningful input rather than just 'shouting from the sidelines'. Another key priority of the group would be to keep alcohol treatment high on the agenda, campaigning for appropriate provision, appropriately resourced, said Mr Costall. Alex Boyt, service user involvement coordinator at Camden, informed the group that 50 per cent of drug users were in treatment in his area, compared to just 5 per cent of alcohol users.

Final comments came from John McDonnell MP, who urged members to monitor the impact of imminent funding cuts on their organisations. 'Keep us briefed so we can intervene where necessary,' he said.

DDN is circulated to the parliamentary group – send your comments and suggestions to our letters page.

Email Paddy Costall (paddy@conferenceconsortium.org) if you would like the group to raise issues on your behalf.

LETTERS

Blitzkrieg bop

Release might want to think about keeping its 'delight' at the scrapping of the welfare reform pilot schemes in check until it's seen what else this government has up its sleeve (*DDN*, 21 June, page 4). Whatever gains will come from abandoning these pilots will be obliterated a million times over by the ideologically-driven blitzkrieg on benefits and services that's on the way, and of which we've had only the smallest glimpse.

The Conservatives laid waste to huge areas of this country in the 1980s – with the heroin epidemic of that decade a direct result – and the craven solicitousness that some organisations in our sector that shall remain nameless have displayed towards them over the last few months has been distasteful to witness. The lives, and the life chances, of our clients are going to be made catastrophically, immeasurably worse by the Conservatives and their disgraceful little helpers the Liberal Democrats. Anyone who fails to see that is either very young, very naïve or very dim.

Molly Cochrane, by email

The future is user-led

The recent debate in *DDN* (7 June, page 13 and 21 June, page 9) about user influence in shaping treatment services in London is timely. Against a backdrop of a tightening financial climate, ensuring that users have effective mechanisms to influence the planning, development and provision of services is critical and underpins current developments in London.

Out of the London Service User Forum (LSUF), the London Regional User Council (LRUC) has evolved, with representatives of service users from across London partnerships. The aim is to have meaningful service user involvement in all drug treatment services and partnerships in London, so that users in London have formal mechanisms to influence commissioners and the direction of drug treatment.

This doesn't mean that service user involvement is weakened: quite the opposite. We want to see service level service user involvement in all drug treatment services in London. Those groups would then send representation to a borough wide service group, who are consulted about strategic decisions, and then nominated representatives sit on the London User Council, hosted and supported by the NTA, where council members and the London NTA team work in collaboration to improve local treatment systems across the region.

How to involve new service users in those structures is not just a question for the NTA, but for established service user groups, providers and commissioners to work together on. The NTA would support exploring how to continue open user forums, but thinks it is right for users to take the lead in organising this, while we continue to focus on supporting the London User Council and working with partnerships to support the strengthening of service user involvement at a local level.

Service user involvement has come a long way in London, and now is the time to take it to the next level so that users are an established part of the local and regional framework.

Alison Keating, London regional manager, NTA; Bernie Casey, deputy regional manager and service user lead, NTA; Duncan Cairns, David Hirsch, Paul Paterson and Tim Wood, LRUC Council and steering group members

LAST REMINDER FOR SERVICE USER GROUPS

Don't miss your chance to be listed in the first DDN service user group directory, which will be published in our next issue. Contact Lexy Barber (lexy@cjwellings.com or call 020 7384 1477) to be included.

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. Visit our forum at www.drinkanddrugsnews.com

Changing landscape

What role will the NTA play in the coming year? **DDN** takes an advance look at its manifesto for the future

THE FUTURE FORM AND STRUCTURE OF THE NATIONAL TREATMENT AGENCY (NTA) is unclear while the new government considers the changing landscape of the NHS and public health, the NTA acknowledges in the introduction to its new business plan. But it has outlined a vision for the next year that harnesses its remit to the recovery agenda.

Its starting point is to build on its statistics for treatment successes. 'The number of people successfully completing treatment free of dependency has increased from 9,000 to 25,000 a year; offenders are systematically referred into treat-ment, preventing millions of crimes each year; and the number of adults accessing treatment has more than doubled,' says the report.

The NTA's recognition that 'much more should be done' will follow the government's ambitions for 'cultural and structural change' and 'a rapid transformation of the treatment system to promote sustained recovery and get more people off illegal drugs for good'. In practice this means the NTA expects to 'be able to reposition the treatment system to focus on sus-tained recovery, and demonstrate transparent outcomes, while consistently providing more for less'.

In brief summary, the key points of the NTA's business plan are:

- ***Improving outcomes.*** *Services will be judged on their performance to decide what treatment is most cost-effective. 'We will use the evidence from the Treatment Outcomes Profile to establish clearly what services work to achieve abstinence-focused outcomes,' says the report.*
- ***Better value for money.*** *With the unit cost of treatment falling by 16 per cent since 2004/5 according to the National Audit Office, the NTA will continue to drive unit costs down by using payment by results and rewarding the achievement of clear outcomes.*
- ***Championing abstinence-focused treatment.*** *'No-one should be 'parked' indefinitely on methadone or similar opiate substitutes without the opportunity to get off drugs,' says the report. The new clinical guidance that introduced strict time limits to end the practice of open-ended substitute prescribing in prisons will be extended into community settings. New clinical protocols will focus practitioners and clients on abstinence, to 'prevent unplanned drift into long-term maintenance'.*
- ***Commissioning a rebalanced treatment system.*** *Clients will be signposted towards 'the right package of care-planned treatment to promote their recovery'. Criteria will focus on maximising 'access to abstinence-focused pathways' but will aim to 'achieve a cost-effective balance between different types of treatment'.*
- ***Rehabilitating offenders.*** *Drug treatment will be integrated into the Ministry of Justice's (MoJ) 'rehabilitation revolution'. 'We will work with the MoJ and Offender Health to develop a model for commissioning abstinence-focused treatment in a criminal justice setting, and to identify the most effective way to establish secure treatment facilities for drug-misusing offenders,' says the report.*

This 'explicit recovery-orientated vision for the drug treatment system' is intended by the NTA to replace *Models of care for treatment of adult drug misusers*, last updated in 2006. The NTA calls it a 'blueprint for change, underpinned by the latest evidence and best practice in provision' and wants it to promote the ambition of recovery, both for those who are addicted and their families. Through its new direction, the NTA says it wants to 'facilitate the transformation of local treatment systems' to 'ensure that achieving sustained recovery from addiction is the basis of all local commissioning and service delivery in both prison and community settings'.

It also wants to support staff in working with this change of emphasis by making sure they are properly trained, saying: 'We will support the efforts of employers through the skills consortium to improve the capability of the treatment workforce so that practitioners provide the right treatment to the right people at the right time in the right settings.'

Engaging self-help organisations and mutual aid groups will provide 'visibility of recovery in the system' and sustain 'recovery outcomes after successful treatment'. The NTA says it aims to reduce bureaucracy around multiple assessments to improve the patient experience.

Above all, the changes will aim to improve the quality of treatment through offering 'more ambitious and individualised service responses', building on evidence of what's effective and cost-effective.

The NTA is aware that it will need to deliver its new approach against a backdrop of resource reductions, both in the core NTA budget and operating income, but hopes its expertise will stand it in good stead to contribute to recasting the drug strategy. As a Special Health Authority of the NHS, it will continue to support the Drug Interventions Programme (DIP) for the Home Office, implement the Integrated Drug Treatment System (IDTS) in prisons for the MOJ, and oversee young people's drug and alcohol interventions for the Department for Education.

It will also work with the Department for Work and Pensions to 'take forward a new approach for helping problem drug users trapped on benefits to find work and overcome related barriers to recovery like housing and mental health'. It also declares an intention to become more involved with the alcohol recovery agenda: 'We have offered to become more involved in responding to the health and social con-sequences of rising alcohol consumption, particularly the impact on families and children,' says the report.

