SPECIAL EDITION – SERVICE USER CONFERENCE 2013

DDN
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BE THE CHANGE

FRIENDS, PEERS AND COLLEAGUES RALLY IN BRUM

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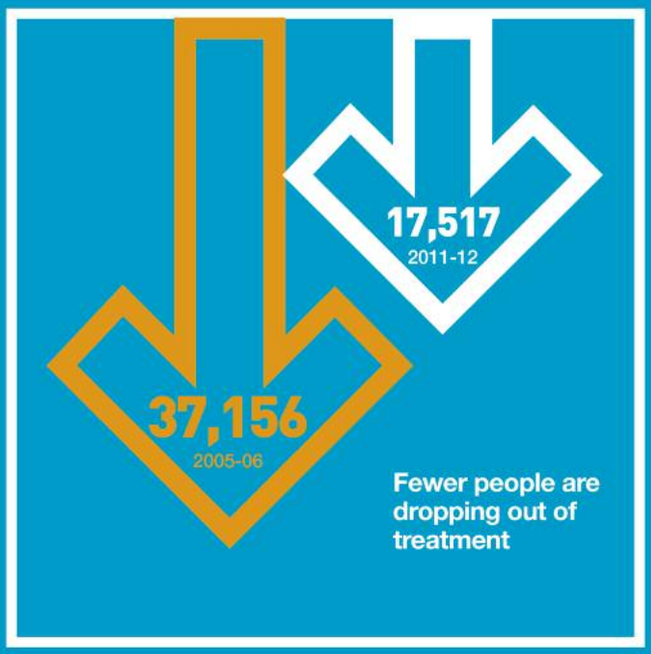
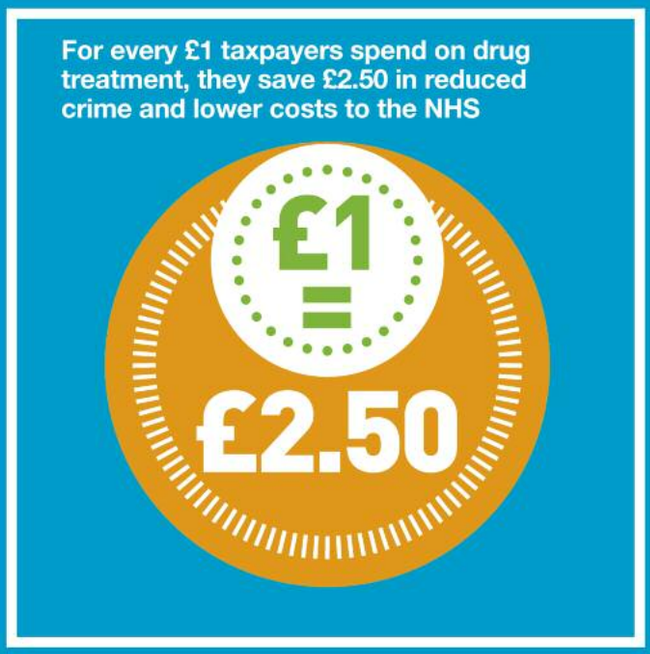
NHS
National Treatment Agency
for Substance Misuse

Drug treatment in England has come a long way





The NTA becomes part of Public Health England from 1 April and the work goes on to help more people recover from drug dependency
www.nta.nhs.uk

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Being the change

Service user involvement is thriving

How do you sum up an event like *Be the change*? With snow falling in the days leading up to the conference and all kinds of last minute hitches (as we waited to stuff the conference bags we heard they'd been delivered miles away in Dover!), our nerves were in shreds by the time we reached Birmingham. But as delegates streamed through the doors of The National Motorcycle Museum there was an overwhelming sense of optimism.

As the day progressed we realised more and more that it wasn't just about the programme – which became far less of a formal affair, with all the interaction from delegates. There was something special in the air, something that's come through on so many of the feedback forms – a feeling of pride and unity and a celebration of service user involvement in its many and varied forms. This conference has become so much bigger than us and our obsessively reworked ideas for an interesting day. It has become a vibrant demonstration of networking and peer support as well as a forum for many reunions. From Alex Boyt's inclusive opening remarks, to the joyous flash mob at lunchtime, to Andria Efthimiou-Mordaunt's brilliantly impassioned speech at the end, this was a day of magnificent participation and we thank every single one of you who came. Please leave your feedback at www.drinkanddrugsnews.com if you haven't already!

This issue

FEATURES

REGULARS

THROUGHOUT THE MAGAZINE: COURSES, CONFERENCES AND TENDERS

NEWS IN BRIEF

GAMBLING ON HEALTH

There is a 'great deal in common' between alcohol and gambling problems, as well as the way they can be treated and prevented, according to a report from Alcohol Concern Cymru and the Royal College of Psychiatrists (RCPysch) in Wales. 'Whilst fewer people suffer gambling problems than they do with alcohol, such problems can destroy their lives and their families,' said chair of RCPysch's Faculty of Addictions, Dr Raman Sahkuja. 'It is vital that access to appropriate advice and treatment is available and well-funded, especially when considering that often people with alcohol problems participate in unhealthy gambling, and vice versa.'

A losing bet at www.alcoholconcern.org.uk

PUBLIC HEALTH PRACTICALITIES

A new briefing on the imminent public health reforms and the implications for treatment services has been produced by DrugScope, including suggestions on how to engage with the new public health structures and decision makers.

Available at www.drugscope.org.uk

MATERNAL RECOGNITION

Phoenix Futures has launched a Mother's Day campaign highlighting the role mothers can play in a person's recovery, with almost half of the organisation's service users citing their mother as their main support. 'We know from evidence and experience that mums play a vital role in the recovery process,' said chief executive Karen Biggs. 'The personal cost to those mums is considerable and the reality of the world is that mums for various reasons often don't ask for help.'

SAMS SUPPORT

Treatment charity Foundation66 is launching a new volunteer peer mentoring service in Essex next month. The Support Advice and Mentoring Service (SAMS) has been commissioned by Essex County Council's DAAT. 'Matching people with a mentor who can identify with their particular situations and long-term goals can have an extraordinary effect on lives,' said interim chief executive Jakki Moxham.

CLINICAL CLAIMS

A guide to the contribution of clinical psychologists to 'effective recovery-orientated drug and alcohol treatment systems' has been issued by the British Psychological Society, aimed at service commissioners. *Available at www.nta.nhs.uk*

Health groups demand 'radical steps' on alcohol

A minimum price of 50p per unit of alcohol should be introduced for 'all alcohol sales' along with prohibition of 'all alcohol advertising and sponsorship', according to a report from the Alcohol Health Alliance, British Liver Trust and University of Stirling.

Health first – an evidence based alcohol strategy for the UK also wants to see 'at least' one third of every alcohol label given over to 'an evidence based health warning' and for the sale of alcohol in shops to be restricted to specific times of the day and designated areas.

The document is supported by organisations including Alcohol Concern, Cancer Research UK and ten royal colleges, and among its other recommendations are for the tax on every alcohol product to be 'proportionate to the volume of alcohol it contains', a tightening of the drink driving limit and the development of guidelines for 'the portrayal of alcohol in television and film'. Public health and community safety should be given priority in all alcohol policy making, it states, with no involvement by drinks companies in policy development or health promotion.

'The impact of drinking on public health and community safety is so great that radical steps are needed to change our relationship with alcohol,' says the report. 'We need to imagine a society where low or no alcohol consumption is the norm, drunkenness is socially unacceptable and town centres are safe and welcoming places for everyone to use. Our vision is for a safer, healthier and happier world where the harm caused by alcohol is minimised.'

A 50p minimum price would be 'excellent news for everyone – except those who profit from the excessive drinking which causes so many of the health and social problems this country faces', said the Faculty of Public Health, while the British Medical Association (BMA) called the government's plans for a 45p minimum 'too timid' in its response to the Home Office alcohol strategy consultation. 'Our members witness first hand the damaging effects of alcohol, and have repeatedly called for stronger action to reduce affordability and availability,' said BMA director of professional activities Vivienne Nathanson.

Meanwhile a report from the Boston University School of Public Health and the Center on Alcohol Marketing and Youth (CAMY) found that youth alcohol consumption in the US is dominated by a 'relatively small number' of brands, and called for more research into the link between advertising and young people's drinking behaviour. While the top 25 US brands – including Budweiser, Smirnoff and Jack Daniel's – accounted for almost half of youth alcohol consumption, adult consumption was 'nearly twice as widely spread among different brands'.

A report from the UCL Department of Epidemiology and Public Health has also found that alcohol consumption in England could be higher than previously thought, with self-reported consumption accounting for far less than the amount of alcohol actually sold.

'We don't know who consumes almost half of all the alcohol sold in England,' said lead author Sadie Boniface. With under-reporting taken into account, approximately half of men and women could be classed as 'binge drinkers', according to the study, published in the *European Journal of Public Health*. 'What's needed now is a detailed understanding of whether some people under-report their consumption more than others,' Boniface stated. A recent survey for the Department of Health also found that people could be underestimating their alcohol intake by as much as 40 per cent.

Health first at www.stir.ac.uk/management/about/social-marketing

Brand-specific consumption of alcohol among underage youth in the United States at onlinelibrary.wiley.com

How is alcohol consumption affected if we account for under-reporting? A hypothetical scenario at www.oxfordjournals.org

Fewer heroin and crack users, says NTA

The number of heroin and crack cocaine users in England has fallen below 300,000 for the first time, according to figures issued by the NTA.

