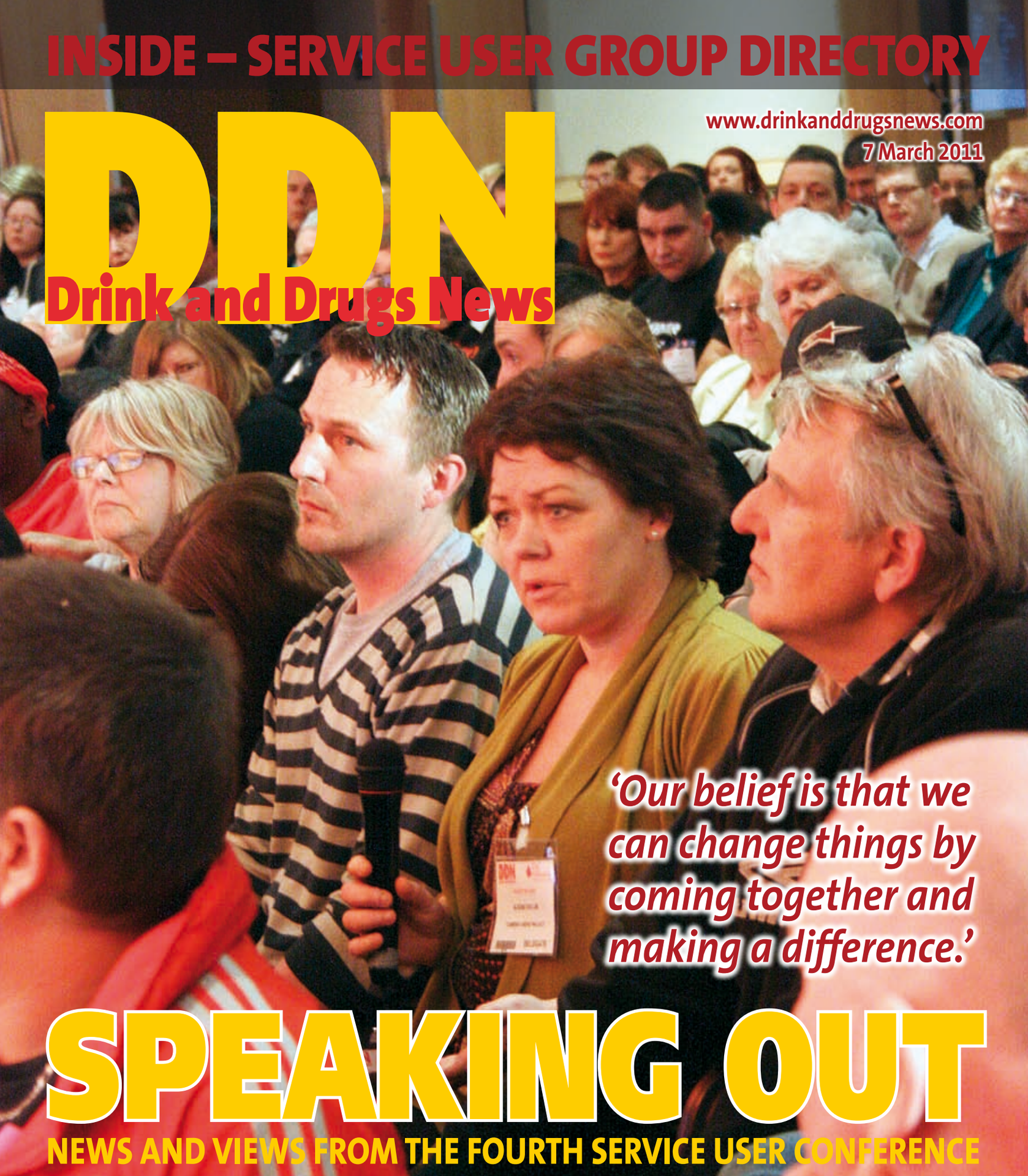
INSIDE – SERVICE USER GROUP DIRECTORY

DDN
Drink and Drugs News
www.drinkanddrugsnews.com
7 March 2011



'Our belief is that we can change things by coming together and making a difference.'

SPEAKING OUT

NEWS AND VIEWS FROM THE FOURTH SERVICE USER CONFERENCE

BAC Safety

HOW DRUG-FREE IS YOUR SERVICE?

HOW SAFE ARE YOUR STAFF FROM NEEDLE STICK OR OTHER INJURIES?

BAC Safety specialise in training in the search and detection of drugs and/or alcohol. We understand the need to provide an environment that is based on trust and honesty, but most importantly, we understand addiction, its cunning and baffling behaviour and the lengths some individuals will go to, to stop that craving.

WE UNDERSTAND YOUR ABSOLUTE "MUST DO'S"

- ✔ Ensuring drugs do not get onto the premises
- ✔ Avoidable discharges, particularly within a PbR system
- ✔ Avoiding drug-abuse related risks, such as aggression and its impact on other clients
- ✔ Eliminating needle stick injuries
- ✔ Maintaining a drug-free, safe environment

AND WE UNDERSTAND WHAT HAPPENS IF YOU "DON'T DO"

At BAC Safety, our mission is your peace of mind and we aim to ensure that your staff are trained to the highest level and able to respond in a professional and appropriate manner to:

- ✔ Spot tell-tale signs around the unit of possible hidden drugs
- ✔ Ensure that drugs do not get onto the unit via visitors, luggage or mail

BAC Safety will provide you, the employer with peace of mind to ensure:

- ✔ Safe and secure conditions for staff and clients
- ✔ The training & tools to ensure staff avoid needle stick and other injuries

"I was admitting a client to detox and thought to myself, slow down, Phil, remember your BAC Safety training. Thank goodness I did, because the 3rd pocket had a needle in it covered in blood." *Phil Bowman, Support Worker, West Midlands*

www.bacsafety.com **email: enquiries@bacsafety.com** **telephone: 07581 345872 or 07815 497366**

BAC Safety

DDN Drink and Drugs News

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Website:
www.drinkanddrugsnews.com
Website maintained by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover: JellyPics

Editorial – Claire Brown

Seizing the day

Action from our fourth service user conference

We came back from *Seize the Day!* on a high. Many more questions had been asked than had been answered, but everyone seemed to agree that the spirit of solidarity this year was a force to be reckoned with. The discussions were mature and focused and the issues brought to the conference sessions deserved answers – our coverage of the event in this issue of the magazine is just a start.

We've had a lot of feedback that delegates appreciated Andrew Selous MP's undivided attention – not just during the conference session, but afterwards, when he stayed for a long time answering questions and hearing concerns. He said attending the conference was an education, and promised to take issues raised back to the House of Commons. We'll be chasing for a progress report.

More than anything, we soaked up a spirit of camaraderie among delegates and a keeness to learn from colleagues in other areas of the country. Service user groups have greater confidence now than ever before and this shone through, not least in the group exhibition area where there was evidence of real integration with DAATs, services and local planning groups. All power to our service users up and down the country!

This issue

FEATURES

REGULARS

CENTRE-PAGE PULL-OUT: THE SPRING 2011 NATIONAL SERVICE USER GROUP DIRECTORY

THROUGHOUT THE MAGAZINE: JOBS, COURSES, CONFERENCES, TENDERS

News in Brief

NALOXONE TRIAL APPROVED

The Medical Research Council has approved a pilot trial of naloxone – which can reverse heroin overdose – in UK prisons. Injecting drug users are more than seven times more likely to overdose in the first weeks of release from prison than at other times, and the N-ALIVE trial will investigate the number of lives that could be saved by giving naloxone to prisoners with a history of heroin use on release. A total of 56,000 participants will be recruited from prisons in England for randomised trials, with recruitment scheduled to begin early next year.

'DESIGNER' DANGERS

The proliferation of 'designer drugs' is escalating 'out of control', according to the International Narcotics Control Board's (INCB) annual report. Manufacturing drugs by slightly altering the molecular structure of controlled substances means drug laws can be circumvented, and INCB wants to see governments use 'generic scheduling' to control entire groups of substances, as the UK government did by banning mephedrone and its related compounds (*DDN*, 26 April 2010, page 4). 'We urge governments to adopt national control measures to prevent the manufacture, trafficking in and abuse of these substances,' said INCB president Hamid Ghodse. *Available at www.incb.org*

FUNDING FEARS

A new briefing on Supporting People funding has been produced by a group of 14 organisations, including DrugScope, Mind, Crisis and Revolving Doors. The briefing includes a set of questions for local authorities as they 'make difficult decisions' about services. The organisations have come together out of a common concern that services are being put at risk. *Available at www.drugscope.org.uk*

FAMILY FINDINGS

A new discussion paper, *Family support in times of economic hardship*, has been issued by Adfam. Based on an online consultation with family members and an expert seminar, the document includes a list of recommendations for services and policy makers. *Available at www.adfam.org.uk*

YOU'VE BEEN FRAMED

Framing the future, an exhibition of art by WDP clients will be shown at Putney Arts Theatre from 8-19 March. 'Tapping in to creativity and enabling expression can help to positively fill the void many people feel when giving up drugs and alcohol,' said WDP chair Yasmin Batliwala.

Double alcohol investment to save billions, says charity

Rates of alcohol-related hospital admissions are set to increase to 1.5m a year by the end of the current parliament if the government does not invest in alcohol services, according to a new report from Alcohol Concern. The total cost to the NHS would stand at £3.7bn, warns *Making alcohol health a priority*.

The number of alcohol-related admissions has doubled to 1m since 2002, bringing the annual cost to £2.7bn a year. 'If the 100 per cent rate of increase continues, it will waste billions of pounds', warns the report. A doubling of investment in alcohol services would mean savings of £1.7bn a year for the NHS, it says.

Alcohol Concern wants to see alcohol health workers in every hospital, GP practice and A&E unit, a move that would save £3 for every pound invested, it says. Liver disease is now the fifth most common cause of death in England, and alcohol has become the second biggest risk factor for cancer after smoking. 'Whereas successful action has been taken to reduce rates of smoking and illegal drugs, successive governments have failed to act decisively in treating the country's drink problem,' said chief executive Don Shenker. 'With the prime minister saying that NHS is becoming "increasingly unaffordable" we can show how billions can be saved simply by introducing alcohol health workers in hospitals to help patients reduce their drinking.'

The charity is also calling for alcohol displays in supermarkets to be confined to a single area, after its research found discounted alcohol displayed on food aisles, directly inside store entrances and at checkout areas in a range of high street supermarkets. Examples included 'wine on sale next to soft drinks and fruit juice, bottles of spirits alongside bread and tea, cans of cider next to the hot chicken counter, and bottles of champagne next to the milk,' says *Out of the way? Alcohol displays in supermarkets*, the result of a 'snapshot survey' of Sainsbury's, Tesco, Morrisons and Asda.

The organisation also wants to see more effort on the part of retailers to provide prominently-displayed alcohol health warnings. 'It's now common practice to sell wine next to ready-meals for example, pushing the idea that a relaxing meal should be accompanied by an alcoholic drink,' said Mr Shenker. 'Such practices promote alcohol as a normal commodity, like any other type of food or drink. They help to fuel a drinking culture in England where one in four are already drinking at levels that are harming their health.'

Meanwhile, new guidance on how the NHS should diagnose, assess and treat alcohol dependency has been issued by the National Institute for Health and Clinical Excellence (NICE). More than 1m people in England are dependent on alcohol, yet just 6 per cent receive treatment, says NICE. The World Health Organization's *Global status report on alcohol and health* also calls for more action from governments worldwide to address the effects of harmful alcohol consumption. More than 6 per cent of male deaths globally are alcohol-related, it says, compared to just over 1 per cent of female deaths.

The report places the UK at number 16 in the in the worldwide table of per capita amounts drunk by those aged over 15, at 13.4 litres of pure alcohol per year, while an article in the *Lancet* by leading doctors Professor Ian Gilmore, Professor Chris Hawkey and Dr Nick Sheron claims that unless the UK government takes strong action to tackle alcohol misuse, up to 250,000 people could die of alcohol-related causes over the next 20 years. Alcohol industry body The Portman Group said the creation of 'doomsday scenarios' was not 'in anyone's best interests'.

Alcohol Concern reports at www.alcoholconcern.org.uk
WHO report at www.who.int
NICE guidance at www.nice.org.uk

Youth treatment yields major savings

The 'immediate and long-term' benefits of specialist drug and alcohol treatment services for young people are significantly greater than the costs of providing them, according to a new report published by the Department for Education (DfE).

Specialist drug and alcohol services for young people – a cost benefit analysis estimates a 'conservative' benefit of between £4.66 and £8.38 for every pound spent.

DfE commissioned Frontier Economics to carry out the analysis, looking at both costs – the amount spent in total and per person – and benefits, measured as reductions in the economic and social costs of drug and alcohol misuse. Immediate crime and NHS costs were measured alongside longer term expenses associated with young people becoming problematic drug or alcohol users, with the report estimating immediate crime costs at just under £110m a year. Around 24,000 young people received specialist drug and alcohol treatment in the UK in 2008-09, mainly for alcohol or cannabis misuse.

'Heavy use of cannabis or alcohol can lead to exclusion from school, family breakdown and crime,' said NTA chief executive Paul Hayes. 'For those teenagers who seek help, substance misuse is usually one of a range of problems causing difficulties in their life, which is why treatment services must work with partners in youth services to offer a range of support. This research shows their efforts pay dividends for society as well as benefiting individuals, and underlines the importance of maintaining investment at local as well as national level.' DrugScope said the report made a 'compelling and robust' case for continued investment.

'Not only will cuts in services have a negative impact on vulnerable young people, the research confirms that greater costs are likely to be incurred in terms of crime, unemployment and poor health,' said chief executive Martin Barnes. 'It is far easier to prevent young people from developing problems at an early stage that it is to treat adults with addiction issues.'

Report available at education.gov.uk

Government to offer cash recovery incentives

The government plans to revise the formula for distributing drug treatment budgets to include an additional incentive based on how many people successfully recover from dependency, the NTA has announced. The incentives are being developed in parallel with the six payment by results (PbR) pilot schemes, scheduled to launch later this year (DDN, 17 January, page 4).

The new formula will come into effect in 2012, when the NTA becomes part of Public Health England and responsibility for commissioning drug and alcohol treatment shifts to local directors of public health (*DDN*, 6 December 2010, page 4). The allocations will be 'based on the completion outcomes delivered by individual partnerships in 2011/12' says the agency.