Full document at www.drinkanddrugsnews.com

Cutbacks to youth services will fuel gun and knife crime, according to speakers with experience at the sharp end of London's gangland shootings. **DDN** hears why Harry Fletcher from NAPO, Superintendent Leroy Logan and John McDonnell MP want policymakers to listen to evidence and experience

Years of working with the criminal justice system, not least as a spokesman for the National Association of Probation Officers (NAPO), have familiarised Harry Fletcher with statistics relating to drugs and crime. But, as he explained to the audience at the second European conference on drugs, alcohol and criminal justice, two years ago he was brought face to face with the reality of London's gangland shootings when his son's best friend was shot dead.

Going to the estate in Stoke Newington, he found 'a scene of devastation. People were staring into space surrounded by a makeshift shrine.' It turned out that two youths from a nearby estate had carried out a random shooting. Fletcher was asked to be media liaison for the family, working with the local police, murder squad and media.

It was soon clear from talking to young people from the area that it was gang related and that drugs were involved which, he said, made him want to look into the causes of drug-related gun crime.

As he began talking to the families of people who had died, he found they all felt that the criminal justice system had let them down. He realised that local authorities were able to turn a blind eye to the causes of crime because current legislation did not oblige them to tackle inequalities in their areas.

Furthermore, he explained to delegates, talking to headteachers and youth leaders built up a picture of cash-strapped areas with no money to spend on out-of-school activities. Among these, he discovered that the estate in Stoke Newington where the young man had been killed had had its youth centre closed down years ago. Two schemes were struggling on – one that delivered football coaching and the other that encouraged kids to mend broken bicycles and keep them – but there was little else on offer in the way of diversionary activities.

'There needs to be a mandatory duty on local authorities to prevent gun and knife crime,' said Fletcher, who has begun to draft a parliamentary bill with support from the Black Police Association among others.

His fear is that drug-related serious crime is not going to reduce under the coalition government, but that it will increase as more people become unemployed and are on benefits.

Superintendent Leroy Logan, deputy borough commander at Hackney and the first chair of the Black Police Association, has an informed perspective of the past three years in which 70 young people have been murdered in London alone. He also has a particular interest in their demographic.

'Victims and suspects are getting younger,' he told the conference. 'Young black people are five times more likely to be a victim of crime and are three times more likely to be excluded from school than the national average. When they are excluded they are four times more likely to be involved in crime.

'We can't arrest ourselves out of this problem,' he added. 'It has to be more holistic.' And this meant working closely with the voluntary sector. 'Unless we do we're going to find real problems with prevention, detection and investigation.' He believes that voluntary organisations – particularly outreach teams – have a vantage point on causes of drug crime, youth violence and anti-social behaviour. Together with

educational programmes, they could play a part in equipping young people with practical responses to counter influences from a negative environment, he said.

But what happens when the negative environment begins at home? Logan found family to be one of the biggest influences. Young people involved in drug crime tended to have chaotic lifestyles, absent fathers, lack of educational attainment and no job prospects. Their homes were not conducive to upward mobility, so they responded to dysfunctional role models on the estate, people with no structural means of income. These were 'Robin Hood type characters', according to Logan, 'very charismatic and influential', whose message to their quarry was: 'you're not loved at home, your school thinks you're unteachable, so I'll teach you.' They then recruited them to teams pedalling crack cocaine, paying them £200 at first, as a runner. Soon they could hope to earn thousand of pounds a day, 'not counting what they pass on to Mr or Ms Big.'

He asked whether it was any wonder they were willing to take these risks for tax-free money and not have to get up early for school or college. Once peer pressure had kicked in, it was cool to be doing this. 'They have the trainers and the bling, they're driving cars – and they are part of a negative peer group. They have the significance and self-worth of being part of a family – a street justice system.'

And this was where it was vital to use the voluntary sector's help in understanding the level of influence in each neighbourhood, he said. 'We need comprehensive mapping. We need to know what's impacting on families and homes.' Beyond learning the extent of exclusion rates in schools it was essential to work out how to respond to practical needs, and to be able to answer the question: 'Drop the knife, drop the gun, then what?'

Looking at the holistic picture 'with practitioners who have cultural intelligence' was vital, he said. 'I rely on the voluntary sector to inform me, to make sure I'm not adding to [young people's] disenfranchisement by throwing them into the arms of people who are going to use them… We need to get pathways to break their cycle of activities.'

And why were positive role models such as regular scout groups receiving pitiful funding and no support, if we are crying out for activities to engage young people, one woman in the audience wanted to know.

'There's a lack of intelligence on the ground,' responded Logan. 'We're scrapping schemes and spending money on cleaning up the mess.'

'Leroy doesn't recommend insurrection but I do,' said John McDonnell, Labour MP and member of the Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction, who announced he wanted to take the discussion 'onto a policy plane'.

'We're all currently fearful of the prospect of the next four years,' he said. 'Within our roles we're scrabbling around trying to make do', so imminent cuts to services would really hurt.

Research was fairly stark he said, referring particularly to Richard Wilkinson's work on inequalities, so why had it been ignored for the past 15 years? Wilkinson's work showed that greater inequality led to greater levels of violence and drug misuse, with more people looking to drugs for income. Young people would gravitate towards gangs for social status instead of their family.

'Inequality has increased because of a refusal by government to redistribute wealth,' commented McDonnell. As elected representative of a multicultural working class community near Heathrow, he was extremely concerned about the impact government cuts would have. 'The cuts will be in frontline services because most of you don't have fat in your services – there's not an awful lot left,' he said. Significant reduction of resources would mean significant escalation in problems, he warned, from unemployment to housing and the knock-on effects of overcrowding and family breakdown.

'There's a lack of intelligence on the ground. We're scrapping schemes and spending money on cleaning up the mess... there's a refusal to debate the real causes of problems and solutions.'

The criminal justice system would become the 'whipping boy of society', he warned, as the prison population looked set to triple, carrying ever higher drug and mental health problems. 'If this sounds pessimistic, it is,' he said. 'There's a refusal to debate the real causes of problems and solutions.'

McDonnell's answer was in a campaigning approach, calling for everyone to get involved in the debate about fundamental issues and 'to realise what the real world's about... If we don't, we'll become party to an assault on the people we're trying to protect,' he said.

Out of this campaign he hoped for wider debate, including how to make sure young people were not resorting to gangs as their only means to status – a debate he believes should be taken to parliament.

'People are waking up to the fact that you can't live in gated communities and you can't put sticking plasters over these problems. There's a potential for changing the climate of opinion,' he said. Furthermore there was 'an opportunity for a bigger debate here on how we change society.'

With discussions taking place until the autumn on where expenditure would be cut, it was vital that professionals explain to politicians 'as constructively as possible' what the potential consequences would be in the real world – on the organisations we work for and with, and on us as individuals.

'You need to bring your personal experiences to bear,' he urged. 'The consequences will escalate on a scale we've not seen before. It's a chance to shape the future.'

CAPTURING THE ISSUES

The Connections Project/Conference Consortium event, *Drugs, alcohol and criminal justice*, saw people from across Europe and beyond gather in London to debate the ethics, effectiveness and economics of treatment. **DDN** reports

'Some people question why drug treatment should be provided to prisoners at all,' one of the founding fathers of the Swiss harm reduction movement, Professor Ambros Uchtenhagen, told delegates at *Drugs, alcohol and criminal justice: ethics, effectiveness and economics of interventions*. However, medical ethics dictated that patients had the same rights whether in prison or the community, he said. 'The Geneva Convention states "the health of my patient will be my first consideration" and the Helsinki Declaration states that patient welfare must always take precedence over the interests of science and society. But look at the reality.'

Compulsory drug testing increased stigmatisation and had been shown to be counter-productive, he said – as when inmates moved from cannabis to opiates because they were less easy to detect – while compulsory treatment was a violation of consent and informed choice. There was a widespread failure to recognise the evidence and consequently a failure of public policy, he told the conference.

Among the main barriers to prison-based interventions were deficits in training and support for prison staff, a lack of involvement on the part of health authorities, the prioritisation of safety issues and a general philosophy of discouraging illegal drug use rather than focusing on harm reduction, he said. 'Addressing these barriers is a priority,' he told delegates.