The figure stood at 298,752 in 2010-11, according to *Estimates of the prevalence of opiate use and/or crack cocaine use*, down from a peak of more than 332,000 in 2005-06. The number of people injecting has also fallen to just over 93,400 from nearly 130,000 over the same period, it says.

The estimates 'support the continuing shift away from the most harmful drugs, particularly among younger people,' the agency states. However, while the number of under-35s using heroin and crack is falling, the number of 'entrenched users' aged over 35 continues to increase.

The number of people starting a new treatment programme for addiction to heroin and/or crack has fallen to 47,210 in 2011-12 from 64,288 in 2005-6, as local authorities take over lead responsibility for commissioning substance misuse services from next month.

'The NTA is handing over to Public Health England and local authorities a world class drug treatment system, with rapid access to evidence-based interventions and increasing rates of recovery,' said chief executive Paul Hayes. 'The new public health landscape presents both opportunities and challenges. Local authorities are well placed to bring together all the support people need to help them recover from addiction, including access to housing, employment and social networks. However the strong recovery ambition called for in the government's 2010 drug strategy, and the investment in treatment, must be maintained if we are to consolidate and build on the gains we have made.'

Estimates of the prevalence of opiate use and/or crack cocaine use, 2010/11 at www.nta.nhs.uk

Internet drives 'new era' for European drug market

Supply and demand of illicit drugs in Europe is entering an 'important new era', according to a report from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol, with both globalisation and the internet having a profound impact.

Technology has been a 'significant game-changer' in the trafficking, production and distribution of drugs, says *EU drugs markets*, with the internet acting as both marketplace and communication tool, while globalisation has meant more countries being used as storage, transit or production locations. The market is 'increasingly dynamic, innovative and quick to react to challenges', states the report, with new trafficking routes and 'multi-substance consignments' replacing the trafficking of specific drugs along well-defined routes. There is also a growing trend for producing drugs close to their intended markets so they are less likely to be intercepted.

The EU is now also a 'key source of expertise and know how' regarding synthetic drug production and intensive cannabis cultivation, it says. A total of 73 new psychoactive substances were officially notified for the first time in the EU in 2012, up from 49 in 2011 and 41 in 2010. 'The speed at which changes are occurring and the parallel need to respond rapidly to new developments is a challenge to conventional statistical reporting models,' says the report, the first time the two agencies have provided a joint analysis of the European market.

The increasingly joined-up nature of the market represents 'one of the most complex and invasive criminal phenomena of our times,' said EU commissioner for home affairs, Cecilia Malmström. 'Organised crime groups are now more likely to deal in many substances at once and are more likely to join forces. National measures are simply insufficient, no matter how robust they are.'

The 2012 annual report from the International Narcotics Control Board (INCB) also highlights the 'unprecedented proliferation' of new psychoactive substances and calls for 'concerted action' from states to prevent their manufacture and trafficking. 'Clear action must be taken now by governments to prevent and deal with the abuse of these so-called 'legal highs' which are already a threat to public health,' said INCB president Raymond Yans.

Meanwhile, the Home Office has announced that a range of legal highs including methoxetamine – sold as Mexxy – and the synthetic cannabinoids contained in Black Mamba and Annihilation are now class B drugs. Methoxetamine was subject to the UK's first temporary class drug order last year (*DDN*, April 2012, page 4).

EU drug markets report: a strategic analysis at www.emcdda.europa.eu

INCB annual report at www.incb.org

Heroin deaths continue to fall

The number of deaths related to heroin and morphine fell from 41 per cent of total drug-related deaths in 2010 to 32 per cent in 2011, according to figures released by the International Centre for Drug Policy (ICDP) at St George's, University of London.

The total number of drug-related deaths in the UK fell by seven per cent from 1,883 in 2010 to 1,757 in 2011, says the *National programme on substance abuse deaths (np-SAD) 2012 report*, continuing the downward trend that saw deaths fall by 14 per cent between 2009 and 2010. The number of deaths from legal highs 'remained steady' in 2011, however, following a large increase the previous year.

Deaths related to methadone rose by four per cent to 31 per cent between 2010 and 2011, while deaths involving other opiates including prescription painkillers rose by six per cent to 28 per cent. Deaths involving cocaine rose from 8.7 to 9.2 per cent of the total and amphetamines from 2.9 to 3.7 per cent. The report covers deaths that have been formally investigated, and includes information from coroners and police forces across the UK. More than 70 per cent of the deaths were of males, and 66 per cent were under the age of 45.

'Whilst an overall decline in drug-related deaths in the UK is indeed excellent news, further monitoring of the situation needs to happen over the next few years,' said acting director of the ICDP, Professor Fabrizio Schifano. 'Particular attention needs to be paid to both the emerging issues of novel psychoactive substances, which are commonly known as 'legal highs', and the increasing concern relating to prescription drugs' misuse and related fatalities.'

Meanwhile, Scottish GPs have 'minimal' awareness of the country's naloxone programme, according to research by the University of Aberdeen. 'GPs tend to classify naloxone provision as a specialist service and therefore assume it is not part of their remit,' says the document, including 'those with higher involvement of specialist training in substance misuse'. The report calls for improved training and information resources for GPs. Two of Northern Ireland's health trusts – the Belfast Trust and the South-Eastern Trust – have failed to distribute naloxone, despite it being available to them since July 2012, the BBC has reported.

Drug-related deaths in the UK at www.sgul.ac.uk

General practitioner engagement with the Scottish National Naloxone Programme: a needs assessment project at www.healthscotland.com/documents/6258.aspx

NEWS IN BRIEF

TRAINING OF SUBSTANCE

Understanding drug and alcohol use should be a key part of social work practice and professional development, according to a new Adfam report. *Parental substance use: through the eyes of the worker* calls for compulsory pre-qualification training in substance issues for all social workers, and warns that local authority budget cuts are risking child protection. 'We know there are hundreds of thousands of children whose parents have a serious drug problem and yet in many ways we continue to skirt around the issue instead of tackling it head on,' said chief executive Vivienne Evans. *Available at www.adfam.org.uk See April's DDN for a profile of the chair of the British Association of Social Workers special interest group on alcohol and other drugs, Dr Sarah Galvani.*

TRANSFORMING OPINIONS

More than half of the British public support either the legalisation of cannabis or decriminalising its possession, according to an Ipsos MORI poll for Transform, with around two thirds also supporting an independent review of 'all of the possible policy options' for controlling drugs. 'These results show just how far ahead of politicians the public are,' said the organisation. 'Whilst Labour and Conservative politicians shy away from the debate on drugs, around half of their supporters want to see legal regulation of cannabis production and supply or decriminalisation of cannabis possession, and a significant majority want a comprehensive review of our approach to drugs,'

TOP TIPS

The NTA has refreshed the TOP website to make it more accessible, and added resources including a *Getting better outcomes* slide pack and a plain English document on how to use TOP to 'enhance keyworking and improve outcomes'. *www.nta.nhs.uk/healthcare-top.aspx*

HIV HELP

Improvements can be made to the range and quality of services for injecting drug users in relation to HIV risk, according to a report from the National Aids Trust. Around one in 250 people in the UK who inject drugs is living with HIV, rising to one in 111 in London. *Injecting drug users and HIV* explains the epidemiology and sets out key policy issues. *Available at www.nat.org.uk*

THE FRANCIS REPORT: WHAT ABOUT DRUG AND ALCOHOL SERVICES?

The Francis report into the Mid Staffs NHS Trust dominated the headlines and reignited the debate about health service provision. But what are the likely implications for the substance use sector, asks *DDN*

Called the 'worst scandal in the history of the NHS', the appalling neglect of patients at the Mid Staffordshire NHS Foundation Trust led to a public inquiry chaired by Robert Francis QC and, last month, the publication of his vast and damning report, weighing in at nearly 2,000 pages over three volumes.

'There were and are a plethora of agencies, scrutiny groups, commissioners, regulators and professional bodies, all of whom might have been expected by patients and the public to detect and do something effective to remedy non-compliance with acceptable standards of care,' wrote Francis to health secretary Jeremy Hunt. 'For years that did not occur.'

His report calls for a system that 'recognises and applies the values of transparency, honesty and candour', and contains nearly 300 recommendations that he wants to see 'all commissioning, service provision, regulatory and ancillary organisations in healthcare' consider and apply to their work.

But how much are those in the substance misuse sector likely to feel the fall-out from the report? 'It is largely NHS-focused so if there are services which are run within the NHS then they are going to know about it,' says social care consultant and *DDN* contributor David Finney. 'With, say, the detox services and maybe even any other services that receive NHS funding, there's probably going to be additional demand on them to make sure they listen to patients or service users. Because the fact that all these families had people who'd received such awful care was the major thrust for getting the Francis report going.'

The last time the CQC was subject to a barrage of criticism – in the wake of the equally shocking Winterbourne View scandal in 2011 – part of its response was to toughen up its inspection regime. Does this mean they're likely to do so again? 'I think they will,' he says. 'But the only danger is they'll focus so much on the hospitals that they might stop focusing on the rest of their regulatory function. That's a possible problem.'

One potential outcome, however, is the creation of a more level playing field between NHS services and independent, voluntary services, he explains, as while social care regulation is currently 'quite robust' the regulation of the NHS has been more distant – 'more statistic-based, rather than getting in there and finding out'.