The NTA has also published full funding details for 2011/12, with the adult and young people's pooled treatment budget (PTB) allocations remaining unchanged at £381.3m and £25.4m respectively. The budget for prison-based treatment will also remain unaltered, but the total treatment allocation of around £570m is down by around 1.6 per cent on last year as a result of reductions in DIP funding. The size of the budget represented 'a substantial commitment' by the government at a time when other services were facing drastic cuts, said NTA chief executive Paul Hayes, but warned that the greatest threat was the potential for disinvestment at local level. 'With the impending abolition of PCTs and severe budgetary pressures on local authorities, there is legitimate concern across the treatment field that the funding traditionally provided locally will be squeezed.'

DrugScope called the funding allocation 'very good news' but warned that proposed rewards based on numbers completing treatment needed careful thought to avoid 'perverse incentives' such as clients being pressured to leave treatment before they were ready or services discriminating against those with more 'entrenched' problems or multiple needs. The charity also shared the NTA's concern about the risk of local authorities failing to prioritise drug and alcohol treatment, and warned of the impact of the wider cuts agenda.

'Good quality drug treatment is an integral part of supporting recovery, but achieving recovery and improving outcomes also requires continued investment in – and access to – a range of other local services,' said chief executive Martin Barnes. 'The ambitions of the drug strategy require, for example, the availability of decent, affordable accommodation, family support services, money and debt advice and training and employment opportunities.'

Meanwhile, the NTA has announced the 16 local areas in England that have been shortlisted as potential PbR pilot sites. They are Bracknell Forest, Enfield, Kent, Lancs, Lincs, Middlesbrough, Oxfordshire, Staffs, Stockport, Surrey, Wakefield, Wigan and Wirral. The six successful sites will begin co-designing the pilots next month, with the intention that they are up and running by October.

The NTA has also announced the reappointment of board members Alison Comley, Peter McDermott and Dr Gabriel Scally, along with chair Baroness Massey, for the transition period before the agency's functions are transferred to Public Health England.

Welfare Reform Bill sees light of day

The government has launched its Welfare Reform Bill, which it calls the 'biggest shake up of the system for 60 years'.

The bill's provisions will replace 'the patchwork of benefits and credits' with a single universal credit, and the government will also introduce new powers to tackle welfare fraud by next year, including the threat of a three-year benefit ban for repeat offenders.

The bill 'shows what is expected of claimants while giving protection to those with the greatest needs', the government states, but controversial plans to reduce housing benefit by 10 per cent for people on jobseeker's allowance for more than a year have been dropped. The reforms would 'end the absurdity of a system where people too often get rewarded for doing the wrong thing', said work and pensions secretary Iain Duncan Smith, putting 'work, rather than hand outs, at the heart of the welfare system'. The bill has its second reading in the House of Commons this week (9 March).

Andrew Selous MP and Niamh Eastwood of Release debate the proposals at Seize the Day! on page 8.

Drought dangers: A poster alerting people to the risks associated with the current heroin drought has been produced by Mike Linnell of the Lifeline Project. Heroin users have been warned that shortages of the drug mean that it is far more likely to have been cut with unknown bulking agents, leading to lowered tolerance and an increased risk of overdose when heroin becomes more freely available (*DDN, 7 February, page 6*). Mike Linnell also created Lifeline's acclaimed *Mr Mange Goes Over* animated short, warning of the risk of overdose among older long-term heroin users (DDN, 7 September 2009, page 14).

News in Brief

WELSH WALK

The first ever Welsh National Recovery Walk will take place in Cardiff on 10 September, supported by the UK Recovery Federation, UK Recovery Academy and Cardiff County Council. 'The walk would 'go a long way towards countering the considerable amount of prejudice, discrimination and stigmatisation of people with addiction and mental health problems that still exists in society,' said chair of the walk's event committee, Wynford Ellis Owen. *To register email welshrecoverywalk@gmail.com*

CANNABIS CONCERNS

The controversy over whether cannabis use can increase the risk of psychotic outcomes in young people has been reignited by a new study published in the *BMJ*. A ten-year follow-up study of nearly 2,000 14-24 year-olds in Germany concluded that 'cannabis use is a risk factor for the development of incident psychotic symptoms' and could 'increase the risk for psychotic disorder by impacting on the persistence of symptoms'. The association was independent of age, sex, socioeconomic status, use of other drugs, environment and childhood trauma, states the report. The research found that cannabis use preceded the onset of psychiatric symptoms in young people with no history of psychotic experiences.

FREEDOM FOR NOREEN

BAC O'Connor chief executive Noreen Oliver has become the first woman to be awarded freedom of the Borough of East Staffordshire, in recognition of her 'eminent service to the local area'. 'This is a great honour for me and for everyone that works tirelessly to help people with drug and alcohol dependency issues,' she said. *See DDN, 7 February, page 20 for a profile of Noreen Oliver.*

JOINING UP

A new strategy outlining a partnership approach to tackling drug and alcohol misuse in Edinburgh has been launched by community safety MSP Fergus Ewing. The Edinburgh Alcohol and Drug Partnership (EADP) will enable organisations to have a 'common approach'. *edinburghadp.co.uk*

WOMAN'S DAY

Tomorrow (8 March) marks the 100th International Woman's Day. *DDN* will be marking the occasion in our next issue with a major feature on Dristi Nepal, an organisation for female Nepalese drug users and those living with HIV.

DOING IT FOR OUR

The fourth annual DDN/Alliance service user involvement conference *Seize the Day!* kicked off with an inspirational look at how groups were achieving maximum results with minimum funding

There was no need for service user groups to go cap-in-hand to external agencies as they could create dynamic, powerful organisations simply through thinking creatively and making full use of their contact networks. That was the message of *Seize the Day!*'s opening session, *Survival of the fittest!*

'I'd like to point out that we haven't spent a single penny – because we didn't have any money to spend,' said Tim Sampey of the London User Forum. 'It's all about cutting deals, and I think it's is a model that can be adapted elsewhere. It's free, it's fast, it's all about networking.'

The forum had been put together by the NTA around ten years ago, he told the conference, and had been 'brilliant, dynamic, combative and disorganised'. However, when a letter arrived from the NTA announcing its cancellation, forum members decided to go it alone (*DDN*, 13 September 2010, page 10). They began phoning and emailing everyone they knew, calling in favours and saying they wanted to bring the forum back to life. 'Our basic principle was "let's just go as fast as we can and to hell with it",' he said. 'We were working on the principle that the treatment system exists for us, and we wanted to rebuild the forum – but not under someone else's control.'

Members were determined that everyone should be involved, however – service users, providers, DAATs and government agencies. 'We wanted to get away from that old "us versus them" attitude. We thought "service providers and DAATs have got the cash and the premises, we've got the contacts – let's do it together. We'll set the agenda, organise it and publicise it across London".'

A steering committee was established, with service user coordinators and leads represented alongside service providers, DAATs and others – 'for the first time we weren't fighting, we were working together'. Once one service provider had agreed to provide premises for free it was easy to get others to go along – 'we'd say "you don't want to look bad"' – and the first of the new forums soon took place, focusing on peer-run evening and weekend services, with a second on families and changes to the benefits system not long after. 'The subjects are decided by service users – it's what's important to them,' he said. 'I'd like to illustrate our approach with a quote I really like: "a snowflake, like a service user, is one of God's most fragile and unique creations. But look what we can do when we stick together".'

North of the border, service users had decided to channel their frustration at feeling as if they had no voice into constructive action, said Annemarie Ward of the UK Recovery Federation (UKRF). Although the Scottish government was 'ahead of the game' when it came to policy, service providers had often been resistant to change, she said, with research showing that more than 60 per cent of Scottish drug users had not been seen by any treatment professionals in five years. 'I wanted to recreate the walks they have in the states, celebrating the fact that we can and do recover and become productive members of society. And so many people wanted to be part of it – the support was overwhelming.'

One of the key things was to forge ahead in the face of adversity, she stressed. 'We hit all sorts of political walls, and had all sorts of agencies wanting a piece of it.' A Scottish recovery walk eventually became a reality (*DDN*, 13 September 2010, page 14), and the aim was now to make it happen each year in a different part of the country. 'We're interested in walking the walk rather than talking the talk,' said the federation's Alistair Sinclair. 'The UKRF will stick to its principles. We're aware of the pitfalls of aligning with organisations that do not have a strong set of values around social justice. If that means we stay where we are – skint – then we stay where we are.'

The organisation would build on its strengths by listening, he said, and it was vital to make alliances outside of the substance use sector – with mental

SELVES

'That's our version of a Big Society. Our belief is that we can change things by coming together and making a difference.'

health and homelessness organisations and many others. 'That's our version of a Big Society. Our belief is that we can change things by coming together and making a difference.'

The Alliance was also all about making links, its acting chief executive Ken Stringer told the conference. 'It's a movement that's getting bigger and stronger. The current government say they want people to be more involved in their services, and it's our job to hold them to that. Your voices feed into new policy directions, and new policy is only valid if they've been listening to you – we need you to keep talking to us.'

The field had made huge gains over the last decade, he said, with significant expansion of service user involvement, and the time was right to build on that. 'Now we see service users not having to hide, not having to be ashamed. Now they're represented in Parliament, and that door's open, we need to push harder and harder.'

It was essential to organise in the face of cuts and financial constraints and remember the common cause, he urged delegates. 'There's a great commonality here – that people who have experienced substance misuse problems could have a better quality of life. That's more important than arguing and point scoring.' **DDN**

Conference quotes

A selection of soundbites from *Seize the Day!*

'Stigma is all around us, but I think one thing we have to be careful about is seeing it when it isn't there – we have to accept the good bits.'
Beryl Poole, The Alliance

'There are many healthcare professionals who are very dedicated to working with people with drug and alcohol problems, but there are many more with the same prejudices you find in the rest of society.'
Paul Hayes, NTA

'Why get caught up worrying what other people think about us? It's about facing up to our own fears and being a part of our communities.'
Delegate

'We're seeing the rise of recovery capitalists and profiteers, and they are being backed by government agencies. The recovery movement is a social justice movement. We might be on the ropes as the coalition government hacks away at communities, but we are not going to go away.'
Annemarie Ward, UK Recovery Federation

'There are a lot of changes going on with this government. They seem to want to do everything at once but aren't quite sure how it will all work. The good news is that there's two years of pilots before we see this on the ground, so we'll be able to see how it works and challenge it where it seems problematic.'
Niamh Eastwood, Release, on payment by results

'Stigma can make us unite, and we can fight this. Let's unite and fight.'
Delegate

'We're aware of the pitfalls of aligning with organisations that do not have a strong set of values around social justice. If that means we stay where we are – skint – then we stay where we are.'
Alistair Sinclair, UK Recovery Federation

'We haven't spent a single penny – because we didn't have any money to spend. It's all about cutting deals.'
Tim Sampey, London User Forum

'With payment by results it seems like we're just numbers on a piece of paper. What's to stop services from just keeping us on their books and stopping us from moving on?'
Delegate

'This is not just a loony left-wing liberal organisation like Release calling for this. It's time for governments to be brave and stop criminalising what is effectively a health issue and an education issue.'
Niamh Eastwood, Release, on decriminalisation

'I've got a cousin who's been on methadone for 25 years, and he's up to 100ml and using on top. I know you can't enforce it, but he's stuck in a place where he doesn't want to be, and he needs help.'
Delegate

REFORMING Z

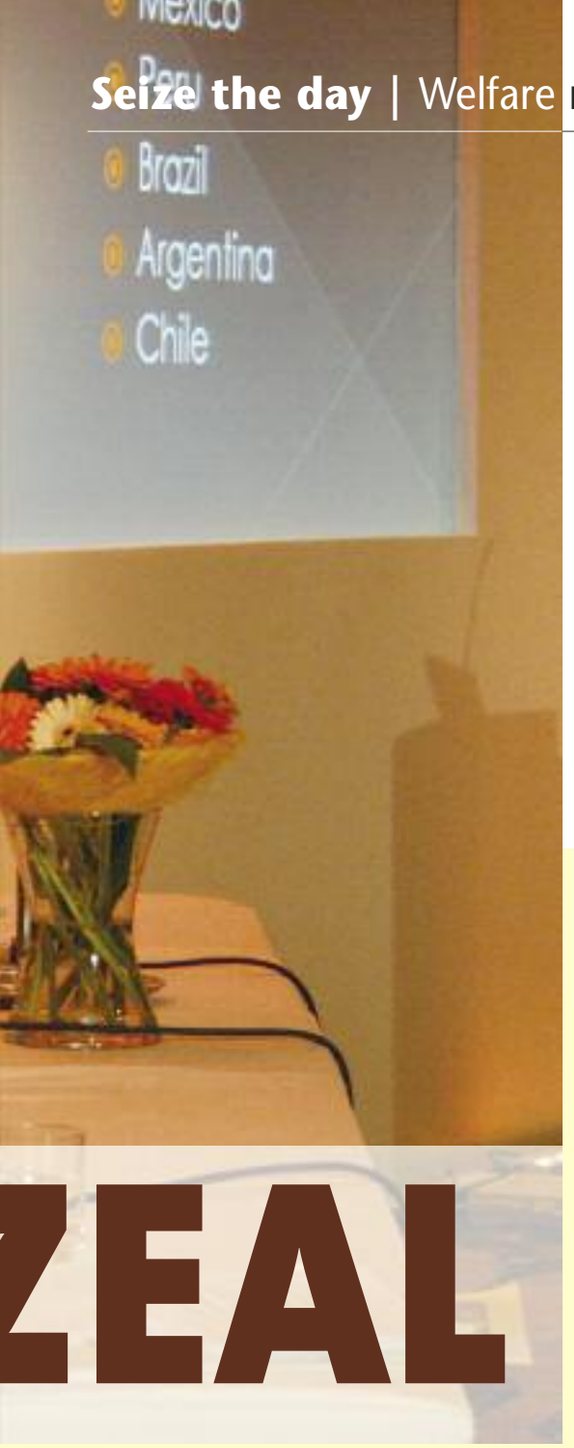
The coalition's proposals for reforming the welfare system are nothing if not controversial. Andrew Selous MP argued the government's case while Niamh Eastwood of Release spelled out her organisation's concerns.

The week before the government launched its Welfare Reform Bill 2011 – called 'the biggest shake up of the system for 60 years' by work and pensions secretary Iain Duncan Smith (*see news story, page 5*) – panelists and delegates at *Seize the Day!* debated the likely impact of the planned changes on people struggling with drug and alcohol problems and those trying to reintegrate into society.

'I come into contact with a lot of service users – or, as we're now rebranding them, "recovery champions" – and I hear stories about people having their benefits cut all the time,' said session chair and Camden service user involvement officer, Alex Boyt. With stigma remaining a huge issue in terms of access to jobs, and decent housing a pre-requisite for any kind of progress in treatment, some of the government's welfare reform proposals were 'very worrying', he said.