The principle of equivalence was that those in the criminal justice system should not lose their right to healthcare of the same standard they could expect in the community, said director of the Connections project, Professor Alex Stevens of the University of Kent. However, 'too often' that principle had been ignored. His project had been identifying examples of best practice throughout Europe through consultation with national experts and found that 'top level' practice – that which had been rigorously evaluated – remained rare. Good practice, however, had undoubtedly spread across the continent in the last couple of decades. 'Fifteen years ago it was rare to find treatment in prison that would have been acceptable in the community,' he said.

This good practice was more apparent in prison than the arrest or aftercare stages, he said. There were excellent examples of psychosocial interventions in prisons in Denmark and the UK while needle exchanges in prisons in Germany and Spain had reduced syringe sharing by 60 and 39 per cent respectively – and with no increase in conflict despite initial fears about needles being used as weapons. There were also good examples of opiate substitution projects in prisons in Slovenia, England and Wales and Switzerland, while the latter also had heroin-assisted treatment in prison settings.

Alternatives to prison included early diversion to treatment schemes – at the prosecutor's discretion – as well as Belgium's trialing of drug treatment courts, with postponement of verdicts for ten months. 'We need to up our game in terms of research to show which interventions are effective,' he said. 'There's an issue of quality. It's not just about putting these services in prisons – they have to have an effect.'

Progress was being made towards equivalence but it was still far from a reality in many criminal justice systems, he said. 'There's still an absence of needle exchange, low coverage of opioid substitution therapies, low availability of psychosocial services and lack of investment in research and quality enhancement.' There was a need to invest in a comprehensive package of integrated services across the different stages of criminal justice systems, he stressed. 'The best way to save money is integration. Without it the investment is lost.'

The evidence base for economics remained patchy, said Linda Davies of the University of Manchester. Problem drug use cost the UK around £15bn a year, with crime accounting for 90 per cent of that, but there were no specific evaluations to compare drug treatment in the criminal justice system to alternatives. The question was 'what are the costs and outcomes of structured drug treatment compared to no drug treatment?' she said. 'Most of the time there's a lack of a strong comparator group. What evidence there is is based on very heterogeneous groups. We need long-term evaluations to track the durability of changes. Economics is about choices – what we value and don't value. We weigh things up on a balance of price, costs, budget and societal value. These are the trade-offs we have to make.'

On the crucial question of 'patient or prisoner?' Damon Barrett of IHRA told delegates that while international prison standards had been around for half a century as 'soft law' they were increasingly becoming legally binding. 'Prisoners have the right to the highest attainable standards of physical and mental health,' he said. The basic minima were the right to medical care, the right to timely medical attention – which had been applied in the UK to opiate withdrawal – and the right to preventative health. 'That could be applied, controversially, to needle exchange,' he said. There was also the right to mental health care, a professional standard of care and environmental health, as well as the right to refuse treatment and to informed consent.

There was no doctrine of informed consent in English law, Niamh Eastwood of Release told delegates, as it had developed as a moral and medical concept rather than a legal one. 'For the purposes of drug treatment in the criminal justice system, informed consent does not exist in practice,' she said. However, case law around the rights of prisoners was well developed, she stressed, with those detained by the state entitled to be treated with human dignity. 'The principle that healthcare in custody should be equal to that in the community needs to be rigidly enforced,' she said.

'Why has there been so little legal discussion of coercion in the criminal justice system? Because drug users are not seen as human beings,' she said. Consent theoretically formed part of drug rehabilitation requirements (DRRs) – in that they depended on the offender's willingness to comply – but 'considering what the alternatives are it's hard to see how it's free and voluntary', she said. 'Until drug treatment is taken out of the criminal justice system and we properly address issues of decriminalisation, drug users will not be given the same rights as the rest of the community.'

Nearly two thirds of people who took their own life in UK prisons had a history of problematic drug use, she said. It was not enough to say 'we're lacking in resources' and allow these things to deteriorate, said Barrett – prison healthcare had to be 'available, accessible and acceptable'. 'The principle of equivalence is well established but there are particular health risks associated with prison. There's an autonomy that's taken away, a duty of care in taking people into custody. People's ability to exercise their rights is impaired, for example around things like needle exchange. In some circumstances the right to the highest attainable health entails an obligation on states to provide higher standards of healthcare inside prison than out. This is not a new idea.'

However, it was also essential to look at the 'bigger picture', he said. 'We have to stop sending so many people to prison in the first place.' Steve Rolles of

'We need to up our game in terms of research to show which interventions are effective... It's not just about putting these services in prisons – they have to have an effect.'

Transform told the conference that it was an anomaly that what was primarily a public health issue was being dealt with by the criminal justice system. 'The idea of using the police to respond to drug misuse is a bit like using the coast guard to respond to diabetes,' he said. 'It doesn't make sense.' It also meant that drug policy was 'unique in its poor evaluation', with what research that did exist routinely being suppressed, ignored or spun. 'Policy needs to be based on evidence of effectiveness and outcomes. When policy is not based on evidence you get bad policy, and that carries a human cost.'

There were also 'an awful lot of people' who were not in prison long enough to engage in any kind of meaningful treatment, head of delivery for RAPt UK, Gail Yvonne Jones, told delegates, and only 30 per cent of people turned up to their first drug interventions programme (DIP) appointment. 'Work needs to be done to get that continuity between prison and community. The responsibility of a case manager is to try and increase someone's levels of social capital.'

What was clear from a UK perspective was that there would be major reconfiguration of departments and this would have an impact on all drug treatment services 'regardless of where they sit themselves within the architecture', said Colin Bradbury of the NTA. There would also inevitably be changes in funding and questions around the ring fencing of drug treatment budgets.

Performance management tended to focus on volume of activity rather than quality of outcomes, said Jones, and there was also a lack of agreed objectives between the Department of Health, the Home Office and Ministry of Justice, and no single body responsible for the case management of offenders. 'There's CARATs, IDTS, DIP, probation – there needs to be a single case manager for this client group.'

It was also vital that ideological rifts in the drug sector as a whole were not allowed to act as an impediment, stressed Bradbury. 'We need to move away from arguments about treatment modalities – methadone, rehab – to outcomes, and move from a rhetorical point of view to a consensus. We need a more nuanced understanding of where we need to get to, rather than saying one thing's good and another thing's bad.'

The *Drugs, alcohol and criminal justice* conference was also a vital opportunity for practitioners, policy makers and service users from across the continent to network, share ideas, and exchange good practice.

DDN hears how services throughout Europe are trying to implement the best harm reduction practice in their criminal justice systems.

Photos by Ian Ralph.

Sharing practice

Eastern European prisons pool harm reduction knowledge

While there were many shared problems around harm reduction across prisons in Eastern Europe, a survey of prisoners' needs highlighted some regional differences, facilitator Heino Stöver told delegates. The survey had been conducted by Connections project partner The University of Frankfurt.

Representatives of institutions in Poland, Estonia, Lithuania and Hungary shared their experiences. Maret Miljan from the Estonian government told how a programme of building new prisons to replace the old 'camp-style prisons with dormitories', coupled with reducing the prison population as a whole, was reaping public health dividends. A large amount of resources were being spent on keeping drugs out of prisons by x-raying visitors, using drug detection dogs and video scanning prisoners' mail. HIV testing and drug testing were now also commonplace with antiretroviral drugs and counselling available for those testing positive.

Gergely Fliegauf from the Hungarian Prison Department, explained that the high use of benzodiazepines, both in prison and among the general population in Hungary, had reduced the amount of injecting drug use and bloodborne viruses, while creating its own unique problems. While benzos were tranquilizers, taking more than five at a time could lead to hyper-aggressive behaviour, explained Fliegauf. The pills' ready availability in prison had also led to them being used as currency, and caused problems with gang violence and corruption among prison guards.

Birute Semenaite from the Lithuanian prison administration described the large amount of amphetamine use in jail and the lack of needle exchange and financial constraints that were limiting the availability of harm reduction projects. She told delegates that while antiretroviral drugs were available for HIV positive prisoners, there was concern over how long the funding for this would continue.