Responding to the report, the Faculty of Public Health stated that all health professionals must 'have the confidence to speak out if they are concerned that patient care is being compromised'. The report itself, however, wants to see an enforced 'duty of candour', making it an offence for staff not to report their concerns (although in the case of Winterbourne View it was the BBC's *Panorama* programme that exposed what was going on, the CQC having ignored the concerns of a senior nurse who contacted them). Is the recommendation practicable, given how whistle blowers tend to be treated by their employers?

'That will require a culture change in whatever organisation is being complained about, but if it's got to the stage of whistle blowing then something's obviously gone badly wrong,' says Finney. 'I hope it works. I hope people realise they're responsible, because again it's the lack of a level playing field between NHS services and independent services – the registered manager and the nominated individual are directly accountable and can be convicted of a criminal offence for not doing those things, whereas in the NHS they didn't have those similar people appointed. So it is really just levelling the playing field and highlighting the fact that it's got to be done, because the [Mid-Staffs] patients and families are naturally angry that nobody's been brought to book.'

The report also describes a lack of openness and transparency throughout the system. Is that true on the substance misuse side of things – do those things already exist, or does this need to be worked on more? 'I think there's always scope for working on that more, but it is there. But I think this just sharpens the minds of the CQC that they really do have to do that.'

The report is fairly damning about the CQC, however – branding it defensive and opaque, among other things. Is that fair? 'I think it is fair, although that was more in the days of [CQC forerunner] the Healthcare Commission I think,' he says. 'I think there is a lack of transparency – a lot of the services I work with aren't clear about how the CQC are going to go about their business, and sometimes they're not clear about how they've made their judgements, as it's not immediately obvious. But I don't think the substance misuse sector has suffered a great deal under the CQC. I'm not picking that up, anyway.'

Another focus of the report is around leadership and direction. Having a chief inspector of hospitals, as Francis recommends is 'an interesting proposal', says Finney, as it would bring a higher profile to regulation. 'But the CQC now have this guy David Behan as chief executive, who is excellent – he's got vision and he's someone who gets things done. In his past life he used to be a chair of a DAAT in one of the London boroughs, so I think it's brilliant having him on board. I'm sure he still understands the substance misuse sector and has an empathy for it.'

Report of the Mid Staffordshire NHS Foundation Trust public inquiry at www.midstaffspublicinquiry.com

'With, say, the detox services and maybe even any other services that receive NHS funding, there's probably going to be additional demand on them to make sure they listen to patients or service users.'
DAVID FINNEY

MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

It is offensive to see people criminalised and imprisoned for using stimulants many politicians admit to having used, especially when countless experts and ceaseless inquiries found drugs such as cannabis and ecstasy less harmful than alcohol. It is one more reason for the disconnect between politicians and the people who put them in power.
Ian Birrell, *Guardian*, 19 February

The horror story of cruelty and neglect in Mid Staffs arrives as a ready-made justification for this government's fragmentation of the NHS. You don't need much political nous to detect Jeremy Hunt and his press softening up the public for the idea that the private sector now taking over many NHS contracts will better prevent such outrages in future.
Polly Toynbee, *Guardian*, 7 February

For far too long the [health service] debate in England has been comically simplistic. Tony Blair framed the argument during his second term in power as 'reform versus anti-reform', as if there were only one available change to the NHS – the one that he happened to advocate. David Cameron copied precisely the same language in justifying his current upheaval.
Steve Richards, *Independent*, 6 February

Some MPs and lords have had their offices funded by healthcare companies, some have been paid thousands to attend speaking engagements on behalf of firms that are now bidding for NHS business. Parliamentarians have been allowed to vote on reforms that they stand to benefit from, astonishingly an action that is permissible at national level but unlawful within local councils... For now our health service is in the hands of Tory Jeremy Hunt, a man who co-authored a 2005 book backing a 'denationalised NHS', and the outlook is horribly Orwellian and bleak.
Sonia Poulton, *Sunday Express*, 17 February

For some, lifelong methadone is necessary, for others, methadone in combination with rehabilitation and recovery in its many formats should be available and should be treated with the expertise and dignity offered with all other health and care interventions.
Roy Robertson, *Guardian*, 20 February

The constant cry from Labour, the public sector unions, local authorities and many commentators is that the cold-hearted Coalition is engaged in a 'slash and burn' policy that will end in the wholesale destruction of the welfare state...The truth is that this is utter nonsense. In fact, Britain's monstrously swollen state still devours almost half the nation's output.
Alex Brummer, *Daily Mail*, 25 February

Now here's something to warm the heart. A bunch of medics from Liverpool have set up an organisation called 'Street Doctors', where they go out and teach gang members how to staunch and sew up stab wounds. The obvious downside to this pioneering initiative is that we will probably, as a consequence, be left with more living gang members than would otherwise have been the case. They do not seem to have thought about that.
Rod Liddle, *Spectator*, 12 February

Payment by results does not reward organisations for supporting people to achieve what they need; it rewards organisations for producing data about targets; it rewards organisations for the fictions their staff are able to invent about what they have achieved; it pays people for porkies.
Toby Lowe, *Guardian*, 1 February

FAMILY MATTERS

POOR PERCEPTIONS

The links between poverty and addiction are complex and should not be over-simplified, says **Joss Smith**

'This kind of public statement may lead to confusion and a conflation of addiction and poverty... and risks further stigmatising some of our families most on the margins'

The public's perception of child poverty has been thrust into the spotlight over the last few weeks with a recent government survey suggesting that the public see strong causal links between drug and alcohol use and poverty. Ian Duncan Smith further discussed this point on in a speech at the end of January stating:

'For a poor family where the parents are suffering from addiction, giving them an extra pound in benefits might officially move them over the poverty line. But increased income from welfare transfers will not address the reason they find themselves in difficulty in the first place.'

He goes on to argue that:

'Worse still, if it does little more than feed the parents' addiction, it may leave the family more dependent not less, resulting in poor social outcomes and still deeper entrenchment. What such a family needs is that we treat the cause of their hardship – the drug addiction itself.'

Although it may be quite likely that an individual child with parents addicted to drugs or alcohol will grow up in poverty, this does not mean that drug or alcohol addiction is a cause of child poverty in the majority of cases. We note in our response to the government's child poverty consultation that only a fraction of the 2,300,000 children currently living in poverty will be living with a parent with a drug or alcohol problem.

Unfortunately this kind of public statement may lead to confusion and a conflation of addiction and poverty in the minds of many readers and risks further stigmatising some of our families most on the margins.

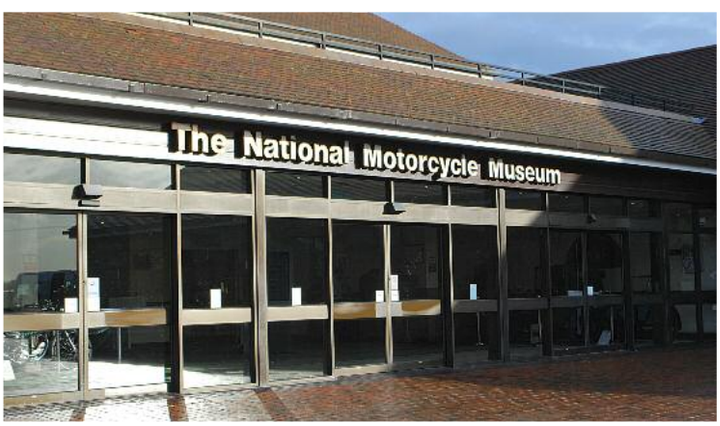
We welcome the government's efforts to further understand the wider determinants of child poverty and the impact that parental health (including drug and alcohol use) has on that child. However the links between poverty and addiction are complex and the extent to which it should be included in any multidimensional definition is unclear.

It is important that any measure seeks to review not only public opinion but also the vast body of available research and evaluations into child poverty, while maintaining the central measure of household income as the biggest determinate of poverty.

Joss Smith is director of policy and regional development at Adfam, www.adfam.org.uk

GETTING IT RIGHT

Representatives from the NTA, general practice and service user activism set out their priorities for the new treatment system in the dynamic opening session of *Be the change*



'The words "change" and "recovery" can mean a lot of different things to a lot of different people,' service user involvement officer for Camden, Alex Boyt, told delegates as he introduced *Be the change*'s opening session. 'Going from spending all your money on crack, with a little bit left over for food, to spending your money on food with a bit left over for crack is change for some people. For others, it's more substantial.'

Change, however, should never be something that's imposed, he stressed. 'We've moved from listening to people about when services are not working to listening to them about when they are working. But it's vital that we continue to do both.'

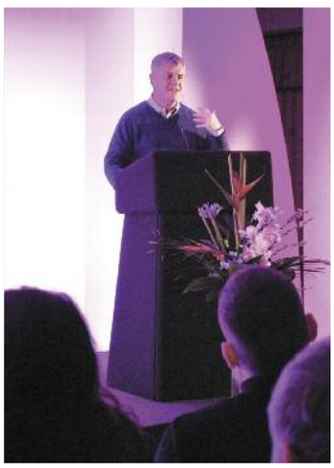
It was also vital to tackle stigma, said service user and activist Lee Collingham, particularly in terms of the barriers it created to accessing healthcare. Describing the experiences of service user peers, he told delegates that people were regularly and blatantly stigmatised in pharmacists, hospitals and a range of other settings. 'In the chemist it's supposed to be first come, first served, but people are left till last, as if they're not as important as the other customers.' When they dared to complain about this they were often met with hostility, he added.