There was, however, cross-party consensus on the reforms, Conservative MP for South West Bedfordshire, Andrew Selous, told the conference. 'It's not something Labour are opposed to.' Many of the worst off in society had been bypassed by previous economic growth, he said, and it was the government's aim to make sure that everyone benefitted from future prosperity and people were not 'left behind on benefits'. 'It's shocking that this country has one of the highest levels of out-of-work households in Europe – there are 1.9m children growing up in households where no one works.' In the current climate, however, job creation would 'predominantly have to come from the private sector', he acknowledged.

The government's work programme would come on stream in the spring, he said, and would be an integrated package of measures and 'much more personalised than what's gone before'. This meant there would be an end to generic and often unsuitable courses designed to prepare people for work, he promised. 'All of us, with our taxes, have been paying for things that aren't serving people well – putting them through a sausage machine. Under the new proposals,



ZEAL

'People who use drugs problematically are at the highest risk of sanctions... and we need to strongly guard against people being sanctioned for what is effectively a health issue.'

Niamh Eastwood

'There will be no conditionality for those for whom it would be inappropriate... The welfare system is a contract, it is reasonable to expect people to engage.'

Andrew Selous MP

if providers put you on a generalised, inappropriate course that won't get you a job at the end of it, then they won't get paid.' One delegate told the session how his volunteering role had engaged him in a wide range of activities, including responsibility for commissioning. 'But now I'm being sent on a course to be skilled up for stacking shelves in a supermarket,' he said.

More money would be spent on the 'most vulnerable' than had been the case before, Andrew Selous said, partly using the voluntary and 'not for dividend' sectors, and once more via a payment by results approach. 'They will only get paid if they get enough people back into work – otherwise it won't be sustainable for them.' Although payment by results was relatively new to the UK, it had been running in Delaware in the US with 'extremely good outcomes', he said. 'It's not as though it hasn't been looked at elsewhere.'

There were 2.2m people on incapacity benefit, he said, 39 per cent of whom had been receiving it for ten years, and 1.6m of them would now be assessed for their suitability for work. 'There are no targets, but our goal is to get as may people as possible into work. We know that the right sort of work is a positive thing.'

The benefits system itself would also be reformed, with the new universal credit combining a wide range of existing benefits, alongside measures to make sure that people did not lose out financially when they did enter employment. 'At the moment we're effectively taxing the poorest people at the highest rate – a benefits system that makes people worse off when they go into work is a nonsense.'

The government would also be working with private landlords to reduce rents and increasing discretionary funds to local authorities, and the 16-hour and 30-hour rules for tax credits would also be abolished. The government was 'very keen' to encourage both volunteering and work experience for people on Jobseekers Allowance, he told the conference, and the 'massive amount of fraud and error in the system' would also be addressed.

Head of legal services and deputy director of Release, Niamh Eastwood, told delegates that the issue of welfare reform was at the heart of her clients' concerns. 'There's a failure to recognise that people who use drugs problematically have difficulties getting work,' she said.

Her organisation had been very worried by the previous government's mandatory treatment proposals, and had lobbied hard to make sure that new benefits introduced by the coalition did not effectively label people as drug users. 'As long as it remains a conditionality, and is not the name of the benefit, we are reasonably happy,' she said. It was, however, the wider reform agenda that most concerned Release.

The real problem with universal credits lay with the issue of conditionality, she stressed. 'People who use drugs problematically are at the highest risk of sanctions of anyone in the system, and we need to strongly guard against people being sanctioned for what is effectively a health issue.' If conditionality was 'roped into' the benefits regime, the risk was that all benefits – not just housing benefit – could end up being stopped, with disastrous results.

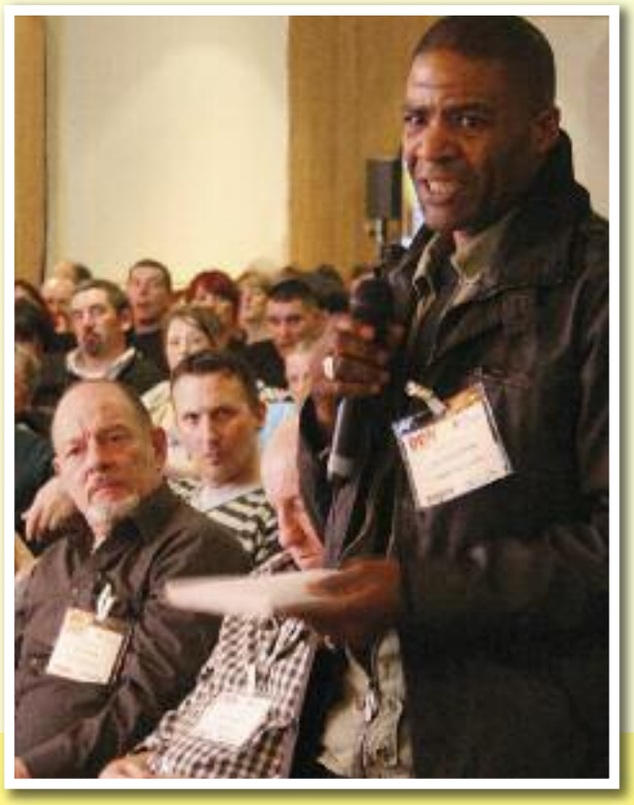
Conditionality would be 'proportionate and compassionate', Andrew Selous stated – 'there will be no conditionality for those for whom it would be inappropriate' – and it would also be gradual and personalised. However, failure to take a reasonable job offer would lead to sanctions. 'The welfare system is a contract,' he said. 'It is reasonable to expect people to engage.'

Caps on housing benefit, however, would mean people having to move out of the areas where they lived, said Niamh Eastwood. 'This fails to recognise the importance of family networks, historical networks, treatment networks and service user group networks.' The drug strategy's employment aims also failed to recognise the barriers that existed as a result of stigma, long periods of unemployment, lack of skills, lack of formal education and lack of confidence, she said, as well as all of the issues around opioid substitution therapy – 'there is a real judgement associated with being on a prescription'. The attitudes of employers, including the risks that they perceived, also continued to be a serious hurdle.

'There's a view of people who use drugs as being untrustworthy and incompetent, but it's simply not the case and it is not borne out by the evidence.' There were interventions to address this, she stressed, including the legal – such as through the Disability Discrimination Act, the Rehabilitation of Offenders Act and employment legislations – as well as through incentives for employers. 'Once they've employed someone with a history of drug use they're much more likely to open their doors in the future.'

However it was criminalisation itself that remained the biggest obstacle that drug users faced, she said. There were growing moves towards decriminalisation across the world, with 'overwhelming evidence' of positive outcomes in Portugal following its government's decriminalisation of drugs for personal use (*DDN*, 11 October 2010, page 6), as well as a number of experiments elsewhere. 'This is not just a loony left-wing liberal organisation like Release calling for this. It's time for governments to be brave and stop criminalising what is effectively a health issue and an education issue.' **DDN**

THE BIG ASK



In the *Question Time* session, a panel of speakers debated five key questions posed by the readers of *DDN*

Question 1: Drugs and alcohol – what will their place be in the imminent Public Health England service?

'ONE OF THE THINGS WE'VE BEEN CRITICISED FOR in the past is the discrepancy between drugs and alcohol,' NTA chief executive Paul Hayes told the conference. 'It's never made sense to do this, and Public Health England gives us the chance to right this historic wrong.'

Locating drugs and alcohol within local authorities offered the chance to join up with other services, but the remit would inevitably prove challenging for many directors of public health who perhaps had not given much priority to these issues in the past, he acknowledged. 'A lot of them engage with this, but a lot of them don't. But what is certain is that they won't be able to ignore this agenda'.

Drugs and alcohol would be big players in health and wellbeing boards, he told the conference, but at the same time there would be other people 'eyeing up the money and wanting a piece of it'. 'There are real opportunities to join things up, but we need to do it in the right way because there are threats and challenges as well.'

Annemarie Ward of the UK Recovery Federation (UKRF), however, said her concern was that stigma could play a major role in local authorities failing to prioritise drug and alcohol services. 'Will we see the same old mistakes being made in the new system?' she asked. 'There's no easy fix,' said Paul Hayes. 'But the recovery movement gives a real opportunity for people to say to their communities "we are citizens, we are entitled to services like any other citizens, and we can make a real contribution". In straitened times is there a risk involved in moving money locally? You bet there is. But we have to win these arguments.'

The fact that drugs and alcohol were to be commissioned by directors of public health instead of GP consortia was recognition on the part of the Department of Health that the sector was different, he said. 'There are many healthcare professionals who are very dedicated to working with people with drug and alcohol problems, but there are many more with the same prejudices you find in the rest of society. The view taken within government was that GP consortia would not be the right place to commission these services. But at the same time that doesn't mean GPs are absolved of responsibility.'

'I'd just like to say all praise to the NTA,' said one delegate, 'for finally accepting that drugs and alcohol belong together.'

Question 2: Time-limited scripts – could there ever be a place for enforced reduction?

'THE SHORT ANSWER IS NO,' clinical lead for SMMGP, Dr Chris Ford, told the conference. Opioid substitution therapy was not a block to recovery or achieving abstinence – 'if that's where you want to go' – she said. 'Used well they are extremely good drugs. But in terms of the professionals who just give out a script and that's all they do – that is not treatment.'

Prescribing was only 'a tiny part' of treatment, she stressed. 'The sadness of the last ten years is that so much of the money has gone through the criminal justice system, and that has unbalanced things.' Release's deputy director, Niamh Eastwood, meanwhile, assured delegates that any enforced detoxification in prison was illegal. 'There's compensation to be had if anyone's forced to go cold turkey,' she said.

Question 3: Are there circumstances in which stigma towards drug users can be useful?

'WHEN I SHARE MY HISTORY WITH PEOPLE they say "you don't look like a drug user",' said Annemarie Ward of the UKRF. 'I say to them "what does a drug user look like?"'

'I don't see any circumstances where it's the case that stigma could be useful,' said Beryl Poole of the Alliance. 'Personally, I've actually become immune to stigma because I've experienced it for so long. The stigma we go through follows us everywhere, especially in places that, as we get older, we need the most, like hospitals. Stigma is all around us, but I think one thing we have to be careful about is seeing it when it isn't there – we have to accept the good bits.'

Stigma needed to be tackled head on through use of the law, urged Chris Ford. 'It's illegal to be racist in this

'Will we see the same old mistakes being made in the new system?'
Annemarie Ward

'In terms of the professionals who just give out a script – and that's all they do – that is not treatment.'
Dr Chris Ford

'I've actually become immune to stigma because I've experienced it for so long.'
Beryl Poole

'There are real opportunities to join things up, but we need to do it in the right way.'
Paul Hayes

'The reality of what happens is people being denied pain-relieving drugs in hospital and that is a shocking indictment of our society.'
Niamh Eastwood

country, for example. We need legislation to support this.' It was important to challenge the debate – much of it carried on in the letters pages of *DDN* – that stigma could be a positive force by discouraging drug use, said Niamh Eastwood. 'That's just rubbish – the reality of what happens is people being denied pain-relieving drugs in hospital, and that is a shocking indictment of our society.'

'I'm six months abstinent but that stigma is always there with my GP or if I go into hospital,' agreed one delegate. 'It's always my primary diagnosis, even though it's not what I'm actually there for.' Some speakers from the audience, however, felt it was pointless and self-defeating to 'get caught up worrying what other people think of us', while others felt that one way stigma could prove useful was by acting as a powerful rallying tool. 'Stigma can make us unite, and we can fight this,' said one. 'Let's unite and fight.'

'Be aware, be educated,' urged Beryl Poole. 'Know your rights.'

Question 4:
Payment by results (PbR) – will this threaten fairer treatment for all?

'THE ISSUE WITH PAYMENT BY RESULTS is that the devil is in the detail,' said Niamh Eastwood. The six PbR pilot programmes would have two levels of outcomes, national and local, she said, and service providers would need to make sure they were meeting both. 'We don't know exactly how these models are going to work but we need to be really flexible, otherwise we'll be in a situation where service providers are cherry-picking clients.

'There are a lot of changes going on with this government,' she continued. 'They seem to want to do everything at once but aren't quite sure how it will all work. The good news is that there's two years of pilots before we see this on the ground, so we'll be able to see how it works and challenge it where it seems problematic.'

'With payment by results it seems like we're just numbers on a piece of paper,' said one delegate. 'What's to stop services from just keeping us on their books and stopping us from moving on?' Annemarie Ward agreed that PbR ran counter to the recovery model. 'It's reinforcing the role of agencies and the state at the expense of the individual and the community,' she said.

Paul Hayes, however, told the conference that not only would PbR be piloted, there would also be a six-month period where the schemes would be co-designed with the areas delivering them. 'If you live in one of the pilot areas, I would say to you to get involved in that co-design so that issues like cherry-picking will be addressed.'

Question 5:
Is the recovery movement being hijacked by the mainstream treatment and policy agenda?

'HIJACKING IS PERHAPS TOO STRONG A WORD but what we are seeing are attempts to co-opt, colonise and degrade it,' said Annemarie Ward. 'We're seeing the rise of recovery capitalists and profiteers, and they are being backed by government agencies.'

One of the reasons this was allowed to happen was a lack of clarity in the field about what recovery was and what recovery-orientated services should look like, she told the conference. 'Some providers are now saying that they are providers of "full recovery" – well that's a new one on me.'

'I want to know what recovery is,' said one delegate. 'To me, being on a script is a road to recovery.' However treatment needed to change, Annemarie Ward told the conference. 'Let's get this perfectly straight. Services and policy makers can't hijack the recovery movement, because they can't do recovery – the recovery movement is a social justice movement. We might be on the ropes as the coalition government hacks away at communities, but we are not going to go away.' **DDN**




STRENGTH IN NUMBERS

The service user group exhibition was a lively information exchange and a hub of mutual support

HOPE NORTH EAST

'We go to the conference to network and find out what other groups are doing,' said Lawrie Duffy of Hope North East. 'You get some very real links. It's all about being able to relate and identify through shared experience, and the passion and motivation and commitment that you pick up on – the energy and vibe of the whole thing.'

The group enjoys being able to connect to others and hear some of the good things that are going on. 'There's absolutely no qualms about stealing a bit of that!' he said. 'Why reinvent the wheel if things are working? I bring it back and feed it into our team and service user groups – "this is what's going on in the rest of the country". It's a fantastic way of networking. We have our regional event, then the conference to pick up on everything nationally.'

Hope North East is a service user led, abstinence based recovery service in Middlesbrough. 'That means myself and my fellow director Dave, our admin officer Stacey, our volunteer coordinator Sharon, and Matthew our business manager, have all been people who have been through addiction and come out the other side,' said Lawrie. 'We have a team of 23 committed, passionate, motivated volunteers and we could not deliver this service without them.