Making progress

Methadone maintenance in police custody centres in Lithuania

Around 76 per cent of all HIV patients in Lithuania were injecting drug users, said Kestutis Petrauskas of the Lithuanian Ministry of Interior's health care service, while 71 per cent of all drug-dependent people had been imprisoned at some point. Methadone maintenance therapy was not available in prison, despite having been available in community settings since 1995 – within the last year, however, it had become available in all police custody suites.

The issue of methadone in prisons had been raised several times in recent years but huge problems of stigmatisation remained, and many people were unwilling to declare their drug use when they were incarcerated. 'In 2008-09, 42 people had to stop their methadone treatment because of imprisonment,' he said. 'There is a lack of understanding and support from decision makers and a lack of trained medical professionals.'

Until recently there were no guidelines for the provision of methadone in police custody centres, although it had been available in centres in a few small towns, and little cooperation between different ministries. However, the situation was improving, he stressed. Methadone treatment was not only available in all police custody centres but was planned for remand prisons, while staff training had improved and information had been disseminated throughout the criminal justice system. There were now regular statistical health reports from police custody centres as well as site visits, and information was being made available to arrestees and their families. There was also much more of a willingness to investigate complaints from arrestees, he told the conference.

Take a risk – the Moldovan experience

Prove the worth of your project and policy makers can't fail to take notice

In sharp contrast to most places, Moldova's first harm reduction programme had actually begun in a prison rather than the community, Larisa Pintilei of the Innovative Projects in Prisons NGO told the conference. 'Originally the prison administrations refused to acknowledge the problem of drugs but we managed to conduct anonymous research,' she said. 'The results were overwhelming. Every fifth inmate claimed experience of injecting, with each needle being used by between ten and 12 prisoners. They were also using things like ball-point pens.'

As a result the country's Department of Penitentiary Institutions agreed to allow the organisation to implement pilot needle exchange and condom distribution just over ten years ago, carried out on a peer-to-peer basis. 'We select the inmates – what makes our work so special is that all of the needle distribution is done by the prisoners themselves, under medical supervision.'

When rates of HIV transmission among drug users fell, the NGO was allowed to implement the project in other prisons, she said. There was widespread public support and the prison authorities acknowledged that 'their world is much less dangerous and aggressive'. There were now 24 similar projects in other prisons, she said – 'and we're not a big country'.

Moldova was one of the few countries in Eastern Europe that had managed to halt the spread of HIV, she told the conference, and the government had no alternative but to admit the effectiveness of harm reduction practices, which then fed into the national AIDS policy. 'Many countries would like to implement this sort of project but lack the legal framework to do so,' she told delegates. 'Our example shows that the situation can be changed by proving that the problem exists and that you can provide a way out of it. Don't be afraid of new things.'

OPENING SESSION: (From left) John Hedge, Linda Davis, Alex Stevens and Professor Ambros Uchtenhagen.

'Fifteen years ago it was rare to find treatment in prison that would have been acceptable in the community... We [now] need to up our game in terms of research to show which interventions are effective.' Alex Stevens

Getting it right – the US experience

Effective treatment needs a therapeutic environment

'If the system did what the system was designed to do, we'd be out of a job,' Robert Mackie of US-based Community Education Centers (CEC) told delegates. 'That would be a good thing'.

His organisation was a private company hired by local government departments to provide therapeutic care to offenders on performance-based contracts, beginning in New Jersey in the late 1990s. 'The state's prison population had been increasing by about 1,200 a year for 20 years,' he said. 'And we're a relatively small state. The associated costs were astronomical – the system simply wasn't working, and they needed a large solution to this large 'revolving door' problem.'

His organisation proposed a 'continuum of care' model to the state authorities, taking people with around 18 months left to serve for an assessment process followed by 90 days of therapeutic care based on cognitive-behavioural principles. 'This was about money – they were looking for an economic solution – and we were appealing to both sides of the political house. It's an evidence-based curriculum, very structured. These aren't just feel-good programmes – it would be nice to give everyone yoga classes, but it wouldn't have much impact.'

The organisation had since been able to extend the model across the US, he told the conference. 'Because of the large scale of our operations we've been able to do research and demonstrate that people going through this continuum of care recidivate at a much lower rate.'

The programme prided itself on treating people with dignity and respect and had gone on to hire many of its ex-alumni, he said, who now run the programmes alongside correctional officers and inmates. The organisation also strives to make its centres as little like prisons as possible. 'The facilities are important,' he stressed. 'You need lots of light and you shouldn't overuse the PA system – you need to create a therapeutic culture. Within about 48 hours you can see how much more relaxed people are – the way they walk, the way they stand. It's not a paranoid environment like a prison.'

If the service wasn't successful it wouldn't be hired, said his colleague Ralph Fretz. 'It's based on showing that you've done something and the marker for that is recidivism. The government wants lower rates of recidivism but we also focus on things like jobs and family reintegration. It's treatment of the whole person.'

Egypt aspires to pioneering role

Building capacity in North Africa

'The commitment is there at high level to improve HIV prevention and harm reduction in prison settings – we now need to build up capacity,' Atef Sherif, deputy minister of interior for the Egyptian Prison Authority told *DDN*. He had travelled to the conference with UNODC project coordinator Wadih Maalouf.

While activities around HIV prevention were taking place in a specific number of prisons, they had come to learn about the 'more advanced response' to harm reduction issues in Europe.

'We are gaining more insight and knowledge on what's happening, what's successful and what's not,' said Mr Sherif. He wanted to know in which countries the experience lay, so Egypt could 'benefit and scale up experience'.

A larger harm reduction programme was being planned with the technical assistance of UNODC and other international bodies, and help from the University of Kent. It included voluntary testing centres in prisons for HIV, which included pre- and post-test counselling. Peer education programme were also planned 'to increase the level of prevention and knowledge and change attitudes'.

'Egypt is proud to be taking a pioneering role in the Arab world in launching these activities,' said Mr Sherif. 'We hope to set standards for others to follow suit.'

Good intentions – the Italian experience

Good legislation is not enough – it also needs sound application.

'For people with drug problems, prison is not a solution,' Maurizio Coletti of European drug professionals association ITACA told delegates in the *Diversion into treatment: how can we make it effective?* session. There were 63,000 inmates in Italian jails and of these 33,000 were awaiting sentencing, 24,000 were foreign nationals and 21,000 were serving drug-related sentences. The system's capacity, however, was just 43,000, meaning extreme overcrowding and high rates of suicide. 'Conditions can be very, very poor. We have legislation, in terms of drugs, that favours incarceration – it's very easy to go to jail for drugs in Italy.'

There were, however, a range of diversion into treatment options available when awaiting sentence or during the last six years of a sentence, as well as special jails housing just 10-30 inmates and judicial psychiatric hospitals. Admission to the special jails was possible in the last year of a sentence with court approval, while admission to the psychiatric hospitals was accompanied by a six-monthly assessment of 'social dangerousness'. Italy had six of these institutions, with capacity for 1,000 inmates, he said.

It was possible in some cases for people to await sentencing either at home or in hospital, and although controls were in place there had been 'frequent escapes', he acknowledged. For deferment to treatment during the last six years of a sentence, meanwhile, inmates needed a certificate of past drug dependency. 'It's on a voluntary basis, with the approval of the court. Treatment *Continued* →

CRIME PANEL: John McDonnell MP, Harry Fletcher from NAPO, chair Jenny Elsmore from Leicester Probation, superintendent Leroy Logan. 'People are waking up to the fact that you can't live in gated communities and you can't put sticking plasters on these problems,' said McDonnell.

'There's a potential for changing the climate of opinion... There's an opportunity for a bigger debate here on how we change society.' John McDonnell MP

though local support services is also possible – in cases of violation there is suspension of the inmate's passport, and in cases of continued violation there is arrest and jail.'

Continued education and training of staff were vital, he said, but there were very long bureaucratic processes to access the treatment options and the prisons were able to interrupt treatment at any time. There was also little reliable data on effectiveness.

'There are good possibilities, but inmates have difficulty receiving these treatments because of our confusing and contradictory laws,' he said. 'It's quite complicated, as is everything in my country, and weaker individuals – foreigners, the poor – have difficulty accessing treatment because they have less effective legal defences. We have a very good law in theory, but there are difficulties in application and overcrowding makes everything very difficult.'