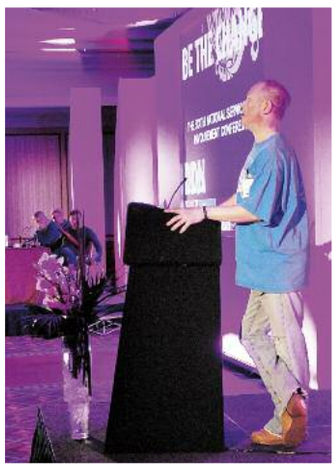
Service users also described how they were invariably followed by security guards, and similar occurrences. 'Many times in the workplace I've been overlooked for promotion because I'm open about my history, and you can see the attitudes of A&E staff change instantly,' said Collingham. 'It's everybody's responsibility to challenge stigma – in the workplace, in healthcare and in their lives in general.'

*****

One environment that aimed to be non-stigmatising was general practice, said GP and *DDN* columnist Dr Steve Brinksman. 'There are a lot of my colleagues, I know, who still won't work with substance users. It's seen as a specialist area, and it's also difficult to shift attitudes. Not everyone is brilliant in primary care, and we have to face up to that. But as newer people come in, things will move forward.'

One strong and obvious advantage of primary care was the medical knowledge of the practitioners, he stressed. 'It means we can work with people in a holistic way. There's also a recovery focus, but recovery in its broadest sense – it's not a time-limited thing.' Other benefits were universal coverage – as GPs should be readily





'Drug treatment is in reasonably good shape, alcohol treatment is catching up, and drug and alcohol treatment and recovery are priorities for Public Health England.'

ROSANNA O'CONNOR

'Many times in the workplace I've been overlooked for promotion because I'm open about my history, and you can see the attitudes of A&E staff change instantly...'

LEE COLLINGHAM

available – and rapid response.

There were threats, however, he pointed out. The move from the NTA to PHE, the disappearance of PCTs and commissioning's shift to local authorities meant there was a potential for fragmentation and the creation of postcode lotteries. There was also a reluctance to change on the part of some practitioners and organisations, and a lack of universally applied standards.

GPs in some areas had also been told that they could not do shared care, he said – 'a real issue for us moving forward' – and there were also concerns around tenders. 'If you have a contract you are less likely to get it when it comes up for tender than if you are applying from elsewhere.' Other growing challenges included the plethora of newer drugs, the increasing population of elderly users and the misuse of prescription and over-the-counter drugs.

Stigma would also need to be properly addressed, he stated. 'It's just normal people living their lives, and they need to be supported.' Peer support was vital in this – 'we need groups making those links' – as was social capital. 'I can't write a prescription for a job or a house or meaningful training.' Links with the right agencies were crucial here, he told the conference, and needed to be 'really embedded' in primary care.

'There's a lot of change happening, and you need to talk to GPs, commissioners and everyone involved in commissioning these services,' he urged delegates. 'And you need to do it now.'

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Service users had played a 'very significant' part in improving treatment, shaping services and 'challenging us at the centre to do more and do better,' the NTA's director of delivery Rosanna O'Connor told the conference. 'And long may that last.'

The last decade had seen drug use declining, fewer people injecting and more drug users recovering, she said. 'Treatment systems and services are much better, in that people are not dropping out as they used to, and the prospects for people coming into treatment today are much better than they were a decade ago.' Treatment also stopped around 5m crimes a year and saved £2.50 for every pound spent. 'Those are powerful messages to people in local authorities,' she stated.

'Drug treatment is in reasonably good shape, alcohol treatment is catching up, and drug and alcohol treatment and recovery are priorities for Public Health England. The political interest is still there, and that holds the money in.'

However the system was about to shift from a central funding body to 151 local authorities, all of which would have differing priorities, she said, although local commissioning would also bring new opportunities. 'Hopefully there'll be opportunities to join things up better – around families, housing, training – but disinvestment is still a risk.'

Nonetheless those local authorities would still be required to report on how much they spent on alcohol treatment, drug treatment for adults and drug treatment for younger people, she explained. Recovery ambition would need to be maintained and championed, and it was crucial to make the best of what the new arrangements offered.

'Your voice, and the voices of carers and families, the people who care about you, have been, and will continue to be, vital in shaping and improving local services,' she said. 'There's been no substitute for the power that comes with people like me being able to say, "Well, service users would challenge you on that". People in commissioning and in provider land will claim things that won't stand up to scrutiny, and you have a vital role in challenging that. Maintain your voice locally – it's really important.'

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Alliance CEO Ken Stringer stated that his organisation was 'snowed under to the point of dysfunction', however, as a result of people being 'forced off scripts' and out of treatment. 'That's not to say there's not a lot of good practice out there – there is. But there's some very bad practice as well.'

'Tell us where it's happening and we'll do something about it,' O'Connor replied. 'It shouldn't be happening – it's not policy.'

It was vital to forge new alliances to make the case for continuing investment, she said. 'The bit of the NTA that I'm responsible for – the parts that do the guidance and documents, and the local teams – will still be there in Public Health England, so keep in touch. We need you. There's no success without you.' **DDN**

WORKING IT OUT

Four lively workshops saw delegates debate healthcare, user groups, media and enterprise. Additional photography by Kerry Stewart

DOCTOR'S ORDERS

***The right to treatment* workshop heard from GPs and service users on how to make sure you get the best and most appropriate treatment**

'GPs will tell you what you need when it's you who knows what you need,' stated one delegate in the morning's *The right to treatment* workshop. 'I realise that ten-minute space means a lot of pressure, but it also means that sometimes GPs will not get the whole story.'

GPs could either be 'helpers or fascist pigs' said workshop chair Dr Chris Ford. 'We're like the rest of society. We've done a lot of education over the last 20 years, but there's still an enormous amount to do.'

Delegates stressed the importance of getting the right – rather than 'one size fits all' – treatment, to which she replied that it was always 'the person' who should be deciding their treatment. 'It's about treating people as a person, rather than a drug.'

'It's about having a dialogue, deciding on the best course of action, and going along with that,' commented one delegate. 'When I first went into treatment I thought I was involved in the decision-making, but it became apparent that I wasn't as involved as I should have been,' stated another. 'Recovery has been pegged as a destination rather than a journey.'

Much of the terminology in treatment could also be derogatory, added Ford. 'You're defining people by one small part of their personality – why should they be defined by one element of themselves?' SMMGP clinical lead Steve Brinksman, however, stressed that 'when I say to people, "you're hypertensive" or "you're diabetic", it's shorthand. So if I say, "you're a drug user", sometimes there's a difference between language being used judgementally and to define a particular meaning. In medicine it can sometimes get really complicated.'

'As a nurse I worked with someone who had a glioma, but because he's a drug user the GP said all his symptoms were down to that,' said one participant. 'You may be a drug user, but you've got a body as well.' Time pressures could be a problem here, stressed another – 'you only get about five minutes – you're allowed one problem at a time', while a third stated that there could sometimes be an attitude of 'you've brought it on yourself'.

The situation had undoubtedly improved, however, said Francis Cook of the National User Network (NUN). 'Things have changed, and we've come a long way – particularly in A&E. You now how have A&Es linked up to recovery communities. In the '80s there was no universal drug treatment of any kind.'

Many medical professionals still had an aversion to being challenged, however. 'Two weeks ago I saw my addiction psychiatrist,' a delegate commented. 'I went along armed with some information and was called a "cocky addict".'

There was a 'massive need for retraining', both for consultants and drug workers, said another participant. 'I pick up my methadone every two weeks and I'm supposed to see my doctor every two weeks,' stated a third. 'But I haven't seen him in four months – my script is just left there for me to pick up.'

'At the moment it seems to be about getting people out of services, and making services as unfriendly and untenable as possible,' said Alliance CEO Ken Stringer. 'It all comes down to a fundamental right to respect and empowering people to have that dialogue with a doctor about their own needs, rather than box-ticking.' The rationale of some commissioners was to get people out of treatment, he continued. 'They say it's the national strategy – it isn't. Because, really, there is no national strategy.'

One delegate however commented that she had been given 'no encouragement whatsoever' to come off methadone. 'I had to do that myself,' she said. 'If you want to come off methadone you should be supported, but to coerce and force people off is wrong,' replied Stringer. 'But we also work with people who want to be drug-free, and their provider won't let them have that.'

'You should be able to choose to come off it 65 times if you want to,' said Ford. 'It should be all about choice. Recovery is becoming synonymous with abstinence, and that's dangerous.' A good idea might be stop using the word 'treatment' when it came to methadone, suggested one delegate. 'We should use the word "tool". It's only a tiny part.' It was important to 'work together to stop people demonising life-saving medications, when it's really about ineffective treatment,' added ex-Alliance CEO Daren Garratt.

Service user involvement had brought about great change, said Cook. 'But the focus is starting to go off that, I think, as is the money. It's getting harder.' Service users needed to strive to make sure their voices were heard in the localism agenda, including citing the NICE guidelines, he stressed. 'Groups are critical to the whole

'We've got to really be the change, to make our voices heard... You need to get drugs and alcohol on the agenda, because otherwise it won't happen.'

DR CHRIS FORD, right to treatment workshop

thing – humans are social animals. We need to come together.'

'We've got to really be the change, to make our voices heard,' said Chris Ford. 'You need to have those discussions with your local Health and Wellbeing Board. You need to get drugs and alcohol on the agenda, because otherwise it won't happen.'