'When people walk through the door we share a little bit about our journeys and they see that we're actually delivering an award-winning service. It's fantastic for the recovery community – it provides that belief that people can change, move forward in their lives and go on to live productive, positive lives.'

They run a breakfast club, where people with addiction issues and those who are homeless can come in and get something to eat, a laundry where people can come in and wash their clothes, 'even if it's the clothes on their back', and a clothing bank, to which people in the community regularly donate.

'It's about building a life in recovery and that means moving away from the negative influences in our life without becoming isolated,' said Lawrie. 'One of the most difficult things is to break into new social networks and have new positive things to do, places to go and people to associate with.' The group offers a Saturday cinema club, nature walks, and art classes, and is linking with other services to get an allotment going.

'Services might shut at 5 o'clock but we know that addiction doesn't end there,' he said. 'Here we are, people who have been in addiction, people who have been in prison, running an award-winning service for two and a half years. We're saying our past is not who we are, it doesn't define us. We're here as productive members of society… it's not about walking away from everything, it's about walking towards something else.'

HELPING HANDS

The Helping Hands group get involved in the design and delivery of services within the planning and commissioning (housing related) team and Leicester City DAAT. They attend regular meetings, have recently been involved in the DAAT's tender process, and have been organising a two-week arts event that takes place this month.

At their stand, members of the group promoted Helping Hands' activities – they brought leaflets, merchandise such as safety alarms, pens, pencils and key ring torches, and information on safer injecting and BBVs.

'The group found the event very interesting and informative, especially the benefits section,' said Aunee Bhogaita, assistant customer involvement officer at the DAAT. 'Members of the group were encouraged to network with other groups. As Helping Hands is currently in the process of becoming an independent constituted group, it was good for them to make contacts with other service user groups to see how they went about doing this, and to find any information on what went wrong and what worked.'

SURF

North Somerset's service user forum, SURF, holds monthly meetings which provide a safe place for service users to discuss local drug treatment issues. Important topics are then raised directly with treatment providers and commissioners. They act as an advisory group to the community safety and drug action team (CSDAT) and are a part of local needs assessment and retendering processes. They have recently been involved in a North Somerset Recovery Guide.

'We have just secured an office, which will mean we can form an official group of SURF reps and volunteers, said Wendy Ruddick, treatment effectiveness worker. 'We'll be able to be more active as a group and provide signposting and a peer support service, and are looking at advocacy training to further support the aims of the group.

'We all enjoyed the conference and got a variety of things out of coming, as for some of us it was the first time we had attended anything like this. It was an opportunity to network with service user groups and see what they do and it gave us an understanding of the scale of service user involvement around the country.'

The group brought a display board showing service user involvement in North Somerset, together with SURF leaflets, details of meetings, newsletters and consultation questionnaires.

Afterwards the group said the event had given them a clearer understanding of the importance of the service user voice, and 'an opportunity to experience the positive energy produced there – a natural high'.

'The networking was of great value – we were interested to find out what groups do what and how they do it,' added Wendy.

'We really enjoyed this year's service user gathering again – it was right on the money! It couldn't have been more relevant to the times and was right on the pulse of the issues that face service users all over the UK.'

UFO

The User Feedback Organisation (UFO) is funded by Safer Bristol's Drug Strategy Team and their feedback is used to inform drug policy and strategy within the Bristol treatment service.

They have a main group, a BME group (Mushwera), a women's group and a steering group. Each group sits monthly and there is a peer support drop-in on Friday nights, specifically for stimulant users. They also have a website and weekly radio show on BCFM.

UFO has two reps sitting on each of the drug related strategic groups within Bristol, including the Joint Commissioning Group (JCG), Treatment Task Group and Shared Care Monitoring. Their reports have included the Integrated Drug Treatment System (IDTS) in HMP Bristol, the first peer-led review of drug treatment in a UK prison, and they are currently doing a follow-up review.

'Our service users found the whole experience of attending the conference very beneficial,' said Paul Moores, service user coordinator. 'They networked and gained insight into how other groups work throughout the UK.'

SUIT

SUIT – the Service User Involvement Team in Wolverhampton – is a completely service user run organisation. 'We have a volunteer programme for current or ex users, a magazine, and run activities like football, boxing, and an allotment,' said Sunny Dhadley, SUIT's drug service user involvement officer. 'There's strategic involvement, consultation and monitoring, and a performance management framework in place, and we offer advice and guidance.' Among the team's many initiatives are an interactive text messaging network, ETE (education, training, employment) and service user lifestyle and drug awareness training. They hold 39 open forum meetings per year and have a dedicated website at www.suiteam.com.

'We networked with too many groups to mention,' said Sunny. 'The most enjoyable aspect of the day was seeing service users and those associated with them coming together – oh, and winning the DDN award for best film for our entry *User Friendly*!

SMUG

SMUG – Substance Misuse User Group – has become the voice of service user involvement in Wales, according to Chris Campbell.

'We have reps in our Welsh National Assembly, and on SMATS and provider boards,' he said. 'We have been working with our local communities and community safety partnerships on interventions, and have also become part of social enterprise networks, partnering with local government and other third sector groups.

'We really enjoyed this year's service user gathering again – it was right on the money! It couldn't have been more relevant to the times and was right on the pulse of the issues that face service users all over the UK.'

'At their conference stand, SMUG gave advice to providers and talked to commissioners about sustaining groups as a social enterprise. They also talked about community engagement and third sector networking, gave away self-help books, and had two laptops showing the projects they do.

'We were run off our feet – we did not stop!' said Chris. 'We were the first group to set up at 7am and the last to pack away!'

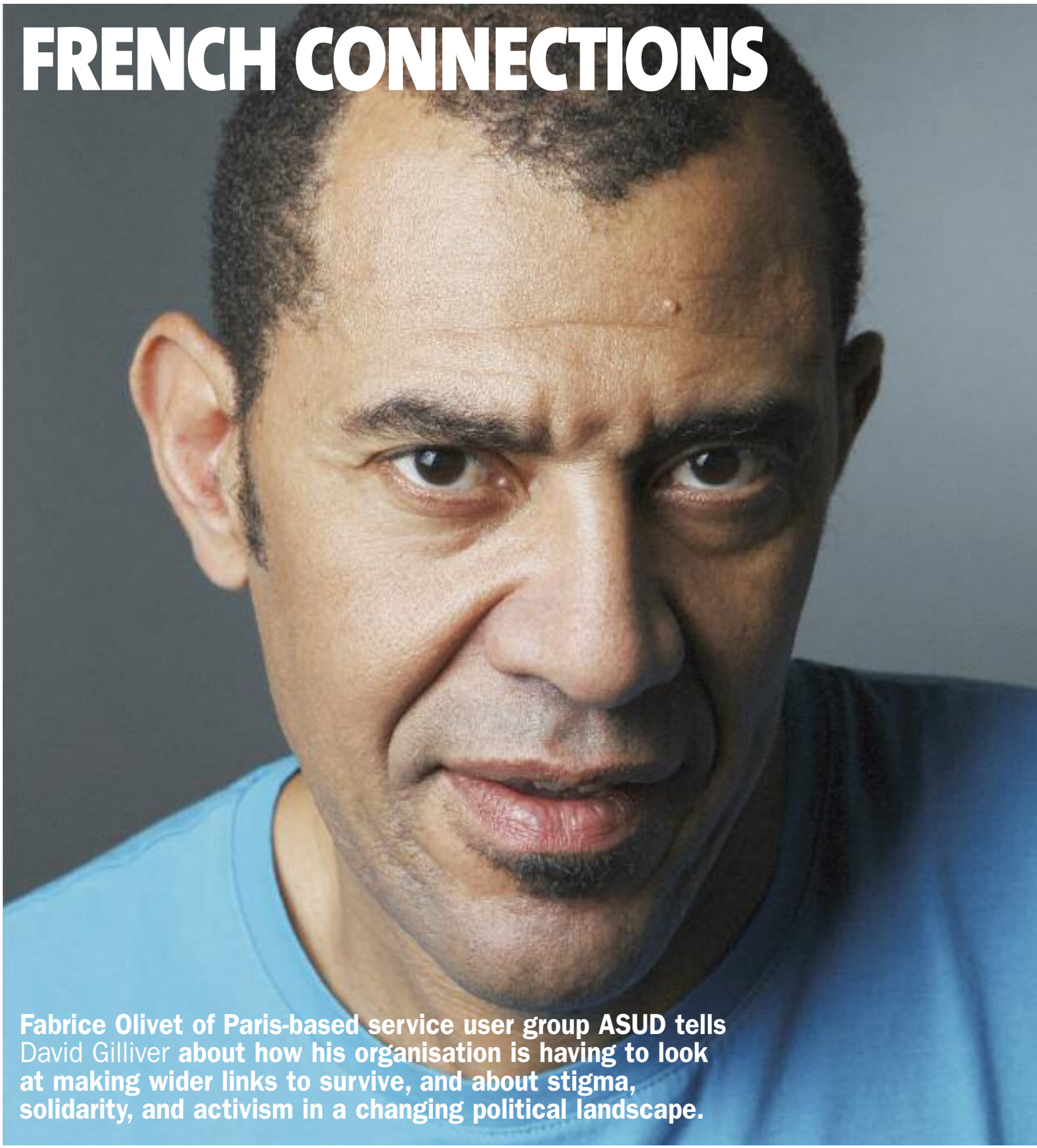
SUST

SUST provide service user involvement across Gloucestershire, using their experience to help plan and design services both locally and nationally. The group runs countywide naloxone training, as well as providing advocacy services and holding monthly meetings in Gloucester and Cheltenham. There is a website – serviceusers.org.uk – and a newsletter updating members on the group's activities, such as the recent canoeing trip on the river Wye.

'We enjoyed the conference, after we had navigated our way around the Birmingham one way system to find the hotel!' said Dave Stork, service user coordinator. 'It was good to listen to the MP talking about DWP reforms. There's a lot of fear about the proposed changes and a lack of knowledge, so it's important to have these changes explained. We were disappointed with the heckling from the audience in this session. As a group, service users are trying to tackle stigma so it is important to not behave in a manner that could possibly reinforce misconceptions.'

SUST had display boards on their stand about the work going on in Gloucestershire. 'It was great meeting up with old friends and acquaintances, and to do a bit of networking and see what other people are up to,' says Dave. 'We have been doing this for a while now, so hopefully some of the groups not as well-established as us were able to get some ideas from what we are up to.' **DDN**

FRENCH CONNECTIONS



Fabrice Olivet of Paris-based service user group ASUD tells David Gilliver **about how his organisation is having to look at making wider links to survive, and about stigma, solidarity, and activism in a changing political landscape.**

Photo: Jean-Marc Gourdon

Fabrice Olivet is keen to apologise for not making it to *Seize the Day!*, where he was scheduled to address the morning session on service user groups. A close friend – 'a long-term survivor of Aids and hepatitis C' – died just before he was about to leave for the UK. 'I was very, very sorry to miss the conference,' he says. Bloodborne viruses are an issue he's used to dealing with, having been involved in ASUD (Auto Support des Usagers de Drogues) since 1993, a year after the organisation was formed. 'At the beginning it was only a little magazine made by a few users, for users, with some money from the government's anti-Aids plan,' he says. 'The following year we became an association.'

ASUD is based in the Belleville district of Paris, with a 'small squad' of four staff, and with branches in Orléans, Nimes and Marseilles. Most funding comes from the French government, along with some money from Aids organisations, and it maintains very strong links with groups across Europe. Historically, its aims have been to fight discrimination, promote a human rights approach to drug use and to campaign against prohibition. Its most effective tool, however, remains its magazine, published four times a year with a print run of 15,000 per issue.

'Toxicomanes – as the French say – cannot be responsible for their lives, for raising children, for anything, so you can put them in prison or put them in treatment for life.'

Olivet is also a published author, recently editing a book called *La Question Métisse* on the history of mixed-race people in France up to the Algerian war. He gravitated to ASUD through harm reduction activism, becoming president in 1997, and the association remains a full-time job. What was he doing before all of that? 'I was a junkie,' he laughs. 'For ten years from when I was 17. It was the beginning of the '80s and there was a very big heroin scene in France. I discovered that it was very easy to find, but hard to get the money, so I went to prison. I stopped in order to save my life.'

Afterwards he 'tried to forget everything about drugs', graduating in history and teaching for a while. 'But I was getting back to activism because of the Aids movement, which was very strong in France.' Government support for ASUD was largely a reaction to the HIV epidemic among injecting drug users, he says, with the medical authorities wanting a direct connection to drugs users outside of criminal justice channels. 'Sometimes I wonder if now, at this moment, it would have been possible to create a drug user organisation in the country. I don't think so.'

Is that because of Sarkozy and the shift to the right? 'I think it's more a slow evolution since the beginning of the 2000s,' he says. 'First was the end of the Aids epidemic – the epidemic was very frightening for society because they knew drug users could spread the virus out of their community very easily through sexual relations. There was a lot of apocalyptic fantasy about Aids, and because of that they were absolutely ready to try anything. The government's support for us was based on a big, big fear.'

Government policy changed to encompass harm reduction, and the IHRA conference in France in 1997 was also a milestone, he says – 'that had a major impact'. However, falling infection rates brought about by the adoption of harm reduction measures also meant a drop in support for user representation, he believes, compounded by the 'medicalisation' of drug use.

'Here in France the term is 'addictology' – the science of addiction. It takes the scientific part of harm reduction to talk about drug use as a chronic disease, and classes drug users as chronically sick people for life. So this has also meant very bad things for drug user representation – the whole question of citizenship has been forgotten and we are now only seen as patients, as sick people. It's radical medicalisation.'

Presumably, as in the UK, this goes hand-in-hand with stigmatisation? 'In a very paradoxical way there's more stigma now than 15 years ago,' he says. 'Then drug users were seen as delinquent, as people who were against the law, even as some kind of social revolutionaries, but at the same time as people who were responsible for their acts. But now, with this representation as sick people for life, the view is that *toxicomane*s – as the French say – cannot be responsible for their lives, for raising children, for anything, so you can put them in prison or put them in treatment for life. It's a very bad representation, worse than before, and the paradox is that there are more people who take illicit drugs now than 15 years ago.'

As a result ASUD has had to tone some of its activism, he says. 'We were a kind of a mass movement, because a lot of the people who wanted to fight against Aids joined with us. At one point we had about 25 groups with us. But we're not activists like we used to be, trying to change the drug laws and things like that. Now many French drug users don't want to be identified as such.'

Part of this, he believes, is the result of changing patterns of drug use, particularly regarding heroin. 'You don't find heroin in the streets so much, for example – you find substitution treatments for sale on the black market. Heroin users are coming more from the middle class and they tend to smoke rather than inject. Some are coming from the dance and techno scenes, taking heroin to come down from other drugs, and they absolutely don't want to identify themselves as drug users.'