Monitoring harm reduction across Europe

Better data collection could improve prison health

The UK had one of the largest prison populations, which could explain why data monitoring was more advanced than in other countries, suggested Dagmar Hedrich of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Drugs were a major factor in imprisonment throughout the EU, with up to 30 per cent of inmates sentenced for drug offences, according to her colleague Linda Montanari. This figure did not include property crime to support drug use.

EMCDDA monitoring confirmed that drug use in prison was widespread. Among those entering drug treatment in prison, most were males in their early thirties, using opioids. Continuing drug use was found to worsen existing problems such as mental health issues, increase the risk of bloodborne diseases and make long-term rehabilitation more difficult.

The case for increasing access to healthcare was persuasive. The criminal justice system was the single biggest organisation having regular contact with dependent drug users, said Ms Montanari. A comprehensive strategy on prison health could have a major impact on risky behaviour and self-harm as well as reducing the risks of overdose on discharge.

Sara Van Malderen of the Federal Department of Justice in Belgium was involved in monitoring drug use in prisons with the aim of formulating proposals and advice for politicians, 'to convince them to instal initiatives'.

One of the many challenges was in implementing recommendations on a limited budget. Questionnaires to prisoners had found information about 58 aspects of their lives, including risk behaviour, drug use and their physical and mental state of wellbeing. Ongoing EU-wide monitoring would put national data in a broader context and help to learn from other countries' experiences.

Laurent Michel, a medical doctor specialising in addiction, shared experience of a nationwide inventory of harm reduction measures in French prisons – a critical issue because 'the full range of harm reduction facilities and services available outside are not available in prisons,' he said.

A survey that covered nearly 80 per cent of prisons found that harm reduction initiatives were patchy, with staff knowledge often poor. Bleach for disinfection of paraphernalia was only being distributed in a third of prisons, and often at insufficient strength. While there was wide access to condoms, they were often distributed without lubricants. Opioid substitution therapy was shown to be far lower than demand indicated it should be, despite evidence that it improved observance and reduced dealing.

'France urgently needs a global harm reduction policy in prison settings,' he said.

Alternatives to punishment – pre-trial involvement

Germany and Russia widen their perspective

Harm reduction was not highly developed in German prisons, according to Isabel Maria Kessler of the Berlin Prosecution Office. Drug coordinators were involved at the pre-trial stage and much narcotic-related crime was likely to result in a suspended sentence while the offender was sent to an institution for treatment.

However a lack of needle exchanges in prison meant the rate of needle sharing was extremely high. While there were plans to enlarge substitution programmes, there was a lack of acceptance and knowledge of harm reduction principles among prison officials and a lack of awareness among prosecutors and judges, said Ms Kessler.

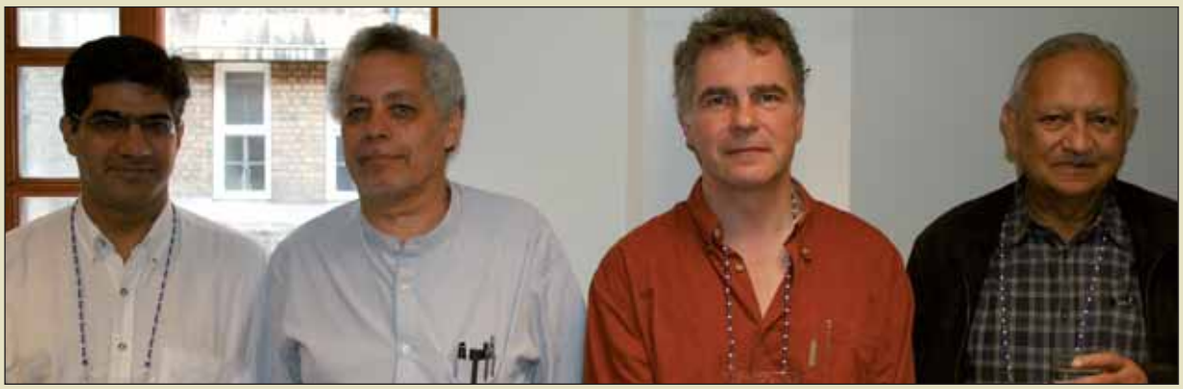
Outside prison there had been a promising development, through establishment of drug consumption rooms – a joint initiative of the departments of health, interior and justice, who had arranged for police not to stop and search users near these locations.

'The problem is that these rooms depend on the political situation and there's a lack of financial resources,' she commented.

Drug use and HIV rates in Russia could be linked to police practices, according to Ilze Jekabsone of the United Nations Office on Drugs and Crime (UNODC). Drug users frequently used unsterile equipment because they were afraid to carry around their own works for fear of physical and sexual violence from the police.

A drug referral scheme (DRS) was taking its cues from the UK system, and had the goal of making police allies in harm reduction using partnerships with drug agencies.

Time in the custody suite could be a key opportunity to offer arrestees help and access to



'Deciding the extent that a person's ethnic origins affected their drug taking could often say as much about the researcher as the subject.' Karim Murji

RACE PANEL: (Above, from left) Karim Murji, Neville Adams, Serge Bechet and Kazim Khan. Top right: Maret Miljan. Right: Atef Sherif.

drug treatment interventions, and as a means of reducing drug-related crime, she said.

While opiate substitution treatment was currently illegal in Russia, there was hope that the DRS would reach the most vulnerable injecting drug users missed by state service providers, including those with multiple convictions.

But the Ministry of Interior supported the DRS, Ms Jekabsone was concerned that they had other priorities, meaning it was in danger of being 'at the bottom of the pile'.

A sense of otherness

Drug users from ethnic minorities can be doubly disadvantaged

Being a visible minority and a drug user created a feeling of 'double otherness', Belgian psychologist Serge Bechet, who had experience of working in both a residential therapeutic community and an outpatient service, told delegates.

Bechet worked with drug users from the illegal immigrant community who often had to overcome severe hardship, as well as deal with negative attitudes displayed towards them by the local population. It was essential for workers to display an open-minded attitude and work closely with clients to truly understand their circumstances and needs, he said. 'We believe clients often know as much about the effects of both legal and illegal drug use as our medical staff.'

Deciding the extent that a person's ethnic origins affected their drug taking could often say as much about the researcher as the subject of the research, said Karim Murji from The Open University. Complex factors including wealth, age and social circumstances could contribute towards the reasons behind an individual's drug taking; deciding the extent that race fitted into this could be almost impossible.

The lack of consistent terminology, which often resulted in large diverse populations being grouped together under headings such as Asian, could be misleading, he said. While most people believed they understood the difference between white and Asian, they often didn't acknowledge the difference between people from different parts of Asia.

This was a view echoed by Neville Adams, who conducted research into ethnicity, drugs and the criminal justice system on behalf of the Connections project. Adams interviewed staff and prisoners in eight European countries as part of the research, and described race as 'hard to talk about, as the audience perception could differ radically'. He found that attitudes towards racial issues within criminal justice settings were improving, with 65 per cent of organisations having an equality policy, although the fact that 40 per cent of these couldn't produce a copy of the policy indicated that there was still a long way to go.

Building trust

Service user involvement offers two-way benefits

Service user involvement should be a two-way process – giving feedback to service providers helps them improve services and benefits those who use them, said Glenda Daniels of Oxford User Team. Yet service users often underestimated the importance of feedback. 'Be confident that you have the experience and the expertise that people need', she said. Professionals who made the decisions about services did not necessarily have that experience.

A prison worker involved with patient involvement at HMP Leeds described how user involvement helped get prisoners in the right mindset to engage with services when they left prison – but it depended on the active engagement of managers. 'I find myself chasing managers all the time to make them have service user involvement. It's about changing mindsets,' she said. As part of the Integrated Drug Treatment System (IDTS) in Leeds Prison, 30 prisoner healthcare representatives offered peer support, and she wanted to see this taken further: 'We would like to see them develop training on harm minimisation, overdose and safer injecting.'