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ON MESSAGE

How do you set up a magazine? How do you engage with social media? Mark Brown and Nigel Brunsdon divided their communications workshop between the traditional and modern, with advice for getting the best out of both

'The challenge is to get from the service user experience something that works for everyone else,' said Mark Brown, founder and editor of *One in Four* magazine, describing how he set up a publication for people needing support with mental health issues. 'Use the personal experience as the fire that drives you.'

He had begun his venture as a service user wanting more information, a perspective that drove the content and style of the magazine.

'I wanted to show real life through the prism of mental health,' he said. This included plenty of 'everyday stuff', looking at lifestyle issues and how to deal with them, rather than focusing on life stories. He was, he said, adamant from the start that he didn't want the publication to become just a forum for sharing personal stories.

'A lot of people who have had mental health issues have had bad experiences and this becomes your story – it can become inescapable,' he explained. 'We wanted to jump the gap from something great for people working on it, to something great for people to read.'

With a group of colleagues, he 'hammered out' what sort of magazine *One in Four* was going to be, and agreed statements to define the point of the publication for people writing in it.

Participants in the workshop identified with this. A member of Wolverhampton's Service User Involvement Team (SUIT) commented: 'We do a magazine whose

VOICES OF RECOVERY

BEING THE CHANGE

Alistair Sinclair's workshop on asset-based recovery showed that there are many people who believe in the possibility of positive change

LAST NOVEMBER I wrote in *DDN* about the need to value ourselves and accept all of the identities that make up who we are. I said that 'when services start by valuing each and every individual where they are in the "now" and not where they would like them to be, then we'll be on the road to 'recovery-orientation'.'

So how do we go about 'valuing' people? Do we put a lot of energy into comprehensive assessments that will identify all the 'needs' people have; their gaps and deficits? Do we generate new professional competencies and unearth new 'evidence' that will justify our expertise as we 'do things to people'? Do we continue to build new edifices and layers of bureaucracy that will promote our deeply entrenched deficit culture?

Or will we take a leap of faith and start to build new cultures of recovery in our communities (I stress community over 'services') that will embrace all of us; cultures of recovery where all are welcome and everyone is recognised as having strengths? Are we ready for an asset-based approach within our services and communities? Are we ready to take on responsibility for ourselves and others?

These were some of the questions that I asked at our UKRF conference in January this year, and again at *Be the change*. If we want to 'be the change that we want to see', were we willing to give up some of our dependence on the 'experts'? Were we willing to accept that all human beings have the same needs, the same drivers toward health and wellbeing? Were we willing to explore our strengths and begin to make visible the 'abundance' (as John McKnight describes it) that exists in all communities? Were we ready to wake up to the power we have if we come together in our communities, as equal partners, to share our strengths?

At the UKRF conference, the 250 or so people present (recovery activists and service users from all over the UK) said yes, and this was also the response from the people in the asset-based workshop I facilitated at *Be the change*. In a world that is seeing many of our 'respectable institutions' crack and fragment into discredited cliques, as received notions of equality and justice are eroded and devalued, there are many people who still believe in the possibility of positive change.

If we accept that 'recovery-orientation' is a new paradigm built on strengths, which rejects a mainstream deficit culture founded on all sorts of dependence (drugs representing just one among a multitude that can imprison us in our own minds) we must look to those who have the courage to find strengths and abilities in all, beginning with the values that bind us together as human beings.

We must take the small steps on diverse paths that will allow us to define and maintain our own recovery. In Preston and Birmingham we started with a small action. We sat together and shared some of our strengths. Energy, hope and ideas were generated and the beginnings of a conversation that started to explore how we could be the change we wanted to see.

I believe it can start with this; for all our fragility as human beings we have strengths and for all our strengths we have fragility. If we start here I believe we can be the change.

Alistair Sinclair is a director of the UK Recovery Foundation (UKRF)

'The challenge is to get from the service user experience something that works for everyone else... Use the personal experience as the fire that drives you.'

MARK BROWN, communications workshop

'Our organisation is here for people who aren't yet members – it's for people that don't know who we are yet'

PETER YARWOOD, service user group workshop

contributors happen to be service users. It has everything in – they don't tend to be war stories.'

Had they considered just going online, asked one delegate. Brown responded that print had created 'a unity of tone' and 'a point for people to rally around' – and in practical terms meant that GPs could offer it to patients, saying 'does any of this work for you?'

Perhaps most importantly, he said, it could bring you closer to other readers: 'When you buy a magazine regularly it's like joining a gang – "this is my magazine.""

Nigel Brunsdon offered an online perspective, from his experience of contributing to websites and social media for his employers, HIT, and running his own site www.injectingadvice.com. Since the early days of Facebook and Twitter, he had explored their full potential, both in his job and at home.

'We know these things work,' he said. The advice he offered to delegates was around how to use them safely and effectively.

His dual approach to networking included people in his close circles, but also those linked more remotely with the drug and alcohol field, to expand his knowledge. Going online had the advantage of transcending time and distance, he said – a contact from Canada had helped him update a crack pipe project; another in Australia had helped with a late-night website problem.

While the design time for websites and social media could be the same as for printed magazines, posting took just seconds, said Brunsdon and he offered some tips for more effective engagement.

Use hashtags and make them as specific as possible, he advised. 'And use questions when posting on Facebook – they work better than statements. People will engage and answer questions.'

Using YouTube on a website was a great way to attract traffic to it, particularly if you tagged, described and categorised your film fully. 'Allow people to embed videos so you get plenty of hits,' he said.

For Twitter, he advised delegates to 'get your messages as small as possible so people can retweet easily. You don't have to follow people back – see if they engage. If people abuse you, block them straightaway.'

'How would you sell social media to an organisation that fears it?' asked one delegate.

'Sell it as a way to engage with user groups,' suggested Brunsdon. 'People are afraid of it because they fear that someone will say something bad about their organisation. But they already are, and they will – if you're not there you have no voice.' A concise social media policy would help to give clear boundaries, he added.

'Be careful what you type, as what you write reflects your organisation,' he said. Sites such as www.hoax-slayer.com could be useful in verifying suspect posts, he advised, cautioning that 'the share button is so easy to use'.

But armed with enough know-how to get started, social networking could offer a wealth of resources and enjoyment, without impinging on real life.

'Software helps you post at different times,' he said. 'If something's interesting, share it.'

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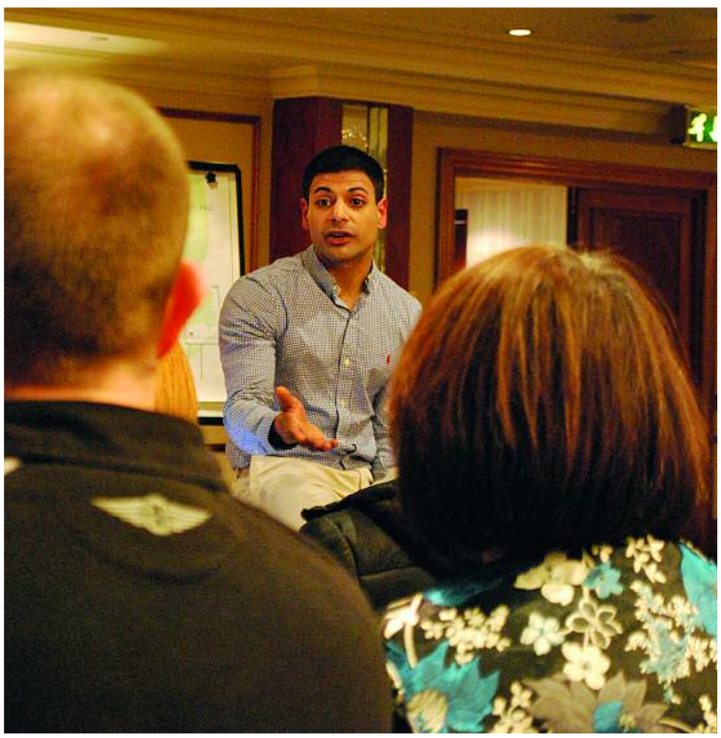
FORCE FOR CHANGE

A diverse and lively group attended the workshop on setting up a successful service user group

'Our organisation is here for people who aren't yet members – it's for people that don't know who we are yet,' said Peter Yarwood from the Lancashire User Forum (LUF), a thriving group whose members participated fully in the conference. Together with Kevin Jaffray and Jez Francis from Bedfordshire user group Sussed and workshop chair Neil Hunt, Yarwood went through the reality of setting up a group, emphasising the passion and commitment needed to maintain it.

Francis took delegates step by step, from brainstorming ideas about the group, to planning and organisation, with advice on essential practical issues such as finance and policy, to options for volunteering and help with employment. 'It's very unlikely that the difficulties you face are new,' he said by way of encouragement.

Yarwood gave a case study of the demise and revival of LUF, recalling how it inspired him four years ago as a service user. 'We looked at our values and what we wanted to achieve – we wanted to include everybody,' he said. 'We looked at service user involvement and what was going wrong, then looked at what was going right and built on that.' The secret to growing the group had been in developing skills together and building relationships.



'Crucially, don't just sit around and plan – get up and do it... If you're passionate about it, that's half the battle won.'

AMAR LODHIA, employment and enterprise workshop

Francis also underlined the importance of mutual support and inspiration, and urged delegates to make the most of sharing ideas and networking. To illustrate this he quoted George Bernard Shaw: 'If you have an apple and I have an apple and we exchange apples then you and I will still have one apple. But if you have an idea and I have an idea and we exchange ideas, then each of us will have two ideas.'