Intolerance towards drug users is on the rise, even among people who take drugs themselves, he stresses. 'That's the terrible thing. Crack users are mostly in Paris, mostly black and Arab people, and they are the most stigmatised. Cannabis users say "heroin users are terrible", heroin users say "crack users are terrible", and so on. No one wants to appear as an addict, there's no unity. People with jobs, with families, do not want to identify themselves as drug users. In the UK you have politicians who can say they've tried drugs but in France that's impossible. A French politician would be absolutely *burned* for saying that.'

Given that wider context, is he worried that government funding will eventually dry up? 'We're supposed to represent the patients of the drug services, so we are institutionalised into this medicalisation system – they're funding us because of harm reduction services, not because of drug user representation.'

ASUD, however, has lobbied hard for the introduction of consumption rooms in Paris, although at present it looks unlikely that the campaign will succeed. 'But we have succeeded in putting the subject on the political agenda,' he says. 'We have a very well-organised substitution treatment system – 130,000 people take substitution medication – but at the same time French drug laws are still very hard. We tried to highlight this contradiction of a big harm reduction system and repressive drug laws that do not allow tools like consumption rooms.'

He is cautiously optimistic that attitudes will change, however. 'We have to be. I think the future for us, I'm sorry to say, is to be included in something bigger, such as the wider harm reduction movement or human rights. If we stay as we are, a simple drug user organisation, we are going to disappear. But if you look at the worldwide situation there are big changes going on – in the US, which is a major actor in the drug war, and in South America, for practical, economic and security reasons. The context is not in favour of developing drug user representation like us, so we're building a network – with professionals, with citizens, with sociologists, even police forces, if we can find them – to say "stop this craziness of the drug war", that all the experts agree is not a good way to manage the situation.' **DDN**

www.asud.org

'This service user group... have also seized the chance to work with partners in drug services and GPs. They've made harm reduction messages and information real and clear to the people who need that information.'

SUIT wins first DDN film award

The first DDN service user group film award was presented at this year's conference.

The shortlisted entries were:

'How low can you go?', made by Carlisle House SUG and ESC Understanding Through Film

'Please help me, I'm addicted', made by the children's and community services departments, Norfolk DAAT

'Binges, blackouts and bailouts', made by Selby District Community Safety Partnership

The winning film was 'User: Friendly', made by Wolverhampton Service User Involvement Team (SUIT).

Sunny Dhadley, SUIT's drug service user involvement officer, collected a cut glass trophy and a £100 Amazon on behalf of the group. He said: 'I'd like to thank all the wonderful people who made the film possible. Hopefully it goes some way to educating society about some of the dangers and issues people face – because after all they are just normal people.

'I'm three years into recovery myself and I'm blessed every day and privileged that I get to meet people just like myself who are broken and in despair. Hopefully the work that we do will inspire them to take control of their own lives and move on and find recovery in whatever way, shape or form it means to them.'

Presenting the prize, *DDN* editor Claire Brown said: 'Our winner embodies the spirit of *Seize the day!* This service user group has not just seized the chance to speak out and act constructively in the name of harm reduction. They have also seized the chance to work with partners in drug services and GPs. They've made harm reduction messages and information real and clear to the people who need that information.'

What a Raucous Caucus!

The second half of the conference was opened by the Raucous Caucus Recovery Chorus from Sharp Liverpool, whose singing was very well received.

Colin, one of the two volunteers who co-ordinate the choir's activities, said afterwards: 'After years and years of using it's so amazing to be free from substances and singing at the top of my voice. I'm so grateful to the conference organisers who let us sing in Birmingham. The audience were so supportive of us too. I proper loved it.'

Yvonne, a choir member on and off for the past two years, said: 'It was such an uplifting day. Everyone was so encouraging of us and the atmosphere was just lovely. I love the choir because I know I can walk in there to rehearsals just 24 hours clean and sober and sing my heart out. It was a bit scary the first few times but now it's fab. Thanks for letting us have that great moment in Birmingham, I'll always remember it.'

The *Seize the day!* video booth provided an opportunity for delegates to share their views throughout the day. Here's a selection.

PAUL HARDY, UFO

'They [the MPs] come and they stand and they take questions… then somebody will get up and make a major, major point and get a big round of applause from the whole room, and they'll do nothing about it.'

SUNNY DHADLEY, SUIT

'I don't think the government quite understand what recovery entails. They need to speak to users... They need to get a feel for what it means to go through the whole process.'

DOMINIC CUMMINGS, SUIT

'I don't think we have a say in treatment services – they close the doors on us because we're recovering addicts. They probably think we're trying to scam them because that's what we do best.'

DAVID BYRNE, SEARCH

'I'm particularly distressed to hear that people are going to be penalised for not doing what the government wants them to do. I can understand the concept of the Big Society... but the cuts the coalition government have made are completely ridiculous.'

A feeling of vitality

The National User Network (NUN) is going from strength to strength, says co-chair Francis Cook

The National Users' Network held its AGM during lunchtime at the conference, followed by a meeting after the event to discuss policy, direction and the outcome of recent funding bids.

The meeting was opened by outgoing chair Steve Freer and minuted by Francis Cook and April Wareham. There was a really vibrant and fraternal feeling to this year's meeting, reflecting the vibrancy and energy prevailing at the conference in general. Our movement has been growing steadily, as evidenced by attendance at *Seize the Day!* and I felt a vitality and urgency that outshone previous gatherings.

As with all the best AGMs this one was short and nominations were taken from the online group list (at *http://health.groups.yahoo.com/group/nationalusernetwork/messages*) as well as from the floor.

Steve Freer and Francis Cook received equal nominations and proposed to co-chair NUN to spread the workload and keep the leadership structure as flat as possible. April Wareham was re-elected secretary and Alan Joyce was endorsed as communications co-ordinator. Also co-opted was Alex Boyt who has represented NUN as a member of the Cross-Party and All-Party Parliamentary Committees on drugs and alcohol. Alex's performance at Westminster was noted for its good sense, brevity and impact and the meeting commended him. NUN was also particularly happy to co-opt Maureen Roberts as carer representative, a vital and often undervalued role in user groups, which we see Maureen hauling, kicking and screaming, centre stage.

This left the issue of nominations for a new treasurer as Linzi Gooding, dependable, hard-working and effective treasurer for the past five years, has had to step down to meet mounting commitments at home. Matt Cope was elected to the post, initially working under Linzi's advice.

The meeting allowed just enough time to confirm the team-based commitment of the management members, and to acknowledge the excellent work done by so many NUN members – including the strong roles that NUN members Alex Boyt, Neil Hunt and Alistair Sinclair, played during the conference.

The board members would like to thank all the NUN members for their continued support and hard work in the interests of drug and service users throughout the UK. Especially welcome as observers were Ruaidhri McAuliffe from UISCE Dublin and Danny Morris, and special thanks were given to Si Parry and Su Tutton, without whom NUN would not exist today.

Altogether as fine a group of people as you will find anywhere, and a genuine pleasure to work with. As Martin Amis famously wrote: 'Gob less'.

Francis Cook, co-chair, National Users' Network

Need to know what's happening in your area? Go to *http://health.groups.yahoo.com/group/nationalusernetwork/message/7232* for detailed minutes and further involvement.

DDN would like to say thank you to everyone who supported *Seize the day!*, the fourth national service user involvement conference: The Alliance, NUN, all the speakers, session chairs, volunteers, the conference steering group, exhibitors and sponsors, and most of all the delegates whose enthusiastic participation creates this unique event.

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Joan Ruddock MP and Sir Steve Bullock, mayor of Lewisham, at the grand opening of the Lighthouse Social Club

BEACONS OF HOPE

Last month saw the official opening of the Lighthouse Social Club in New Cross, south London. ***DDN*** hears how the club is offering a lifeline to service users from a range of sectors

When the Lighthouse Social Club held the grand opening of its second site last month it marked a long journey from very humble beginnings, when co-directors Mark Banham and Stephen Callahan began hosting small gatherings for service users to fill the 'massive void' in the local area. 'I got involved with the Lewisham Service User Council,' says Banham. 'They suggested setting up a social club for people accessing substance misuse treatment, people who are often very socially excluded. We set up a very small club of around 20 people to begin with, but then I got grants from various places and we started to get bigger.'

Now there are two Lighthouse Social Clubs offering a place for people to socialise and begin building new networks – one in Deptford's Salvation Army Church and the new site at Telegraph Hill Community Centre in New Cross – with Banham and Callahan equal partners in the project. 'Basically, I make the money and he spends it,' says Banham. 'It takes so much time to get the money, so I tend to go for the grants while he organises things, such as the grand opening.' That was attended not only by DAAT and service user representatives but Joan Ruddock MP and Sir Steve Bullock, mayor of Lewisham.

'Mark will sit at the computer all day looking at grant applications, whereas I'm more hands on,' says Callahan, whose involvement followed a six-month stint in rehab. 'I was put into a dry house in Lewisham and sort of just dumped there,' he says. 'There was no aftercare plan or anything like that so I got in touch with Lewisham DAAT and they said there was a little social club going, which was where I met Mark. He wanted to develop it further – form a company and look at getting some funds together – and asked me to get on board.'

The Telegraph Hill Centre opens three Tuesdays a month and offers free tea, coffee and hot chocolate as well as panini, soups, salads and board games, with the initial money coming from the Big Lottery Fund. 'That's pretty much given us seed money to allow us to look for something more sustainable,' says Banham. 'The Co-operative Group has also given money for an espresso machine.'

The project has been a registered independent social enterprise since late 2009 and, while completely peer-led, it's not just a place for clients of substance misuse services – both in terms of those organising and attending. 'Stephen and myself are service users, and we take volunteers in from the service user sector – people with mental health issues, learning disabilities, physical disabilities, people with histories of substance misuse. It's very eclectic,' says Banham. There are now around 30 regular attendees, with the number growing all the time. 'A lot of people tell us that the project is their highlight of the week,' he adds.

That's partly because of the quality of what's on offer, stresses Callahan. 'We want to make it like a Costa Coffee or Starbucks – I like to put on a good show. Traditionally it's been like the soup kitchens, with a dollop of shite thrown on a plate and you're supposed to appreciate it, but we put a bit of care into what we offer. I'm not going to cook something I wouldn't eat myself, and I'm fussy. We do it on a limited budget but we offer a good meal.'

The next step is to open an office in order to offer advocacy as well as advice on employment, benefits and housing. 'Hopefully we can really train up a few service users to help deliver it, and also have space for Stephen and myself to do the admin work, because at the moment we have to do it in our flats,' says Banham. 'We'd also like to use the space for short-term part-time placements for service users, as a step towards paid employment.'

So what advice would they offer to anyone thinking of doing something similar? 'Start small, and just keep going,' says Callahan. 'We were doing chicken and chips for ten or 20 people, but the next thing you know people realise there's somewhere safe to go where no one's going to bother them, where they can have a natter and socialise, get off the street and have a nice meal. You keep badgering the DAAT and if you've got a service user coordinator – we're lucky to have one who's very proactive – grab them and get them to go with your vision.'

'Get ready for a very turbulent ride,' adds Banham. 'You need to be able to commit a lot of hours each week to fundraising, organising and coordinating, but the satisfaction of achieving something like this is worth every minute. Ultimately if you're willing to put in the work it's not impossible at all.'

'I've got three young children, and I want to show that change is possible,' says Callahan. 'Daddy fucked up but he's sorted himself out and he's now back assimilated into society, and making a difference. It's been great. I was on the floor, and to be director of a company, to be running something that makes a big difference to a lot of people, is incredible.' **DDN**

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If you'd to get involved or help please email markdbanham@yahoo.co.uk

Crunch time for drug strategy implementation

A major event in London last month looked at what the government's reforms will mean in practice, and how the sector will implement the drugs strategy on the ground

The new drug strategy was a 'truly cross-government endeavour' and represented a 'critical articulation of the government's reform agenda', head of the Home Office's drug strategy unit, David Oliver, told the national *Implementing the 2010 drug strategy* conference.

The strategy was a thinner document than its predecessor, said DrugScope's director of policy, Marcus Roberts – 'there'll be differences of opinion as to whether it's a healthy weight' – with much of it 'descriptive rather than prescriptive'. This reflected the shift to localism, he said – implementation would now be a much bigger part of the picture.

There was a recognition 'that past achievements are not a home in which we should be settling down but a base camp from which to move onwards and upwards,' he told delegates, but challenging circumstances meant the risk of a retreat from the strategy's recovery goals or of moving to a narrow definition of what recovery could mean.

There was a genuine radicalism about the mechanics of implementation, he said, encompassed by healthcare, welfare and criminal justice reforms alongside the localism agenda. 'In a couple of years time we'll be working – for better or for worse – in a very different environment.' It was centralism that had 'built the drug treatment system we have today', he stressed, and the economic climate also meant an 'inevitable impact' on all the structures and services supporting recovery, with the six payment by results (PbR) pilots 'taking us into new and uncharted territory'. The challenge would be to design PbR so that small agencies lacking the ability to take on major financial risks were able to fully engage.

The reduction in funding was 'pretty good in the current circumstances' (see news story, page 5), however, and indicated that the government was serious about the issues, but the risk of local disinvestment was real and the scale of wider cuts would have a dramatic impact – 'traditionally, the drug sector hasn't been good at focusing on the bigger picture', he told the conference.

'It's recovery, in the Big Society, in austerity – as if one wasn't difficult enough' said director of research for the RSA's 'whole person recovery project' (*DDN*, 6 December 2010, page 18), Steve Broome. It meant that recovery capital would be vital, he stressed, and DAATs would need to foster recovery champions, community support groups and organisations providing ongoing care. 'You need to make the links with these other services,' said head of the Department for Work and Pensions' drug and alcohol policy unit, Colin Wilkie-Jones. 'You need to go to them – they're not going to come to you. We're relying on you to do that.'

Professor Colin Blakemore: Two thirds of employers said they would refuse to employ an ex heroin or crack user irrespective of whether they had recovered and how suitable they were for the job.

It was essential to develop networks of recovery champions at three levels, said Wilkie-Jones. At the strategic level would be the 'top down, visionary leaders, out there banging the drum'. At the therapeutic level were the 'early adopters', and at community level were those in recovery themselves. The biggest gaps in recovery capital had always been in the post-treatment phase, said Steve Broome, where relatively light-touch interventions could have a major impact, although it was essential these were developed with maximum service user involvement, which had been 'patchy and inconsistent' up to now.