The group also focused on using the technical expertise of prisoners to develop the CARAT team in a way that worked for both staff and prisoners. Using a panel of volunteers to interview candidates for a new position on the team, the prisoners were able to voice their needs alongside those of the institution.

Iain Cameron, chair of Belfast User Group, said 'it's important that when something does change you feed it back so people can see the change'. Trust between service users and professionals was key to developing services, but cooperation should not compromise the service user's ability to stand their ground, particularly at meetings. 'We pick the tame user, the user who knows how to behave themselves', said Iain Cameron. The trouble was, he said, 'before you know it, you can become an apologist for the service' he said, 'and nothing will bring your service down quicker'.

Cameron had experienced working in difficult circumstances against a background of paramilitary activity in Northern Ireland. By improving communication between service users and providers he had developed more productive partnership working to improve community relations, and in turn develop services.

Glenda Daniels recalled that the feedback from members of OUT was particularly helpful when they moved premises. Service users were anxious about visiting the new building because it also housed the staff responsible for Drug Rehabilitation Requirements (DRRs) and Prolific and other Priority Offenders (PPOs). Service users were nervous about coming into contact with staff who might recognise them, so a separate entrance was *Continued →*

Suitable accommodation on leaving prison is vital, Diana Hilton of Phoenix Futures (right, pictured with ex-client James) tells delegates. Above, Damon Barrett of IHRA.

arranged for them and police were asked not to wear uniform anywhere in the building.

'It's important that service users see the results of the feedback they give,' she said.

Protection on release

Methadone effective in reducing overdose risk

Figures on post-release mortality showed the risk of dying to be much higher in the first two weeks of leaving prison, according to a new report by the World Health Organization. 'Most of these deaths are related to the use of illicit drugs, and most of these are accidental and therefore preventable' said the document – because of 'relative abstinence during imprisonment', tolerance to drugs changed.

Michael Farrell, professor of addiction psychiatry, Kings College London, presented results of studies which showed up to 100 times higher risk of death in the early post-release period for drug users in an age and sex matched population comparison. Using opiate substitution methods in prison were shown to halve the risk of death upon release, he said.

A case study from Iran showed how harm reduction techniques could prevent more than post-release overdoses. When opium smokers were incarcerated, they switched to heroin as it was easier to smuggle, said Farrell. These new injectors were in a needle-sharing environment and naïve of the risks, which led to a huge rise in cases of HIV and other BBVs, he continued. When methadone substitution was introduced, new cases of HIV dropped and there were reports of fewer post-release deaths.

'There has been fairly systematic expansion of methadone treatment across prisons in Europe' said Farrell, but he suggested there was a long way to go before it became standard practice.

The WHO report said that there was evidence interventions such as opiate substitution could help to improve the situation. 'The right treatment for drug dependence in prison, the right information and training, and the right follow-up after release can decrease the number of deaths.'

The WHO report, *Prevention of acute drug related mortality in prison populations during the immediate post-release period* is available online at http://bit.ly/postreleasemortality

Moving on

Appropriate accommodation on release is vital

'In prison I found heroin,' said James, who was sentenced to 12 years for a fatal stabbing. 'I was taken into care at nine and used to rebel against any sort of authority. I'd committed all sorts of crimes.'

On release from prison he was faced with the stark choice of a hostel or going back to live with his family, virtually all of whom used drugs. 'I tried four or five different agencies for supported housing and kept getting knockbacks,' he told delegates. Eventually, however, he came to a Phoenix Futures programme. 'The support was a move-on point for me. I've totally changed from the person I used to be.'

Phoenix Futures had been providing drug treatment interventions in prison for ten years, its head of operations for English prisons, Diane Hilton, told delegates, but realised that suitable accommodation on leaving prison was essential. The organisation surveyed clients and staff and found that 85 per cent of offenders were being placed in hostel accommodation on release, and as a result it had now developed a new model to properly address the needs of clients.

Moving people straight into community tier 4 from prison brought with it a number of challenges, she acknowledged. 'One is risk assessment – some clients are deemed too high risk for residential care in the community, and there's still a lack of understanding between the sectors.' James, however, has been drug free for two years and is now an outreach worker helping to deter young people from a life of crime. 'Without the support I had I shudder to think where I'd be,' he said.

Helping prisoners back to work

Employment can help personal and social skills

One of the things uniting three schemes to help prisoners back into employment was the acknowledgement of the need to work with the person as a whole and improve their personal and social skills as well as help to rebuild family relations.

'Employment is the last step in the process,' Diana Castro from the VanGuarda project in Portugal explained to delegates. The project was rare in Portugal, as it allowed an NGO to work directly with prisoners. It offered prisoners opportunities to play sports, and gave access to newspapers and journals as well as practical back to work training and even advice on how to set up a business. Prisoners received support with identifying potential business ideas and writing business plans and family and friends were engaged as part of the scheme to help with market research and provide finance. Recent businesses under development included a garage and an art restoration company.

Liliya Khalabuda from Russia told delegates how she worked with prisoners to build social skills and increase their motivation to take a job. Often drug users had no experience of work, said Khalabuda, and they set unrealistic goals. The Russian scheme found that job training alone resulted in only 9 per cent of participants remaining in employment, while this figure rose to 39 per cent for those also receiving psychotherapy.

'Education and training need to be an integrated part of treatment,' explained Satya McBirne, from Foundation66. Three years ago McBirne established Horizon Training which had just delivered its first project. The project worked with business and education establishments to 'support confidence

'The Police Federation supports sensible drinking, but we can't lead on legislation or sentencing... It's hard to balance our role with targets. What do the public want from the police service?'

George Gallimore, UK Police Federation

'Drinking is an established part of British culture', said George Gallimore of the UK Police Federation (left). Above, Diana Castro from the VanGuarda project in Portugal.

and reintegration and to encourage clients to use their varied skills in a positive way'. The project understood some clients' concern over losing benefits and fears of relapse, said McBirne, who explained that the project was flexible. 'It's not all about jobs. Not everyone is ready for work and volunteering is a very important and useful contribution people can make.'

The jury's still out

Do alcohol brief interventions in the criminal justice system actually work?

While there was evidence for the effectiveness of alcohol brief interventions (ABIs) in GP settings, evidence for their use in other settings remained inconclusive, Paul Duffy of Liverpool John Moores University told delegates in the *Last orders: what next for alcohol?* session.

His department had carried out extensive research into the use of ABIs within criminal justice, he said, and found evidence from a UK perspective to be 'quite thin'. 'I have a concern that, despite lack of evidence, ABIs seem to be flavour of the month in the criminal justice system, especially those delivered in custody suites,' he said.

For initiatives to work it was vital to get buy-in from the police at an early stage, he said, and keep the referral process simple. 'If it's complex and lengthy then you risk initiative fatigue. And if you're going to have someone in the custody suite, then the workers need appropriate clearances – it seems obvious, but people do forget.' It was also essential to make a realistic assessment of likely client numbers, he said – 'don't pre-set targets if you're not sure'.

Perhaps the key issue, however, was client motivation. 'That's the difference between a criminal justice setting and a health setting – they're doing it because they've been arrested, not because they've decided to.' This raised issues of informed consent, while the timing of sessions was also extremely important. 'There's no point doing an ABI if the client's hungover, still drunk or was in a fight the night before – they're not going to engage. In most of the schemes we looked at, the intervention was also quite formulaic and concentrated on basic things like the alcohol content of drinks without going wider and looking at family and employment issues.'

Among the barriers to evaluation were that commissioners wanted 'the right answer, not the accurate one' he said, as a good deal of political will had been put into implementing ABIs in the criminal justice system. Most schemes were being delivered before an evaluation had been considered, he said.

'Findings to date regarding offending rates are not encouraging,' he told the conference. 'Findings regarding reducing alcohol consumption are more encouraging, but they're still inconclusive. The evidence from primary care settings is that 15-minute sessions work, and the assumption has been that it would therefore work in this new setting. These schemes are happening pretty much everywhere, and there isn't really the evidence base in this country to support it.'