Robert Hickson of the London User Forum commented on the progression of service user involvement. 'In London we now have weekend services provided by the service user organisations,' he said. 'Do you not think it's about time the service user groups took the next logical step, turning into service user providers?'

Agreeing with the need for activism, Francis stressed the value of fresh ideas and individuality: 'Is what you want to do new? Will it make a difference? If not, what's the point?'

For Yarwood and many of the delegates present, the overriding message was of optimism and self-belief, which in turn would become valuable to the group: 'You can get better, you can recover and you can become an asset,' he said.

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'USE YOUR PASSIONS'

Apply your skills to overcome barriers was the advice offered to attendees of the employment and enterprise workshop

Turn your experiences – both good and bad – into something you can use to overcome barriers to employment or starting your own business, said Amar Lodhia of The Small Business Consultancy (TSBC), in a workshop chaired by Danny Morris.

By outlining his journey, from a troubled teen with substance misuse issues through to his successful business career, Lodhia explained how his social enterprise aimed to give service users the practical tools they needed to start up their own business.

Stabilise your environment before trying to progress any further, he advised. 'Can you imagine being homeless, battling a drug addiction, and then trying to set up a business? It's pretty much nigh on impossible because you've got day-to-day survival needs.' Working from a stable foundation, using positive role models and incentives and mapping out the whole journey gave the ingredients to 'reduce the gap between aspiration and opportunity' and create a recipe for success.

Danny Morris raised the issue of stigma, highlighting that it was one of the biggest obstacles for service users to overcome when trying to get back into employment.

'When you are labelled, there is stigma – they put you in a box,' said Lodhia. Service users looking to get back into employment or set up their own business needed to 'think outside the box' to get ahead of other candidates. By using the skills that they already possessed, such as innovation and creativity, those who were passionate enough could edge out the competition by offering a different perspective to potential employers.

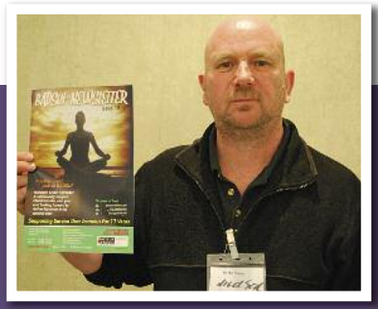
Just as importantly, a big part of getting people back into work was about 'bringing the three forces together – business, government and entrepreneurs,' he said. Smaller businesses were not constrained by the same rules as larger businesses and were much more likely to handpick employees and spot talent in unlikely places, so TSBC worked with them to help them think differently about employing service users.

For service users and employers alike, the task was to find a way around the processes standing in the way of progress, said Lodhia. One delegate pointed out the importance of taking risks in this process: 'I've worked nearly all of my life in the public sector, and I'm incredibly risk averse – but risk can be a really positive thing if treated in the right way.'

The barrier of illiteracy was also discussed and Lodhia suggested that, rather than seeing a roadblock, the important thing was to learn new skills and link them together. Finding routes around obstacles was essential problem-solving – for instance TSBC had devised a phone app to create a CV without the need for PC access, and there were tools on their website to help with creating business plans. 'Not being able to read or write is not a huge barrier in business,' he said. 'There are always ways around things like that.'

Viewing the whole process as a journey was key to success, said Lodhia. 'Map things out – start with a simple business plan, which is the first thing the Jobcentre will ask for when using their enterprise facilities.' The plan should be simple, he said, using seven steps to success that showed what the idea was, the reason behind it, where it would start, who would be involved, when it would begin and what research you had done.

'Crucially, don't just sit around and plan – get up and do it, he said. 'If you're passionate about it, that's half the battle won.' **DDN**



COME TOGETHER

This year's exhibition area was a thriving hub of activity, with a colourful array of stands from service user groups and services. The Shenanigans band played, a dancing flash mob broke out, and there were plenty of opportunities to network and explore the activities on offer. DDN asked about experiences of the day

Additional photography by Kerry Stewart

Exhibition and groups

'It was my first conference, so I met a lot of new people from all over the country from various different sides of the recovery world. People from the NHS demonstrated they really want to listen to us and that was inspiring and very welcome indeed. During the workshop on how to sustain a community group, I heard a lot of inspirational people and I made further connections. Hopefully, I'm going to make use of such great ideas about getting partner organisations involved in our projects. I'm looking forward to the next conference where we can show our achievements.'
Fabio, Lancashire User Forum (LUF)

'What was really special for me is that among the 32 attending from LUF were individuals who come from all over Lancashire, representing various treatment services and recovery pathways – also people who now work for competing treatment providers. Yet when we represent Lancashire User Forum we are one, united in the vision of working together and moving forward.'
Kerry Stewart, Building Recovery in Communities coordinator

'It was a great day of unity with service users and services coming together. I'm looking forward to the World Service User conference, organised by DDN. There was some great feedback from peers throughout the day, in particular a group from Northern Ireland that are rolling out naloxone training and have set up a recovery café.'
Neil, Swanswell SU

'I'm new to all this but I was completely blown away that everyone was working together, service users and services, to combat addiction.'
Adam, Swanswell SU

'It was a good experience to walk around and see the different stands on the day... there's such a lot of people out there who have had substance misuse problems. There were many organisations on the day, too many to remember, but they started from sheltered accommodation to drop-in centres for people to have something to eat, meet people and get them off the streets. We agreed it was important for people to know that, because some people go through bad periods in life, they're not just pushed aside and forgotten.'
Eamon, Swanswell SU

'The LUF guys were really inspiring. Seeing the way that they have a voice, and how they engage with local services, makes us determined to move our local forum on to the next level.'
Mel Birkill, Datus

'I loved meeting all the different groups from all over the country, and being able to share people's recovery. An event like that gives you a boost and makes you want to carry on. There are more people in recovery, who we hope will inspire others to join us. It just seems to be getting better and better.'
Stephen Williams, peer mentor, CAIS

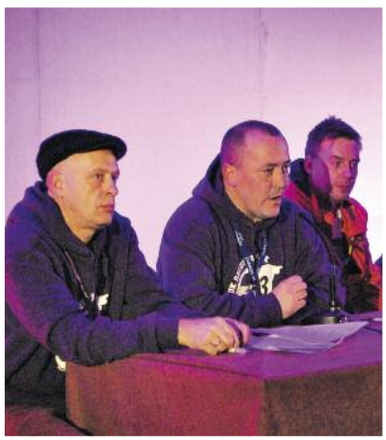
'The conference was invigorating, and really enthused me. It was really informative and we met loads of people that I hope to stay in touch with. The workshop on setting up and running a group was great and reinforced our belief that what we are doing here is right. All of this and a free massage too!'
Robert Howarth, New Roots Drop-in Centre, Cumbria

'It was a great day. To hear the news from all of the different groups, and see all the stuff that they have going on like bands and choirs made us want to work to incorporate stuff like that within our group. There was a real attitude of everyone working together, sharing not competing.'
Steve Dixon, Changes, Birmingham

'The DDN conference was a great place to meet other forum users from all over the country and to connect with some fabulous people that we would otherwise not have had a chance to meet. It was informative and we heard some very inspirational life journeys. We want to continue with the success we are achieving and attract others into recovery and show that recovery is achievable, sustainable and clearly visible.'
Rose Latham, Red Rose Recovery and member of Lancashire User Forum (LUF)

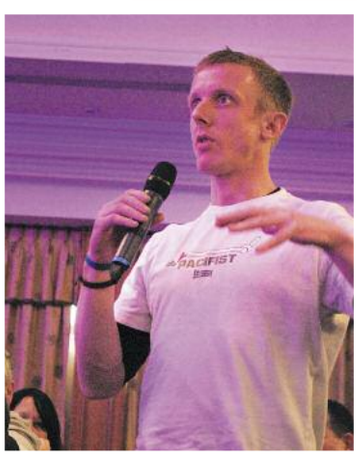
'The place was buzzing like a bee hive, building their homes and lives for the future. It was absolutely brilliant to experience. It was a little scary at first, meeting so many people – over 500 people attended the event. Off I went, mooching and mingling, doing the advertising and promoting thing. I had so much fun meeting so many new faces and a few people I had already met and interviewed for UK Recovery Radio.

Over lunch we were blessed with a service user-led group who performed some well-known songs and gave us a relaxing and fun atmosphere. We then had a mad flash-mob dance organised by SUGAR – me and Humphrey plus about 20 others decided to get up and have a go. There was definitely murder on the dance floor... we were just stomping on each other's feet... it was brilliant.'
Jaine Mason, UK Recovery Radio rep and SU rep



'If you've got a dream and a vision that you can make a difference in your community, then you should do it... We've got an 88 per cent success rate of people maintaining recovery.'

STEVE, CHANGES UK



FRONTLINE

The afternoon's interactive session heard some inspiring accounts of what service users were doing to make their voices heard.

Additional photography by Nigel Brunsdon

'Things are changing, and everything is going to be local,' said FDAP chief executive Carole Sharma, introducing the afternoon's interactive session. 'Essentially, this government is resigning from governing, and wants things to be decided locally.' This meant it would no longer be possible to say to providers and commissioners, 'You have to do it this way,' she stressed. 'So you'll need to influence anyone you can get on your side.'

The best means of doing this was through a powerful, collective voice, and the session heard a range of service user representatives from around the country describe how they were supporting their peers and getting their messages across.