Recovery was also being undermined by social attitudes, lead commissioner for the UKDPC's stigma project (*DDN*, 22 November 2010, page 6), Professor Colin Blakemore told the conference. Two thirds of employers said they would refuse to employ an ex heroin or crack user irrespective of whether they had recovered and how suitable they were for the job, and the attitudes of health professionals, housing organisations, employers, colleagues and friends all had a huge impact on chances of recovery. 'The effect on users and their families can be very significant, particularly in social contexts like the workplace. It's not going to be easy to challenge attitudes – the media are key, as they were in changing attitudes around mental health issues. We've got a big battle to win on this.'

On the question of job availability in the current economy, Wilkie-Jones told the conference 'what we can't do is deliver loads of extra jobs, but we can better equip people to compete for the jobs available' – through reviewing the Rehabilitation of Offenders Act and Criminal Records Bureau checks, as well as through employer engagement. The public sector also needed to play a role, particularly through volunteering opportunities. 'I want to bust a myth here,' he said. 'Volunteering can be done, full time, on all benefits.' There would also be no sanctions for refusing treatment, he stated. 'But there will be if, as a consequence, you are unable to fulfil the normal requirements of benefit entitlement. We won't penalise you, but we're not going to make excuses for you either.'

Accommodation services were also vital to success in drug treatment, said director of practice and regions for Homeless Link, Mark McPherson. Homelessness services had not been protected in the same way as the drug treatment budget, he said – Supporting People funding had been cut and many agencies were dependent on the service priorities of local authorities.

The strategy's recovery focus was 'the right thing', said RAPt chief executive Mike Trace, but it was important not to lose the progress of the last ten or 12 years. 'It's good that the government refers to a rebalancing of the system rather than a replacement – we've ended up with the right set of words.' The commitment to get a handle on outcomes was also welcome, he said, along with the distribution of resources to local areas, but the problem with localism would be local commissioning capacity – 'trying to do everything with one man and his dog'. 'For a localised system to really work, the money needs to be flowing and the straitjacket – the waves and waves of guidance and required form-filling – needs to be removed.'

The government also needed to explicitly state what the new outcomes were, he said. 'There's a communication problem here. It's not fair to ask commissioners to commission to outcomes if you don't tell them what they are. I'd like the government to tell us what they're going to be, because every month that goes by, people are commissioning to other stuff.' The 'easy ones' were crime reduction and benefits, he said, although there was a risk of being overly simplistic in the latter case. 'Recovery' was trickier, as were things like social functioning. It was essential that payment by results did not become an incentive for people to work within their own narrow pathways, added McPherson. 'Integration is key – if hostel providers aren't being paid to reduce drug use, for example, they'll gradually stop doing it.'

Dr David Best: 'If you want somebody to recover, the best way is to change their social network. Social networks create the norm, the value systems, the rules.'

It was also important that measurements of quality and patient experience – 'the softer stuff' – was not lost, stressed director of the Royal College of General Practitioners' substance misuse unit, Dr Linda Harris, while Trace said there would need to be an 'entirely new way of thinking about commissioning'. External verification would be essential, he said, with 'separate, objective' case management systems. 'I think it can all be done, but I'm worried – ten months after the election – about the speed at which we're moving to a localised, outcomes-based system,' he said. There would be a lot of 'hybrid commissioning' over the next couple of years – 'trying to understand the new world, but still being dragged back into the old one, and my fear is we get the worst of both'.

The old delivery framework mattered because the 2010 strategy wanted to build on what had gone before, said NTA chief executive Paul Hayes. 'The only way we're going to get recovery, and get it now, is to use the structures around us – 143 out of 149 areas will not be piloting PbR and it's essential we get our heads around that.' There were already very significant shifts on the ground, he said, with thriving recovery communities closely linked to treatment services.

'There are very real things that are happening – they need to be captured and built on, and the current set up is how we do that. Directors of public health won't have their own real budget until 2013/14 which is why it's important to use the levers available now.' The new treatment landscape was emerging, he said, but parts of it would be relatively slow to emerge. 'Two years is a long time to wait, especially if you're a service user.'

Public Health England, however, would be the perfect vehicle for bringing together the commissioning process for drugs and alcohol, he said, and there were already significant moves to integrate drug treatment in prison and the community. He acknowledged, however, that although there was a ring-fenced public health budget, drugs and alcohol were not necessarily big priorities for many directors of public health, and would have to compete with issues like smoking and obesity. 'We will be engaging with them over the next few months on what for many of them will be a fresh challenge, as some may perhaps have a narrow view of the public health agenda. There's a real selling job to make the case at local level – we need to demonstrate that treatment can deliver on things like health and wellbeing and community safety.'

The PbR pilots would be identified by April 2011, he told delegates, to be co-designed with the areas delivering them, start in October 2011 and end in 2013, followed by independent evaluation. Proposed outcomes so far were freedom from dependency, employment, reoffending and health and wellbeing. 'There won't be a firing gun and people expected to roll out PbR. The assumption is that people will see that it works and will want to opt in. It won't be rammed down people's throats – that's not how this government intends to do business.'

Concerns over the strategy's recovery focus were misguided, reader in criminal justice at the University of the West of Scotland, David Best, told the conference. 'Recovery is not only possible, it's probable.' Aftercare could dramatically enhance post-treatment outcomes but it was provided to 'remarkably few people', he said. 'We offer an awful lot of front-end interventions, and we talk about revolving doors of treatment when we have, in part, created those conditions.' There was also a 'professional culture of learned helplessness', he said. 'We've fallen over ourselves lowering the bar and lowering expectations of recovery.'

Methadone provided stability and a 'public health, public safety gate', but would not 'deliver recovery' he said. 'Recovery as a philosophy is not about taking people with a bundle of symptoms and making them asymptomatic. It's about growth and quality of life.' The purpose of a drug worker remained the same – supporting the client through acute treatment – but their most important role was to link people with recovery communities, he said, as recovery was not something that services imposed.

'If you want somebody to recover, the best way is to change their social network. Social networks create the norm, the value systems, the rules.

'Abstinence spreads in a contagious social manner in social networks. There were 1,500 people at the recovery weekend in Glasgow last year. People said "you'll never have all that – recovery walks, recovery cafes, serenity cafes – in Glasgow. It's Californian nonsense." But we do.' **DDN**

A profile of Dr David Best will be in April's *DDN*

LETTERS

'Complacency has led to the situation whereby we find ourselves questioning the value of 'harm reduction', which is a bit like questioning the value of pedestrian crossings – sure they save a few lives, but we can't measure that, and people still die on the roads.'

WILL THE LAST ONE TO LEAVE...

I write in response to the Soapbox column *What now for harm reduction?* (*DDN* 7 February, page 19). Complacency is at the core of so many moves towards a reactionary shift in thinking. This shift in thinking is not wholly surprising, given that so much media space is given to fuelling the fire of anger towards people described as 'scroungers', 'junkies', 'winos', and 'nutters'.

It is complacency around the very rights of other human beings to be of equal value that has led to the erosion of the fundamental values that make us a society in the true sense of the word.

This same complacency has led to the situation whereby we find ourselves questioning the value of 'harm reduction', which is a bit like questioning the value of pedestrian crossings – sure they save a few lives, but we can't measure that and people still die on the roads. The question raised by Neil McKeganey of 'why has harm reduction fallen so far from a favoured position' is not vastly different. The answer is simple and therefore easily missed. It is a reaction to complexity. Life is complex, people are complex, and solutions are not easy to come by, and may not even exist.

For many in the drug field, this complacency was a result of many years of pragmatism and relatively little reflection. We bathed in the glory of our successes, moving the goal-posts at will to redefine our achievements, but we rarely stopped to consider the view from the outside. Conference upon conference of like-minded people slapping each other on the back and reporting on success and achievement, whilst service users were self-reporting their drug use in a shared conspiracy with their drug workers that this reciprocal delusion could continue unabated.

Then the reality dawned, and we quickly pretended that we agreed all along and everyone should join the revolution – only our revolution was going to be 'recovery'. Not quite a revolution, more a refurbishment. The problem with this refurbishment is that it has allowed a voice for dissent among those who never really liked the idea of harm reduction, much like freedom of speech allows a slight gap for the bigot to express views that can offend and hurt if that gap is not policed through political correctness.

I'm not trying to suggest that those who disagree with harm reduction are bigots, but there have certainly been some messages that signal a less than tolerant tone. The rekindling of the term 'clean' suggests any other state is 'dirty', and 'addiction' is liberally used and rarely defined. Is this merely semantics? Possibly, although I believe that sticks and stones can break bones but names can cause massive psychological damage and stigma. But of course, stigma, for Mr McKeganey, can be a therapeutic tool in behaviour change. I'm awaiting the evidence on that one.

He says the harm reduction lobby have 'diluted their commitment to reducing all forms of drug use', but surely this is much more about a growing pragmatism based upon the evidence that drug use is essentially not abnormal behaviour. I don't hear many harm reductionists saying that those who choose abstinence are not normal, but I have heard some proponents of abstinence say this of drug users. I find this frankly insulting.

The refocusing of drug services on the service user is a good thing and I support the need to re-think our delivery of services to meet new and differing demands. What I am highly suspicious of is using the recovery agenda to assert the belief that 'drugs are bad'. This view is far easier to express publicly and hence the picture becomes distorted, as those of us who do not hold this view are seen as being part of the 'old drug system', 'liberalist', 'politically correct', amongst other terms of derision.

Lastly, Neil McKeganey talks about those of us who practice harm reduction and lobby for drug law reform as needing to 'temper' this support so as to 'concentrate on individual and public health protection', but this would have been contradictory to the amendment of the Misuse of Drugs Act that allowed for provision of a wide range of injecting equipment. It is very conceivable that part of the fuelling of hepatitis C in the UK was as a result of restrictions in equipment given prior to this amendment, not as a result of the failure of needle exchanges.

I applaud *DDN* for giving a voice to Neil McKeganey even if I disagree with almost everything he has to say. My only reservation is that whilst I can have my chance to give my views here, in a wider society context my soapbox is a lot smaller than his and it is becoming a lot less stable to stand on.

Colin Tyrie, senior public health development advisor in substance misuse, Manchester

RIDING FOR A FALL

In asking the question of whether it will be possible to combine recovery with harm reduction, Neil McKeganey highlights a persistent failing of the drug and alcohol field. If we focus on the wellbeing of those who make use of our services, then not only does this combination become possible, it becomes inevitable.

Clearly there are many for whom drug or alcohol use has become so problematic that the goal of becoming drug or alcohol free is extremely appealing. However, it is precisely because there are so many that struggle to achieve this goal that we also need harm reduction approaches. There are also those whose goal is to control and moderate their drug or alcohol use.

Unless we take the time and effort to understand the goals of services users, we have little hope of being able to support them effectively.

If we allow our own views and opinions to set the treatment agenda, we are likely to fail. I do not believe that it is the role of drug and alcohol agencies to either promote the opprobrium associated with drug use or to promote a drug-using lifestyle and campaign for changes in legislation.

There is a vast body of research evidence that should guide treatment and interventions – particularly in relation to substitute prescribing. However, to be in a position to accept any offer of treatment or support, problematic drug or alcohol users must engage with the service and this will only happen if the service is seen as relevant to their issues rather than imposing its own agenda.

Professor McKeganey attacks harm reduction on three principle grounds; cost, failure to stem the spread of hepatitis C, and the presence of methadone in drug deaths.

Oddly, he also seems to blame harm reduction for the take up of drug use at an increasingly younger age, increases in cocaine use, and the growth of parental drug use – perhaps harm reduction has allowed drug users to live long enough to become parents in the first place.

The increase in cost is a result of the general increase in drug use which has its roots in the wider availability of drugs and an increase in the social conditions that create the market. A recovery approach has to be holistic and client-centred and is not a cheap option. However, if Professor McKeganey's argument is for an increase in public expenditure on drug and alcohol treatment services, then it is to be applauded.

Hepatitis C is a more robust virus than HIV and it will only be through increasing harm reduction measures that we have any hope of stemming its spread.

We do not have to fall in line with the false dichotomy of recovery versus harm reduction. Interpretation of research evidence is not always straightforward but it is our responsibility to both funders and service users to make the best use of it we can. Being drug-free might obviate the need for harm reduction; wanting to be drug-free does not.

The successful interlinking of recovery and harm reduction approaches will occur if we address the needs of the individual by helping service users articulate and achieve their own goals without pushing our own opinions and values. For anyone who has experienced problems with drugs or alcohol phrases like 'what you should do is...' are all too familiar and are rarely helpful.

Giles Wheatley, by email

DIFFERENT SIZE FEET

I can't believe some people. For years they bang on about abstinence being the only way forward, and how harm reduction is a load of rubbish. They now say 'is it harm reduction or is it abstinence – it's both'. That makes me cringe.

Is it all about funding and targets? One word springs to mind – Hippocratic. For me it's a personal journey and what works for one might not work for others. We all have different size feet.

Des Whittall, by email

MISLEADING REPORT

Your report of the NTA's recent roundtable to discuss recovery (*DDN*, 7 February, p12) gave a useful summary of the seminar, but unfortunately was misleading in one respect.

In my capacity as chair of the gathering, I summarised the proposition put forward by some participants as 'the system is too big' and needed to shrink. That view was proposed by Kathy Gyngell of the Centre for Policy Studies, and I put it to the meeting for debate with the rider, if so, what is the right size for the treatment system to be?

My view is that any proposal to downsize has to take account of the scale of addiction, with those in treatment in the community accounting for only half of the estimated 300,000 heroin and crack users in England.This means that those still outside the system will continue to be at risk of bloodborne viruses and drug-related deaths, they will be denied access to recovery, and their offending will continue to be a blight on the lives of their communities.

In these circumstances, I don't think it is sensible to say there are too many in treatment. If the system does retrench, for example through pressures on public spending, then our challenge is to find and deliver ever-smarter ways of building recovery rather than introduce rationing of services.

Paul Hayes, chief executive, NTA

ABANDON TIME-WASTER PILOTS

I notice that some adverse comments on Payment by Results are coming from those organisations supporting the NTA's team of 'pilots'. A briefing from UKDPC, and another from DrugScope, contain subtle knocking of both abstinence and PbR, and also omit mention of the most important factors needed to successfully combine a lifelong abstinence result with PbR. Fully justifiable upfront payments are of course the reimbursement of a service user's bed and board and general living-in costs. These are around 30 per cent of an abstinence provider's total costs, and result in the addict being kept away from drugs and crime for the whole four to nine months he is in residence – a worthwhile result. But interim steps in his progress such as withdrawal, detox, re-education and improved employability merit no advance payments until those steps are fully proved over time.

Any rehabilitation provider with extended experience of delivering lasting abstinence knows what seems to elude the NTA with its lack of experience in the full recovery field. Namely that, when an addict enters a successful abstinence provider's premises, he goes immediately into the withdrawal suite and stops using there and then, and any humane provider's non-drug withdrawal technology works to alleviate any cold-turkey effects. As a result the user stops drug-taking from day one.