Mind the gap

Policy makers need to be aware of the vast unmet needs of prisoners with alcohol issues

The alcohol problems of UK prisoners constituted an 'unmet need', Sigrid Engelen of HM Inspectorate of Prisons told the conference. In 2008/09, 19 per cent of prisoners had reported alcohol problems on arrival in prison, she said, rising to 30 per cent in the case of young adult prisoners. However, this was based on self-reporting and therefore 'almost certainly' an underestimate. 'Prisoners with alcohol problems are more likely to be high risk offenders and yet at every stage in prison their needs are less likely to be met than prisoners with drug problems.'

Services were limited and dependent on local funding, she said, and there was a lack of specific interventions such as structured treatment. 'We did see some local initiatives but they were fragile.' However, NOMS was now developing a new alcohol strategy and a review of CARATs could potentially see alcohol included in its remit in some areas. Action was urgently needed to address 'the gap between the needs of prisoners and the services that exist to support them', she said.

Feeling the Force

Police are at the frontline of alcohol-related violence

'Drinking is part of the established British culture – it's what the Brits do best', said George Gallimore of the UK Police Federation. But while alcohol was not considered harmful in moderation, frontline police officers had to routinely face the full impact of its influence on half of all street and violent crime.

Although responsible for thousands of deaths, it was the massive problem that everyone ignored, he said. With one in four people drinking above harmful levels, British companies were losing around £25m in productivity a year.

'The cost of a night out is more than a lot of people bargain for,' he told the conference, while sporting events such as football matches presented regular and accepted opportunities to binge.

Town centres required a disproportionate amount of policing. 'The Police Federation supports sensible drinking, but we can't lead on legislation or sentencing,' he said. 'It's hard to balance our role with targets. What do the public want from the police service?'

While education was the real key to long-term success, it was vital to come up with new ideas on tackling alcohol problems, he said.

WHO'S FOO

The sector must face up to the fact that children need supporting just as much as drug-using parents, heard delegates at KCA's Hidden harm conference in London. **David Gilliver** reports

'If the use of drugs and alcohol is problematic and unstable, then parenting cannot be of an appropriate quality,' head of STRADA (Scottish Training – Drugs and Alcohol), Joy Barlow, told the KCA/Adfam *Hidden harm – families, drugs and alcohol conference*. 'We have to stop fooling ourselves, and fooling parents, that it's okay to be chaotic and unsupported and carry on a parenting role.'

She opened her presentation by quoting WH Auden's *Musée des Beaux Arts*, which describes how suffering 'takes place/ While someone else is eating or opening a window or just walking dully along' and 'how everything turns away/ Quite leisurely from the disaster.' Until recently the sector had been turning away from the suffering of children, she told delegates.

Parents provided security, reassurance and certainty, she said – 'this is what's important about being a parent.' However, until the turn of the 21st century, most treatment – and wider – services had failed to understand the impact of parental drug and alcohol misuse on children. The lived experience of these children was one of fear, stigma, role reversal, disrupted schooling and potential early exposure to drug-related criminality and violence, among countless other things, she said. Children came second to the 'acquisition and taking of the substance,' and neglect was 'material, medial and physical'. 'I just wonder how many children are still completely below the radar. These children's lives are confusing and unreliable – they're frightened and it's a very lonely world.'

On the question of safeguarding children it was important to remember that 'we can't always get it right, and we need to be realistic about what we can achieve'. Safeguarding required a multi-agency response, with the processes and mechanisms to support that, and attitudes and values were also vital, she said. 'We need a genuine understanding of each other's procedures and practices at every level – we shouldn't make assumptions.'

The mantra of putting the child at the centre of practice was easier said than done, she acknowledged. 'We don't want to say "you have to do all the jobs", with drug and alcohol workers becoming social workers and child protection staff, and vice versa. It's about everyone understanding their roles and responsibilities. An individual's journey to recovery is what we should all be hoping and praying for, but it might take a long time. If it is protracted and involves relapse, what about the children?' Services also needed to make the most of 'protective factors' like non drug-using parents, supportive teachers and the innate resilience of children, she said.

The need for a cultural shift was clear, she stressed. 'We need to shift minds and engage with the potential damage to children. Some parental behaviour is intrinsically dangerous to children, and services sometimes say that rather less than the people with whom they're working. We need a more stringent dialogue – we've got to try and prevent the disaster.' This would require close support and supervision of staff along with resource-intensive interventions, and it also obviously raised issues of 'ethically fraught decision making'.

When it came to these decisions, professor of mental health research at the University of Bath, Richard Velleman, told the conference that 'some people argue that if parents have serious drug and alcohol problems then the best outcome is to remove the children. I disagree. Our job is to try as hard as we can to make the family as okay a place as possible for the child to grow up in.'

It was not as though there was a 'wonderful alternative', he told delegates, as children growing up in care had worse outcomes than children growing up in families with drug and alcohol problems. Services needed to focus on known risk factors like violence, family disharmony and parental conflict, he said – good parental interventions were the ones that targeted these as well as positive factors such as non drug using parents and other adult figures inside or outside the family.

'We can work with non-problem family members and there is almost always some way to improve family functioning,' he said. 'Research shows that working directly with those concerned about someone else's substance misuse problems can help them engage in treatment.' It was 'a myth' that family members could not influence people to change, he said, with relapse much less common when the family was involved in treatment. 'Protective factors work because they provide attachment and security, which are key elements that lead to resilience,' he said. Children who lived with parents where one or both parents had a serious substance misuse problem were 'at risk' of developing problems, but it was not 'a foregone conclusion'. 'We know what works in terms of programmes that develop resilience in children.'

Maternity services could be an important opportunity to engage with women, said research associate at the University of Kent, Polly Radcliffe, who had carried out a survey of women with a history of drug misuse and their experiences of maternity services, interviewing 24 women across three hospital trusts.

'There's a clear link between non-judgmental attitudes of staff and successful engagement of drug users with maternity services,' she told delegates. Sense of self was very important for the women, as the very fact of being on a hospital ward after giving birth presented real problems in terms of their identities. 'They become objects of suspicion,' she said. One of the narratives the women were battling was that of the 'irresponsible junkie mother prioritising drug use over her children's welfare,' she said, a story often played out in the media.

Mothers came in for 'quite a lot of moral stick' regardless of drugs issues, she told delegates. 'There's such a big cultural value associated with motherhood – everyone's got something to say about mothers, and women substance misusers are much more stigmatised than their male counterparts. The risks associated with substance misuse in families make families very visible – it's hard to conceal drug use from services.'

Some workshop participants, however, felt that in some ways the stigma worked both ways and extended to social services, with a perceived sense among many women service users that 'once they get involved, that's it', with their children at real risk of being taken away. 'Services in hospital and in the community need to be designed to counter stigma,' said Radcliffe. 'Professionals are "moral entrepreneurs" – they can either engage and see the efforts people are making or they can fall back on old "drug user" labels, which at best are counterproductive and at worst can be very damaging.'

Kathrin Houmøller of the centre for research on drugs

LING WHO?

and health behaviour at the London School of Hygiene and Tropical Medicine shared the findings of another research project, 'Family Life', which focused on the process of coping among children. The project had interviewed 50 young people aged 10-18 – with an average age of 13 – and 29 parents, and found that 'love and care was definitely something the children struggled with in relation to their parents' substance misuse – it wasn't something we asked about, it just came up.'

The children talked about unconditional love, but also felt that their parents didn't care for them when they were using drugs, she said. Some of the children had actively withdrawn their love as a way of expressing anger and frustration, although this was not something they were able to maintain over time. 'It feels morally wrong to turn away from their parents. They continued to invest a lot of time and energy in loving their parents and excusing their parents' lack of care – 'it's a reinterpretation of what love and care can mean'. Navigating harm over time was a learning process, she said, a balancing act between caring for family and caring for themselves. 'Family relationships are dynamic and shifting. Young people's coping is intertwined with other family members and how they are positioned in relationship to each other' – for example, the need to care for younger siblings.

Safeguarding was 'everybody's business', the NTA's head of delivery (south) and national lead for families and young people, Lynn Bransby, told delegates. 'It's a cultural shift for the sector to see that their responsibilities are not just to adult service users in their own right, but also to their children.'