'We set up because there was a lack of provision for recovery in our local area,' said Steve from Changes UK. 'If you've got a dream and a vision that you can make a difference in your community, then you should do it.' Engaging with the Changes UK community meant that when people did get a job and their own accommodation they were genuinely ready for it, he said. 'We've got an 88 per cent success rate of people maintaining recovery.'

The group had also set up a homeless outreach service, and was now expanding

'At our last meeting there were 275 people wanting recovery... That's awesome. People can recover from a hopeless state.'

LUF REPRESENTATIVE

'For a long time we've complained about outside involvement in service user representation. Now we have a chance to do things on our own.'

ANDRIA EFTHIMIOU-MORDAUNT

REPORTING

into a wider geographical area, as well as providing services such as IT and web support to local businesses in exchange for a percentage of their profits. 'We're a community interest company, and we're really proactive in our local community,' he said. 'We'd much rather do that to bring in revenue than go to commissioners for a hand out. We're having a go, we're taking risks – before it was just professionals, but now there's an opportunity for us to deliver services.' In spite of the wider economic climate, the future was 'really exciting' he told the conference.

Richard, one of the organisers of the fifth UK Recovery Walk in Birmingham later this year told delegates how sheer enthusiasm and determination were paying dividends. 'It's going to be a fantastic event. It's bloody hard work, but we've got a passionate group together to do it.'

With budgets being set at local level it was essential that the needs of service users were met, said Jason of Wolverhampton service user involvement team SUIT. 'We build pathways and create opportunities. After we've sourced an organisation we don't just send service users there – we go along and make sure that their needs are being met. It's imperative that outcomes are clearly demonstrated, and because we're able to do that we've had a 50 per cent increase in our grant.' His organisation worked closely with a range of agencies and institutions, and had a constantly updated website that allowed service users to leave detailed feedback, he said.

'We're filling a need,' stressed one delegate. 'It's so important to open up new social networks for people who have been through the services', while another pointed out that many areas still did not have an effective advocacy service. 'That can make such a difference,' he said.

Other delegates described activities such as operating drop-in centres, coffee mornings, recovery cafes and gyms, alternative therapy groups, women's groups and choirs, as well as working closely with the police, probation and Jobcentre Plus and even opening a charity shop. 'We don't want to be dependent on certain types of funding for our services – it's even got us into the local chamber of commerce.'

A representative from the newly formed UK Recovery Radio, meanwhile, described how her organisation had been set up to 'inspire, promote and celebrate recovery from addiction' via its podcasts. It also aimed to register as a charity and establish training for others, she told the event.

'At our last meeting there were 275 people wanting recovery,' said a representative of Lancashire LUF. 'That's awesome. People can recover from a hopeless state.'

The session closed with a rousing presentation from health campaigner and activist Andria Efthimiou-Mordaunt, who described both her own story and the importance of continued lobbying and campaigning. 'My journey started in Phoenix House – it was 1986 and we were told there was a new virus out there that we had to take very seriously,' she said. 'There was a great need for opiate pain control and we had to argue very forcefully to get that for our peers.'

A decade later a coalition of drug users and clinicians set up the John Mordaunt Trust, named in honour of her late husband, an AIDS activist whose quote 'There is no war on drugs. There is, and always has been, a war on drug users' had been adopted by activists across the world.

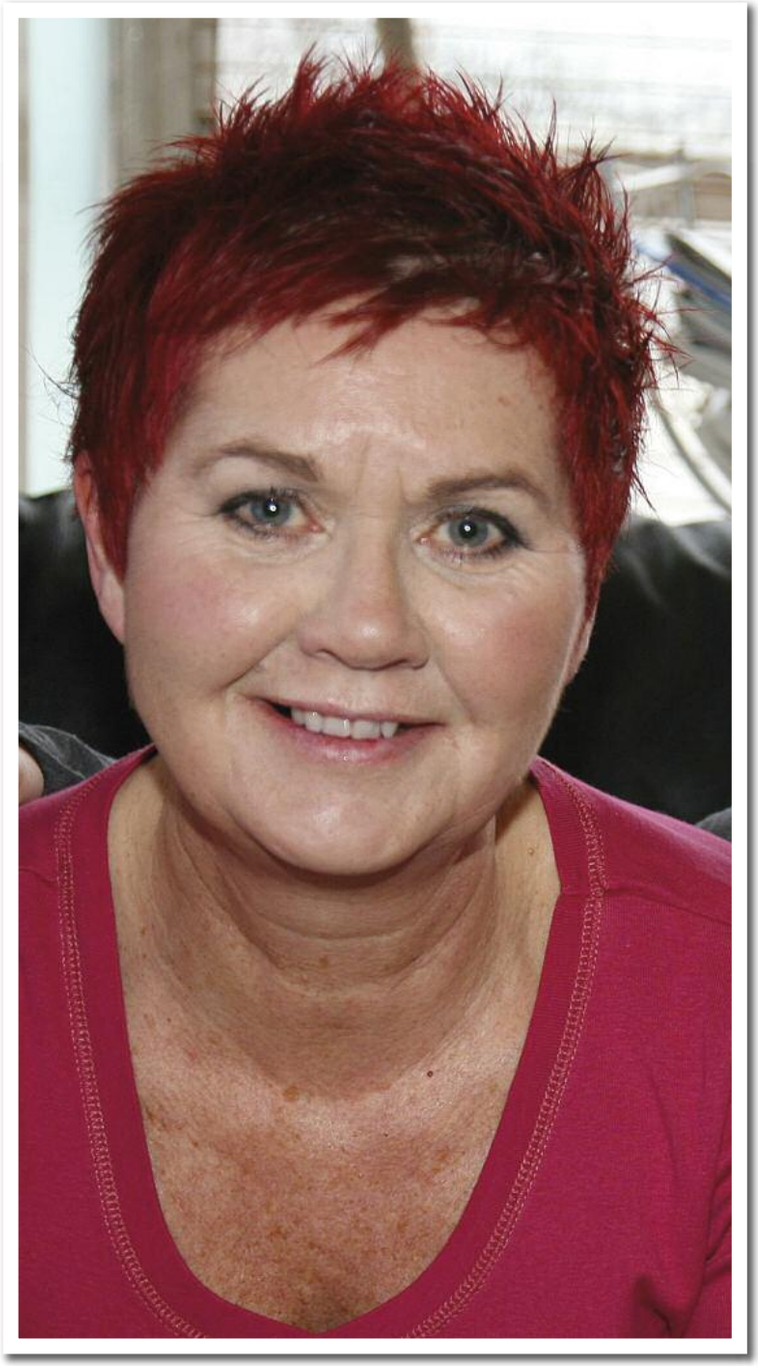
Even Margaret Thatcher had seen the value in harm reduction, she stressed, 'although obviously not for our sakes. But since then we've basically gone round and round in circles, in a roughly ten-year cycle. So what happens now? Do we want a country without pride, where we put people behind bars because they're drug-dependent?

'For a long time we've complained about outside involvement in service user representation,' she said. 'Now we have a chance to do things on our own. But you need to be clear about what you want to do – for example, does it include advocacy?'

It was also vital to heal the schism between abstinence and harm reduction, she stated. 'We know that dead addicts don't recover, and we have far more in common than we have differences. Your recovery walks sound really inspiring, but can we ensure that when you're walking you have your drug-using peers next to you? We're dealing with serious issues, so let's make sure we have fun at the same time.

'We're part of a history of a group of people who have been persecuted and criminalised for a long time. Enough is enough.' **DDN**

WORK FAIR



Mhairi Doyle spent a quarter of a century helping people with substance problems into work. She talks to **David Gilliver** about austerity and the new benefits landscape

'If you're on heroin, you have all the attributes that an employer is looking for,' stresses Mhairi Doyle. 'Your time management skills are second-to-none, you get on with people, you're inventive, you can look at situations and find the best way around them. So all we ever did with people was to show them this – show them what they can do, instead of going on about what they can't do.'

Recently retired, she spent 25 years at the Department for Work and Pensions (DWP) and its forerunners, much of it helping people with drug problems in Liverpool into employment. 'I loved it,' she says. 'I thought I had the best job in the world.'

Crucially, it was easy for her to empathise with her clients and their situation. 'I'd been in AA – I'm going to be 27 years sober this month – and when I started work in the department I was nine months sober,' she says. 'I started as an admin assistant and progressed up the food chain.'

She was soon promoted, and with three children to support she sat the executive officer exam and became a claimant adviser. 'In those days claimant advisers were seen more as social workers,' she says. 'This was the Thatcher years. In Liverpool in the '80s, she decimated us. All the manufacturing industry was closing down and it was high unemployment – at times up to 20-25 per cent there – and we got all the folk who had real difficulties.'

The role also provided her with her first encounter with problem drug use. 'They sent this laddie round to see me, he was about 22 and limping because he had an abscess on the vein in his foot where he'd been injecting. That was the first time I'd come into contact with anything like that.' By chance, a friend was working with consultant psychiatrist and harm reduction pioneer Dr John Marks, and arranged for her to spend a week shadowing staff at his service. 'I went to an outreach, family conferences, scripting sessions. It was a whole new world,' she says.