This means that the imposition of a result based on a 12-month drug-free period from the date of programme completion is a totally unnecessary delayed payment burden for any charitably based provider. If NTA-favoured providers cannot deliver this result now, instead of pushing them into entering expensive pilots which demand results they know their rehab systems cannot provide, let's abandon this time and money-wasting needless exercise and start working with those providers who already regularly deliver abstinence and who will work on a PbR basis immediately.

Elisabeth Reichert, school head

INNOVATIVE TOOL

It was great to see your article *Star quality* highlighting further development of outcomes tools that enable service users to make positive changes and measure these changes (*DDN*, 17 January, page 11).

Open Road has been using a version of the Outcome Star across our services in Essex since 2007. The benefits for staff, service users and the organisation are fantastic. Feedback from service users is overwhelmingly positive – noting its simplicity and visual appeal. We are currently producing an independent evaluation report on the outcomes achieved by service users as well as the benefits and impact of using such an innovative tool, we plan to publish the report in June 2011.

Joni Thompson, treatment manager, Open Road

THE REAL KEY PLANNERS

Because the government has set 'lasting abstinence' as the goal of recovery, a 'key player' must now be a provider who can consistently succeed in delivering 60 to 80 per cent of his clients in that abstinent condition.

But how many larger organisations have such an essential success level, because to my knowledge, most of these providers are, as Lord Mancroft states: 'getting telephone number amounts of money for not making people very much better – just holding onto them and maintaining them on drugs' (*DDN*, 7 February, page 12).

As the bulk of such treatments are based on methadone or 12-step, and it is known that their abstinence rates run from 3 to 25 per cent, it is clear that the providers with which the NTA are working are in no way qualified to regularly deliver 'lasting abstinence' or to depend on being paid on their results. Hence all the diversionary fuss.

Better results are obtained by AA, NA and CA, and in fact, the rehabs which can and do regularly deliver lasting abstinence are usually smaller, have longer duration programmes than most and, as the chairman of the APPG observed '...know what works, and we need to bring those people who haven't been in the mainstream into the mainstream'.

As the NTA doesn't know or have contact with them, it would be more effective to widely advertise for those providers of lasting abstinent recovery to come forward and meet ministers with a view to delivering training intended to convert 25 per cent success rate rehabs into at least 60 per cent. Internationally there are organisations which do this all the time.

Kenneth Eckersley, CEO Addiction Recovery Training Services (ARTS)

We welcome your letters...

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

HAVE YOUR SAY
ON THE FUTURE OF DRUG TREATMENT

The demands on the drug treatment system have changed a lot since 'Models of Care' was updated in 2006. The focus now is increasingly on supporting recovery and reintegration.

Our aim is to refresh the framework for the drug treatment system so that it promotes recovery and the ambitions of those who work in it and use it. As part of this, we are seeking views from across the treatment field.

The consultation is available now on the NTA's website for you to download and complete. The deadline is 4 May, so don't delay – make sure that your views and ideas are heard.

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Questions and Answers

BACK BY POPULAR DEMAND!

Last issue Will wondered how he should react to a colleague's behaviour...

My colleague is professional in the workplace but twice now when he's been down the pub I've heard him boasting about having affairs with clients. Should I report him or assume he's making it up? *Will, by email*

I question Will's standing as a professional, if he is having to ask this question. I am left wondering why he is not doing more to find out if his friend is just boasting, given that many clients fall into the category of vulnerable adults and Will has a duty of care to ensure they are not being abused in any form. If his colleague is abusing or even suspected of abusing his position, report it. If it turns out he is not a sexual predator, offer him help in his childish pursuit of mindless boasting.
Alan Moore, by email

How destructive could this be? If the 'professional' is having affairs with clients, how can you say they are being professional in the workplace? I find this really concerning and entirely unprofessional. Clients are vulnerable and have come to the service for help, not to be preyed on.

To even consider a relationship, which I'm guessing would be against policy and procedure anyway, has the potential to be really destructive for the client on so many levels and would interfere completely with the service being provided. Also there is the little issue of anonymity if this 'professional' is boasting about their relationships.

This is predatory behaviour and destructive in every way, in this or any other context. Will should definitely report this issue – it has concern all over it.
Kevin Jaffray, by email

This man sounds abhorrent! He is clearly in a position of trust and using this to prey on vulnerable individuals. This type of behaviour is as low as it gets and probably points to his own inadequacies if he has to strike while his victims are at their lowest ebb.

You must not hesitate in reporting his behaviour to your manager. You should also ensure your manager treats this with the seriousness it deserves and reports the matter to the professional organisations that try and regulate the treatment industry. We must work together to rid treatment services of individuals like this, and try and create a safe environment for those who come to us for help.
Elizabeth Carson, by email

NEXT ISSUE'S QUESTION...
Can you help out a fellow DDN reader?

I came into the drug and alcohol field because I lost my brother to heroin. But I'm now finding it very difficult to deal with other people's problems and my feelings of vocation have turned to despair. I don't want to waste my training and experience – what should I do? *Carol, by email*

Email your answers for Carol to claire@cjwellings.com by *Tuesday 29 March* for publication in our next issue. Send any questions you have about any aspect of your working life or treatment experiences and let our readers help you out.

PARLIAMENTARY BRIEFING

Paul Hines **reports from the latest meeting of the Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction**

THE CROSS-PARTY GROUP'S ATTENTION focused on the 2010 Drug Strategy and the Ministry of Justice green paper on punishment, rehabilitation and sentencing. While welcoming the 'whole system' approach called for by the former and the emphasis on rehabilitation in the latter, members were concerned that lack of detail on implementation opened up the risk of unintended consequences.

Of particular concern was the introduction of payment by results (PbR). The group appreciated the fact that the government was proceeding with caution by piloting PbR in a range of localities and was committed to looking carefully at the outcomes before rolling it out. It was felt that PbR, if crudely applied, could destroy the voluntary sector if small and medium-sized providers didn't have the cash to cover deferred payments, or to cover reduced payments if targets were not met.

Other possible consequences of the drug strategy discussed included harm reduction services being targeted for cuts through the misconception that prescribing was obstructive to recovery. The emphasis on localism raised the risk of local disinvestment and subsequent reduction in the quantity of services.

The group's response to the Ministry of Justice green paper stressed the need for clarification on how the positive potential of restorative justice, community payback schemes and 'working prisons' was to be realised. Properly designed and implemented, they could benefit society and offer offenders a 'readmission ticket' into the community; hastily thrown together or ineptly applied, they could make offenders feel alienated and more likely to reoffend.

Regarding the consultation paper's plans to tackle offenders' drug misuse, the group wondered how the pilots for drug recovery wings would achieve better results than those generated by existing drug-free wings. Members wanted to know how capacity in the treatment system would be increased to cope with people with acute problems being diverted into the community.

The group considered the problem of people leaving the armed services with drug and alcohol issues. Kent police's pilot scheme to record the number of veterans entering the criminal justice system suggested that their most common offences were violent crimes committed under the influence of drugs and/or alcohol. Members felt that the state should provide a comprehensive package of care to allow returning service personnel to adjust to civilian life. It was felt appropriate, given the requirements of the Armed Forces Bill, that a Cabinet Office minister should be given specific responsibility for the welfare of current and former military personnel.

Parliamentarians from the group agreed to raise all the issues discussed with ministers through meetings and Parliamentary Questions.

Paul Hines works with the Conference Consortium. Cross-party group briefings, discussion papers and digests can be viewed at www.conferenceconsortium.org

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MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

Home Office ministers and officials shudder at the mention of the Advisory Council on the Misuse of Drugs. It is a hotbed of internal politics in which the threat of a resignation or a howl of protest against government policy is never far away... What never seems to concern the committee's members is that they are there to advise – not issue edicts which must be automatically followed by ministers.
James Slack, *Daily Mail*, 7 February

Dr Hans-Christian Raabe, we hardly knew ye. After just two weeks into his new job on the Advisory Council on the Misuse of Drugs, Dr Raabe, a devout Christian, has been fired for not revealing that he wrote a paper back in 2005 which linked homosexuality with paedophilia... Whatever the reason, it's good that he's gone. The ACMD is meant to assess evidence, and it seems that Dr Raabe's relationship with evidence was tangential at best.
Tom Chivers, *The Telegraph*, 7 February

Esoteric ideological debates over 'localism' have become pretty meaningless – though the right find it a useful distraction from the brutality of the cuts. The coalition brand of localism means the axe is devolved, along with the blame. Brazen denial, outrageous abuse of figures, and accusations of (Labour) council profligacy are their weapons of choice.
Polly Toynbee, *The Guardian*, 11 February

One South London council appointed a full-time adviser to deal with the very special needs of gay alcoholics...You can map the faddism of the past couple of decades from the back copies of the *Guardian* jobs pages. In the 1990s we were all going to die of Aids, so no council was complete without a dedicated HIV unit... At one stage, I worked out there were more people in Britain earning a living from Aids than actually dying from it.
Richard Littlejohn, *Daily Mail*, 15 February

The very idea of the Big Society was fundamentally flawed the moment Demolition Dave began wrecking neighbourhoods. Two thirds of people think it's spin to distract attention from the damage of cuts. I'm worried the other third are gullible. For Cameron to expect volunteers to plug the gaps he creates in public services is to wish for apple pie and motherhood. Cameron, and in fairness to the former telly PR man he's never been accused of deep thought, fails to grasp the relationship between individuals and families with communities, markets and government.
Kevin Maguire, *Daily Mirror*, 9 February

Post-its from Practice

Education, nature or nurture?

What makes a good GP, asks Dr Chris Ford

'I haven't got your patience. I couldn't sit and listen to that rubbish every day, and she was drunk you know!'

As a teaching practice we have lots of junior doctors and trainee GPs working with us. As part of their induction, each one sits in with me and meets a range of patients who have drug and/or alcohol problems. Each of these juniors' reactions tends to be a little different but they mainly fall into two groups – those who want to engage with this area of work and those who want to run a mile. Our last two juniors really brought this difference home to me.

The first doctor joined us about two months ago. Since then, she has covered for me while I was away, is presenting a paper at our Royal College of General Practitioners (RCGP) 16th conference in May, and has just completed her RCGP Certificate in Drug Dependency Part 1. The other arrived a few weeks ago, sat in with me last week, and was a complete contrast. As a woman shared intimate details of her life being brought up in care, she seemed totally uninterested. As she told us that she felt she had failed her daughter, herself ten years in care and recently reunited, she fiddled with bits of paper. I was appalled at the doctor's insensitivity and tried to shield my patient from her. As she was barely out of the door, the junior doctor said, 'I haven't got your patience. I couldn't sit and listen to that rubbish every day, and she was drunk you know!' I was speechless and it was only later that I was able to challenge her about her behaviour.

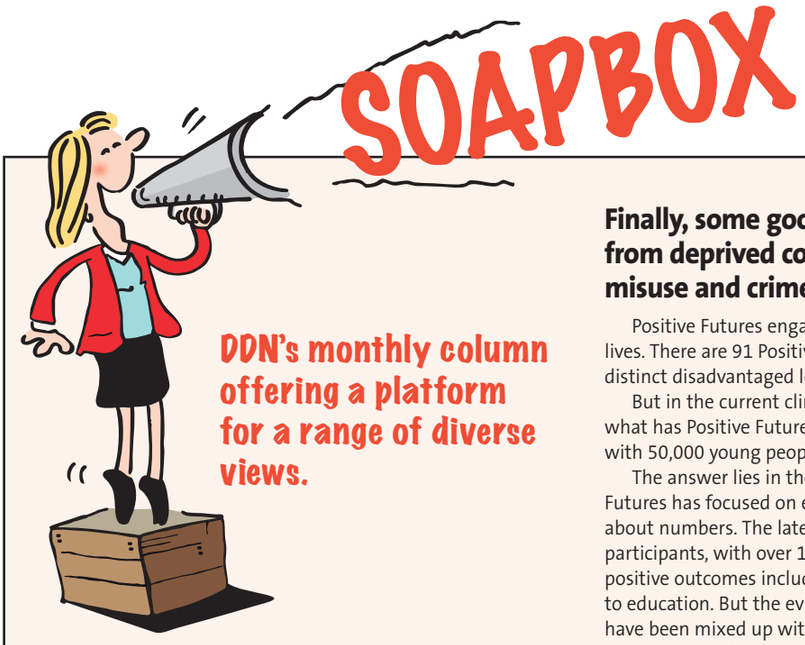
Which makes me wonder – what makes two people of similar age, education and culture behave so differently? Their reactions are not unique. The Royal Society of Arts (RSA) report *Whole person recovery: a user centred approach to problem drug use* (*DDN*, 6 December 2010, page 18) shows that GP involvement is seen by service users as a key element of care. Although many people receive the care they need, some patients have negative experiences when they approach their GPs.

Medical education is changing. Drug and alcohol problems now form a section of undergraduate medical training and the general practice curriculum, though this doesn't seem to have helped the second junior who sat in with me. SMMGP will continue to encourage increased awareness of drug and alcohol issues through the promotion of knowledge and understanding. With the RSA, we are developing a range of user-led innovations, including a training pack for GPs. Prejudice mainly exists through ignorance, which we can help to address, but is there something more we can do?

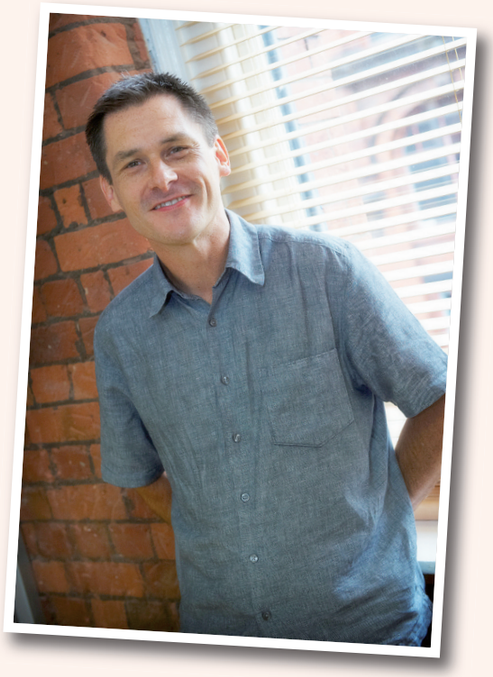
I feel privileged to work with people who use drugs and/or alcohol. They have taught me much about both my work and myself. As a group of patients, they constantly change on their journey and I am proud to join them on it for as long they wish. I feel sad that the second doctor may never experience this.