What was needed were local systems of support and reintegration for drug users and their families that were in place right from the start of treatment, she said. 'The sector is actually not bad at recognising when there is serious harm or neglect. But what we're interested in is looking at the threshold for children who could be supported before they get to that stage.'

Frontline workers needed keen and up-to-date knowledge of what to do when confronted with someone who needed support, she said. 'We need to avoid what we see so often in serious case reviews – buck passing and fear of being left holding the baby.' 'Families with multiple problems' were a stated national priority for the coalition government, she said, and the new emphasis on localism meant that partnership-level advocates were needed to make the case locally.

'The opportunities are here for a shared ownership of the problem and for earlier interventions – to prevent the deterioration of family life and to buttress parents for when things get tough.'

'We have to stop fooling ourselves, and fooling parents, that it's okay to be chaotic and unsupported and carry on a parenting role.'

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The Conwy and Denbighshire Community Safety Partnerships' Substance Misuse Action Team wish to invite expressions of interest from suitably qualified Service Providers for the performance of the following contract:

To provide a Children and Young Peoples Substance Misuse Service within the Counties of Conwy and Denbighshire. The Service Provider will be expected to deliver a range of substance misuse services to children and young people including a Tier 1 Universal Education Programme, a Tier 2 Prevention and Early Intervention Service, a Hidden Harm Service and a Tier 3 Structured Treatment Service, as well as linking in with Tier 4 services.

The Contract will be awarded for 3 years with an option to extend, with a planned start date of 1st April 2011.

The tender process will follow the restricted procedure.
The Pre-Qualification Questionnaire (PQQ) will be evaluated on the basis of: Financial Appraisal, Previous Experience and Specialist Skills, Proposal Specific Information, Capacity and Commercial Aspects, Quality Assurance Methods, Policies and Procedures.

Expressions of Interest by formal request should be sent to:
Lynne Vincent, Contracts Officer, Conwy County Borough Council, Town Hall, Lloyd Street, Llandudno, LL30 2UP. Telephone 01492 574127, email lynne.vincent@conwy.gov.uk ***no later than 12 noon on Monday 2nd August 2010****.*

Following which the PQQ and briefing document will be sent to the Service Providers who have expressed an interest in this Contract.

The closing date for completed PQQ submissions is:
12 noon Monday 13th September 2010.

This advert is also placed on **www.sell2wales.co.uk**

BOURNEMOUTH 2026
Working together for a better future

Bournemouth Children's Trust

Register an Interest in receiving Expressions of Interest for the Provision of a Young Persons' Specialist Substance Misuse Treatment Service

Bournemouth Drug and Alcohol Action Team, hosted by Bournemouth Borough Council invite suitably experienced, qualified and established organisations who wish to register their interest in expressing an interest in delivering a Specialist Substance Misuse Treatment Service for individuals with a drug and or alcohol related problem that are resident within Bournemouth.

To register your interest in receiving details of the formal expression of interest, which will be advertised on the Bournemouth Borough Council website in August, please respond in writing quoting 'DDN' to the address below:

Lisa Slade, Contracts Officer, Children's Strategic Services,
Bournemouth Borough Council, Town Hall, 3rd Floor Extension,
St Stephen's Road, Bournemouth BH2 6LL
Tel: 01202 458825
Email: lisa.slade@bournemouth.gov.uk

The closing date for registering your interest will be Friday 30th July 2010.

Addictions Counsellor

£27k + pension

Make a difference in a dynamic caring environment. *Life Works* in Surrey is a private residential treatment centre for addictive disorders. The ideal candidate will be master level trained, experienced in addictions and mental heath treatment and able to offer excellent clinical skills in group, individual and family counselling. 12 step and CBT a bonus. ***Please send CV and letter to abore@lifeworkscommunity.com or visit our website for more info.***

Rated 3 Star *'Excellent'* by the Care Quality Commission

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forward LLP

Forward is a limited liability partnership between, The Kenward Trust and KCA. Kenward trust is a small Charity with a big reputation for providing highly skilled and specialist Alcohol and other Drug misuse services, which offer our clients the opportunity to live life differently and reach individual potential. Due to the opening of this new service we have some exciting opportunities available. We are looking for focused individuals, with a passion for the recovery process and a client centred approach to come and join our friendly team.

DETOXIFICATION MANAGER/PRINCIPLE THERAPIST

SEVENOAKS

You will be ambitious and not scared of a challenge! This role is for a new partnership project opening to provide much needed inpatient Detoxification services, combined with therapeutic interventions. This role is unique and exciting; you will need proven management experience along with nursing and counselling qualifications. You will be an experienced professional looking for a new challenge and be responsible for the therapeutic workers which will cover as 24/7 shift pattern.

THERAPUTIC WORKER

SEVENOAKS

This is an exciting opportunity to be part of a new partnership project offering inpatient detoxification with therapeutic interventions such as counselling and groupwork as part of this project. The project is set in beautiful surroundings and you will work with a complex and diverse client group addressing their addiction issues at the very first stage of the treatment journey. You will need to be enthusiastic and ambitious with a passion for substance misuse work; ideally you will be an accredited counsellor or working towards your accreditation. There are various shifts available with flexible working/job share opportunities.

THERAPUTIC WORKERS

NIGHTS – SEVENOAKS

The Therapeutic Night Worker will be passionate about our service users and be equipped to assist them practically as well as emotionally in what is a difficult time. You will be working alongside nursing staff and be responsible for the safety and security of the project and its residents throughout the night. Applicants must have a professional outlook, be able to work on their own but also as part of a team, and cope with the demands of a pressurised detox environment. Ideally, you will have had some previous experience in a night role or night working or be embarking on a change of career such as counselling/social care. This role will allow you to start using some of the tools you will be learning. There are various opportunities and nights available.

If you are interested in our work or would like a more up to date view on vacancies please contact us. For a full application pack or an informal discussion on any of the above roles please contact: **Sam Skinner, personnel manager Tel. 01622 814187 or email: sam.skinner@kenwardtrust.org.uk**

Please note that all applicants must be sympathetic to the Christian Ethos of the Trust. Posts are subject to an Enhanced Disclosure check from the Criminal Records Bureau.

Closing date for all posts is 23rd July 2010.

We are committed to Equality of Opportunity for everyone

To lesson the impact on the environment, applicants will not be contacted unless short listed for interview, if you are not contacted within 2 weeks of your application, then your application has been unsuccessful on this occasion.

KENWARD TRUST

Kenward trust is a small Charity with a big reputation for providing highly skilled and specialist Alcohol and other Drug misuse services, which offer our clients the opportunity to live life differently and reach individual potential. Due to the opening of this new service we have some exciting opportunities available. We are looking for focused individuals, with a passion for the recovery process and a client centred approach to come and join our friendly team.

GROUPWORKER/KEYWORKER

Part Time (24 hrs) – based at The Wealden Centre, Tonbridge

You will be working as part of a project team and as such must be a team player. We are looking for people who are passionate about clients achieving their goal of abstinence through a day programme. Applicants must have a 'can do' , flexible, professional client centred approach, able to be an active part of a team, cope with the demands of clients and maintain a sense of humour. As an 'ideal' you will need a qualification in counselling such as a diploma and/or a qualification in groupwork, previous experience would be advantageous.

COMMUNITY DETOX NURSE PRACTITIONER

Full Time (40 hrs) – based at Gravesend, Kent
Job Share may be considered

You must be able to contribute to the establishment and ongoing provision of a range of community detox services within West Kent, including substitute prescribing and shared care with the aim of reducing alcohol related harm. You should be prepared to work in a comparatively unstructured situation and have an ability to respond quickly to changing needs and circumstances. Applicants must be a team player with a flexible 'can do' attitude. Experience in detox nursing is essential.

STRUCTURED PSYCHOSOCIAL INTERVENTIONS WORKER

Part Time (28 hours) – based at Gravesend, Kent

Applicants will be responsible for the development, promotion, and delivery of the Service, ensuring all client assessments are delivered and assist the service user with the aim of remaining healthy with support. You will be a team player with a 'can do' attitude. Experience in this field is essential.

Closing date for all posts is 23rd July 2010.
Interview date tbc.

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