Post script:
Thank you so much to all those who contributed to Angie's funeral, from me, the SMMGP team and Angie's family and friends (DDN, 7 February, page 21). You were generous, and a good send-off was had.

Dr Chris Ford is a GP at Lonsdale Medical Centre and clinical lead for SMMGP, www.smmgp.org.uk



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



Programmes must give a better account of themselves if they want to keep their funding, says **Professor Tim Crabbe**

TELL YOUR STORY!

Finally, some good news. A programme that helps young people from deprived communities to steer clear of drug and alcohol misuse and crime has just received £10m from the Home Office.

Positive Futures engages 10 to 19-year-olds and supports them to move forward with their lives. There are 91 Positive Futures projects across England and Wales, each one focusing on a distinct disadvantaged local community.

But in the current climate of spending cuts, which have taken their toll on the youth sector, what has Positive Futures done differently? How has this prevention programme, which works with 50,000 young people every year, been able to retain its funding for the next two years?

The answer lies in the programme's ability to tell its story. For the past ten years Positive Futures has focused on evidencing the impact it has on young people's lives. But it's not just about numbers. The latest figures do show improved engagement among 70 per cent of participants, with over 10,000 gaining qualifications and almost 30,000 achieving other positive outcomes including access to drug treatment, employment, volunteering and a return to education. But the evidence also reveals the journey of many of those young people who have been mixed up with drug and alcohol misuse and are now developing the skills needed to get on a positive career path.

Take Andrew. He's 19 and has been part of the Leyton Orient Positive Futures Community Sports Programme since the age of ten. Now he's a Positive Futures youth advisor and a member of the Positive Futures national youth advisory board. 'When you grow up watching drug dealers driving around in expensive cars, it's easy to want a piece of the action and staying on the right path is difficult,' he says. 'I see many young people where I live in flash clothes – it's obvious they haven't got those things legally. Positive Futures... gives young people positive role models, someone who talks to young people as a friend... and who can also show them the right way to go without forcing it. The young participants at Leyton Orient Positive Futures look up to me, so it is my duty to keep them socially engaged.'

Projects around the country record their impact through thousands of first-hand accounts like this, with young people talking about their personal experiences of the programme – good and bad. Many participants also take part in filmed interviews, they keep diaries, take photos and create artwork. Staff track how many young people enrolled on a drug treatment programme or smoking cessation course. Did an inidiviual attend a music event raising awareness of binge drinking and substance misuse? Did they stay on the sidelines or become more involved? Maybe a young person helped a staff member set up a youth club session around drug prevention or perhaps they supported a peer?

Projects use an impact matrix to measure a young person's level of engagement and progression as they move from 'disengagement', through 'curiosity', 'involvement' and 'achievement' to the ultimate goal of gaining 'autonomy'. This shows how important it is to embed results evaluation in the day-to-day work of staff. A coach may see a young person who is totally disengaged and boasting about drinking to their mates. Rather than dismissing them as an outsider or lost cause they become motivated to find ways to engage that individual and build a relationship so they gradually move up the matrix.

With the reality of results-based funding looming, the model for early intervention and development projects must recognise and reward this type of evidence rather than relying on a simplistic zero-sum game: 'failed' or 'achieved'. Getting a young person to stop binge drinking might be the goal but getting them to reflect on the negative impact of alcohol misuse in front of their mates is certainly a step along the road, particularly where complementary outcomes such as a cessation of anti-social behaviour are achieved as a by-product.

It was this rich evidence base that helped Positive Futures secure funding by giving the Home Office a detailed oversight of the programme's impact at both macro and micro levels. This was made possible by a sophisticated monitoring system developed by Substance, the social research co-operative that is currently responsible for the evaluation of Positive Futures in partnership with Sheffield Hallam University.

Substance is now piloting a new and enhanced model of impact monitoring called Views, which it hopes will replace more burdensome and bureaucratic approaches to evaluation. Rather than being an imposition, this new model empowers frontline workers and makes use of young people's experiences and those of their families.

More than ever, commissioners are having to make tough choices about what to cut and what to keep. Personal development projects tackling alcohol and drug misuse must get better at telling their story if they want to stay the funding axe. **DDN**

Professor Tim Crabbe is chair of Substance and is responsible for the evaluation of Positive Futures in partnership with Sheffield Hallam University. The Views impact monitoring system is being piloted by four Positive Futures projects. Visit www.views.coop to find out more.

TENDER

St.Helens DAAT is seeking to procure a service for the provision of adult alcohol and drug services (Including Drugs Intervention Programme).

Our vision for the provision of alcohol and substance misuse treatment services is for an integrated system that is recovery orientated and delivered by a single provider, or small number of providers working in partnership, and exercising effective 'end to end' control of all elements of the treatment system. The service will be ambitious and inclusive, and will be shaped by the views and needs of local service users who shall be able to access support at any point within their recovery journey.

Expressions of interest are sought from suitably qualified organisations that can demonstrate the knowledge, innovation and flexibility to deliver substance misuse services to meet a range of diverse needs and realise this vision.

Interested organisations should note that Transfer of Undertakings Protection of Employment (TUPE) will apply.

It is proposed the contract will commence 1 September 2011 and will be for a term of two years with a possible extension of one year, based upon the discretion of the contracting authority and satisfactory performance. Further details will be provided on the 'CHEST', the North West's Local Authority Procurement Portal at www.thechest.nwce.gov.uk

The opportunity will be available at www.thechest.nwce.gov.uk
from 11 March 2011 (tender documentation from 17 March 2011)
Closing date for Expressions of Interest: 28 March 2011 at 17.00pm
Closing date for questions relative to the tender: 4 April 2011 at 17.00pm
Closing Date for PQQ and tender submission: 11 April 2011 at 17.00pm

For further information relating to this tender opportunity please contact: Phil Pokato, Corporate Procurement Manager, St.Helens Council, Hardshaw Brook Depot, Higher Parr Street, St.Helens WA9 1JR
Email: PhilPokato@sthelens.gov.uk or phone 01744 676783

Halton and St Helens NHS Primary Care Trust

St.Helens Council

ESSEX DAP drug & alcohol partnership

Expressions of interest for the provision of an Integrated Substance Misuse Recovery Management Service and Specialist Interventions (excluding prescribing)

In line with the changing landscape, the vision set out within HM Government Drug Strategy 2010 'Reducing demand, restricting supply, building recovery: supporting people to live a drug free life' and the local procurement cycle, the Essex Drug and Alcohol Partnership (EDAP) is inviting expressions of interest for the provision of a community based Integrated Substance Misuse System.

The proposed system will bring together key aspects of provision for young people, adult and family services across the county of Essex (excluding Southend and Thurrock). The system will be made up of an Integrated Substance Misuse Recovery Management Service (young people, adult and families) and Specialist Interventions including, psychosocial interventions, other structured interventions and a mentor and support service.

EDAP are inviting organisations and consortiums with a proven track record in delivery of substance misuse services to attend a Supplier Open Day.

The Supplier Open Day will set out the vision for an Integrated Substance Misuse System in Essex and will provide potential suppliers with the opportunity to discover more about the procurement process and will include a question and answer session with the commissioners.

Date: Wednesday 13th April 2011

Time: 2pm - 5pm

Venue: Essex Records Office, Wharf Road, Chelmsford CM2 6YT

To book a place at the Supplier Open Day please email: rita.smith2@essex.gov.uk

Places are limited to three per organisation

It is EDAP's intention to competitively tender the above provision throughout 2011 with a forecasted contract start date of 1st April 2012.

In order to obtain both pre qualification questionnaire (PQQ) and tender documentation suppliers are required to register their details on the Essex County Council (ECC) supplier portal www.essex.bravosolution.com The tender will be published on the Bravo Solutions portal in due course. ECC reserve the right to conduct an e-auction for this or any other of its requirements.

For more information on EDAP visit www.essexdrugaction.org

Keel Tender Services

ARE YOU STRUGGLING to understand the tender process? Are you looking at a pile of tender documents and are **NOT SURE WHERE TO START?** Would you benefit from advice on **HOW TO SUBMIT A SUCCESSFUL TENDER?**

As a Contracts Officer for a County Council I drafted and issued tenders for substance misuse services and was involved in the evaluation and implementation of the contracts. You can benefit from my experience and expertise through:

- *Workshops covering the basics of tendering; how to understand evaluation criteria and tips on how to submit a successful tender.*
- *1 to 1 support on any aspect of tendering. This can be provided in a combination of face to face sessions and via email.*
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If you would like to discuss what I can do to help you and your organisation then please do not hesitate to contact me for an informal and no obligation chat.

Maria Keel – 07989 746652
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Halton Borough Council

Halton Substance Misuse Recovery Orientated Treatment Service

TENDER OPPORTUNITY

Halton Borough Council in conjunction with NHS Halton and St Helens is procuring a service for the provision of adult alcohol and drug services (including Drugs Intervention Programme).

Our vision is to have a modern, integrated, recovery orientated substance misuse treatment service (drugs and alcohol) for individuals and families in Halton who need support to get their lives back on track. The purpose of the specialised treatment service is primarily to support people to break the cycle of dependence on drugs and alcohol and enable them to contribute fully to society.

Expressions of interest are sought from suitably qualified organisations that can demonstrate the knowledge, innovation and flexibility to deliver substance misuse services to meet a range of diverse needs and realise this vision.

It is proposed the contract will commence **1 September 2011** and will be for a term of two years with a possible extension of one year, based upon the discretion of the contracting authority.

We will be holding a provider information afternoon on the **17 March 2011**. If you are interested in attending this event, please register on 'The Chest', the North West's Local Authority Procurement Portal at www.thechest.nwce.gov.uk

Name: Sarah Bird
Email: sarah.bird@halton.gov.uk or phone: 0151 906 1522

*The Opportunity will be available at www.thechest.nwce.gov.uk from **21 March 2011***
Closing date for Expressions of Interest:
***14 April 2011** at 10.30am*
Closing date for questions on the PQQ and tender:
***14 April 2011** at 10.30am*
Closing Date for PQQ and tender submission:
***18 April 2011** at 10.30am*

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EXPRESSIONS OF INTEREST

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* ***Drug Interventions Programme across both London boroughs***
* ***Hammersmith and Fulham Open Access Service***

For further information please go to: *www.lbhf.gov.uk/Directory/Business/Tenders_and_contracts/Tendering_opportunities/55076_Tenders.asp*

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*Are you interested in **helping people gain independence from drugs and alcohol?** This is your opportunity to join **Bristol Drugs Project** – an experienced, energetic and resourceful service delivering effective services to over 3,000 individuals a year. For all posts you will need experience of working with problem drug users and we welcome past personal experience of problematic drug use.*

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Full time 35 hours permanent **– Job reference: DDN1**

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For an informal discussion contact Jayne Peters 0117 987 6019.

Closing date for all posts: Mid-day, Wednesday 16th March 2011

Interview date: Friday 25th March 2011

Please contact Angelo Curtis, quoting the job reference, for an application pack: BDP, 11 Brunswick Square, Bristol BS2 8PE Tel: 0117 987 6004, E-mail: recruitment@bdp.org.uk

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South-West London drug and alcohol inpatient detoxification Tier 4 service

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NHS Richmond

NHS Sutton and Merton

NHS Wandsworth

NHS Wandsworth and its Associate Commissioners, NHS Kingston, NHS Richmond, and NHS Sutton and Merton, seek tenders for the provision of drug and alcohol inpatient detoxification Tier 4 services to adults aged 18 and over in South-West London, comprising the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth.

The contract is expected to commence on the 1st November 2011 and is for 3 years with a likely maximum value of £4.8 million over the 3 years. There may be an extension for up to a further one year.

We encourage tenders from all potential suppliers, large and small, who are capable of responding to a wide range of diverse needs. We particularly encourage partnership tenders.

To obtain a tender please email **Tier4@wpct.nhs.uk** with your name, organisation and contact details and you will be sent the tender documents to be completed and returned to us by **5pm on Friday 29 April 2011**. Please indicate in your email whether you wish to attend our Bidders Open Meeting which will take place on **Wednesday 16 March 2011**

www.wandsworth.nhs.uk

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Acorn Treatment & Housing Projects – Stockport

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A willingness to be flexible and to work as part of a team committed to providing a service of excellence to all Acorn clients is necessary.

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Closing date: March 31st

LONDON BOROUGH OF
BEXLEY

THE LONDON BOROUGH OF BEXLEY IN CONJUNCTION WITH BEXLEY DAAT INVITES EXPRESSIONS OF INTEREST FOR THE PROVISION OF A STRUCTURED COMMUNITY-BASED DRUG AND ALCOHOL SERVICE AND THE DRUGS INTERVENTION PROGRAMME

The London Borough of Bexley on behalf of Bexley DAAT is seeking expressions of interest from suitably qualified organisations for the provision of the following services:

- *A non-specialist structured community service for adult drug and alcohol users*
- *The Drugs Intervention Programme team as defined by the Home Office's Operational Handbook for a non-intensive borough*

Expressions on interest are invited from organisations for either one or both of the above services.

This opportunity will be formally advertised on the London Tenders Portal from **Monday 14th March 2011** and further information will be available via this route. If you wish to apply for this opportunity, please follow the steps below:

- *Register your company free of charge on the London Tenders Portal via www.londontenders.org. You will then receive an email confirming your username and password.*
- *Log into the London Tenders Portal from Monday 14th March 2011 and express your interest in this tender opportunity.*
- *Once you have expressed an interest, you will shortly receive a second email containing a link to access the pre-qualification questionnaire.*

The closing date for registering expressions of interest is 12.00pm on Friday 8th April 2011

BLENHEIM CDP
THE LONDON DRUG AGENCY

Southwark Contact Team – Borough SE5

This service is part of the Drug Interventions Programme (DIP) in Southwark that aims to increase access to treatment for those coming into the Criminal Justice system. We work in police custody areas and magistrates courts targeting those offenders who have tested positive for Class A drugs.

Team Leader

£28,403 to £31,527

As Team Leader, you will carry a restricted caseload and, on a rota basis, deputise for the Service Manager, either within the custody, or court team. You will need to demonstrate the ability to effectively train and assess new workers and possess a high level of clinical knowledge. You will also have the capability to support and challenge workers on work practice. A good understanding of criminal justice initiatives, such as RoB, is essential. You will be expected to work some evenings and weekends. **Ref: BCDP/07/DDN.**

Project Worker

£25,921 to £29,197

You should have a good understanding of the complex needs of chaotic drug users and demonstrate the ability to make effective interventions, as well as building good working relationships with a range of agencies. You will be required to work some evenings and weekends on an eight week rota basis. **Ref: BCDP/08/DDN.**

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

Closing date: Monday, 21 March, 2011.

www.blenheimcdp.org.uk

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

Blenheim CDP: Registered Charity No. 293959.

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