She took what she'd learned back to her role at a job centre in Walton, Liverpool, where an ever-growing percentage of her clients were using heroin. 'I just tried to

'We were getting 97 per cent of the people into jobs – and I mean proper jobs... There was one man who was in his 30s and hadn't worked since he was 17. He started out as a drug worker and a few years later he was running a housing project and earning more than me.'

help,' she says. 'People would come in and they wouldn't have a scrap of food in the house, so I used to give them their giros early – as long as they told me the truth, that was the only criteria I had. I didn't want people lying to me, but it was so hard for people, because they were used to lying.'

*****

In the late 1990s she was seconded to the Training Enterprise Council to set up an 'employment zone' aimed at people who were long-term unemployed. Realising quickly that a lot of her clients again had substance issues, she developed an initiative with the Social Partnership, a Liverpool-based training and employment agency.

'It was a specific, specialist employment zone advisor who other advisers could send people with drug or alcohol issues to,' she says. Many of the clients had never worked, but the fact that they were listened to – many for the first time in their lives – and given the time to change meant that the project flourished. 'It was really successful because we looked at the individual as an individual, found out what their issues were and helped them to resolve them, and then moved them into employment. It worked because we were personalising it.'

In 2002, she was the first ever Progress2Work coordinator to be appointed, and again made the most of her links with the Social Partnership and other agencies. 'We set up the 'fixers' programme, which gave people a job, with training, for a year. It was an intermediate labour market scheme and we trained them up as community drug workers. The vast majority of people who came through that had former issues with substance misuse, and most of them had a criminal record as well, but we got them placements in things like probation – we actually had a placement in Walton prison at one time – and anything that was in the health and social care field. That was really successful.'

Key to the success was giving people a chance to believe in themselves, she stresses, although – as through much of her career – she often had to overcome the resistance of senior management in the civil service. 'They'd hide when they saw me coming. But we were getting 97 per cent of the people into jobs – and I mean proper jobs, not crappy minimum-wage jobs. There was one man who was in his 30s and hadn't worked since he was 17. He started out as a drug worker and a few years later he was running a housing project and earning more than me. That was the sort of thing we did. I saw miracles happening every day.'

By the time Progress2work came to an end in 2011 – having had more success in Liverpool than elsewhere – her role had grown to cover the whole of Merseyside, with a vast remit. 'I was a drug coordinator, Progress2work coordinator, a social inclusion manager. I was dealing with drugs, alcohol, homelessness, people in the criminal justice system, I managed the prison adviser team, I had asylum seekers, refugees. But I always just did what I thought needed to be done – if something was right it was right.'

However, the change of government and relentless bite of austerity measures have meant an end to this ethos, she believes. 'The pressure that's being put on the staff in job centres now is ridiculous,' she states. 'The vast majority of the staff want to help people, but people are too frightened to tell them the truth about their situation now, and we're not psychic. The consequence of that is that they'll get their money stopped. The government brought in the incapacity benefit reassessment and that's what I spent my last year doing. But I used to go around all the service user groups, take my badge off and tell them what they needed to do, and then I'd go around the drug workers and tell them what they needed to do, to keep people safe.'

*****

Although retired, she's still a trustee of the Social Partnership and is on the board of both Birkenhead YMCA and a homeless hostel in Bootle. 'I'm still keeping my hand in, and I'm still in touch with my colleagues,' she says.

What's the morale like among them these days? 'It's hellish. Nobody wants to work in that situation. We always tried to do our best for our customers – it was always a caring organisation, but it's not now. There's no job security and the front line's getting cut. They're losing all the people with the experience, and everybody's fighting against everybody else now, whereas we all used to work together.'

Her tireless work on behalf of her clients, however, saw her awarded the MBE in the 2013 New Year's honour's List, ironically an award that her mother had turned down years before. 'I got this letter with "Cabinet Office" on the front,' she says. 'I had no idea – it was such a shock. I just didn't believe it. I phoned my husband and asked him what to do, and he said, "bugger your socialist principles – you deserve this, you should take it". So I'm going to Buckingham Palace on the day after my 27th AA birthday. It's just phenomenal.'

But, with the present administration in place, she holds out little optimism for the future. 'I'm very disappointed in the way the government is talking about unemployed people,' she says. 'It's horrific the way all of them are talking about scroungers and skivers. The problem is that none of them understand – they're all sitting there in their little offices in Whitehall, making up all these things.

'I think the new [universal] benefit they're bringing in is really going to work against our clients, and it's all going to have to be done online when a lot of them don't have access. At the same time they're cutting back on all the Citizen's Advice centres – they're hammering the people who really need the help. Public service isn't just about the people who can look after themselves. It should be about the people who can't look after themselves as well.' **DDN**

In the final part of her story, Marie takes hold of her future

My journey of self-discovery

I got another voluntary position as a resident advocate. I loved my work there, adapting my skills as mentor, trainer and coach. I designed and delivered bespoke training courses and workshops around the needs of learners and these all proved very successful.

The local service user group SURF then took me on another journey through a new service-user led project, The Quays. I was there right from day one, at the planning and implementing stage. As people came and went, the direction of the project changed and it took on a life of its own. It was exciting and a fresh outlook on recovery.

In September 2011 I started a certificate of education (cert ed). I thought at this point that I knew what it meant to teach, after completing PTLLS level 4, but it was evident within the first few weeks that there was so much I needed to learn. I had by this time left my voluntary advocate job to concentrate on my role at The Quays and did voluntary work for Community Service Volunteers (CSV).

It was a bit of an emotional rollercoaster, as I got to know who I was. Recognising that I needed time to heal myself, I took a step back and after a short break over Christmas I was back on track, with a new lease of life. As I had been busy researching, befriending and designing a course around it, I was asked to manage a befriending project.

At this point I had another educational psychology report done and the psychologist said to me, 'I think you have to accept that you have reached your ceiling. Your dyspraxia is very severe and chances are you won't make it as teacher.' I was upset and hurt, until my learner support lecturer reassured me that I was going to be fantastic teacher, and reminded me of my achievements. I realised then that only I have the right to decide my limitations, unless I am compromising anybody else.

Being a very positive person and used to flipping my weaknesses into positives – because I know what it is like to miss out on opportunities through poorly trained teachers – I am creative and adaptive. I make it my responsibility to know my learners and their needs, constantly assessing and evaluating ways in which I can develop my teaching and coaching practice along the lines of 'tell me and I'll forget, show me and I'll remember, involve me and I'll understand.'

I embraced my role at The Quays project, putting my heart and soul into it. It was a big part of my recovery and I loved working with people there. Yes I have narcolepsy, carpal tunnel, dyspraxia and dyslexia, but with sheer determination and support from uni and friends, online support groups and networks, I had grown my confidence again.

Only a tiny proportion of qualified teachers in the UK have convictions and a medical history like mine, but for me this is an amazing representation of what we can achieve. You just have to show the world your strengths and the rest will follow. I urge anybody that thinks they can't make a certain career choice to go for it – prove that you can.

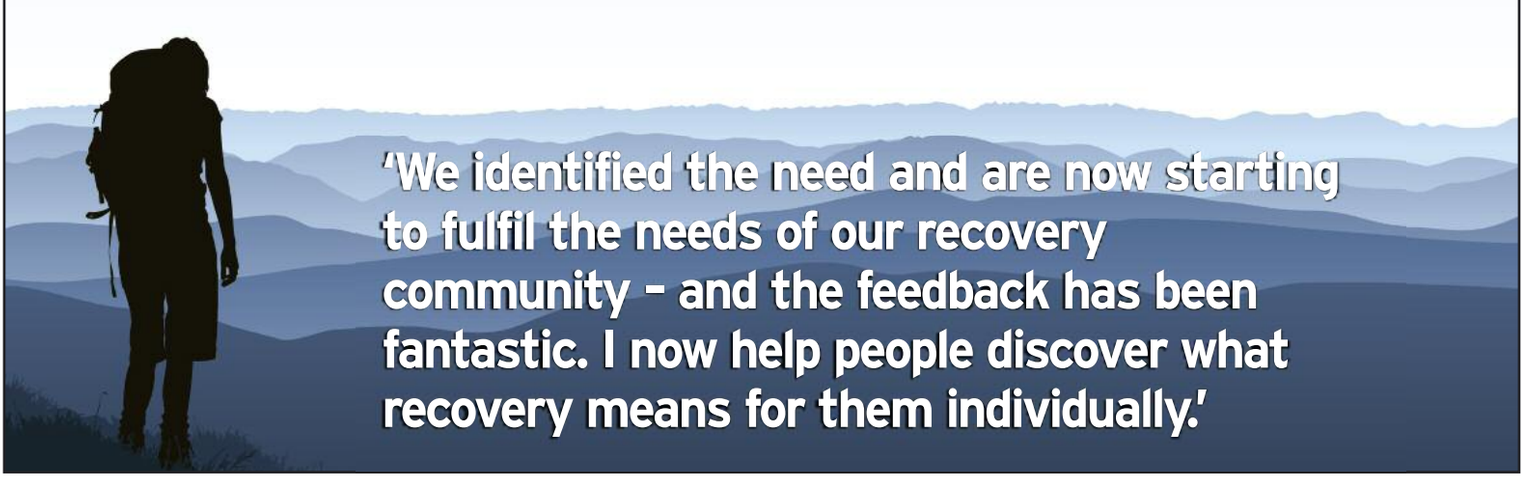
Out of this came something fantastic. Myself and my friend Katie who was also working as a coach decided to join ranks and create a new project that was all about being inclusive – no labels required, just people. So we set up a not-for-profit company, specialising in recovery coaching and bespoke training.

We identified the need and are now starting to fulfil the needs of our recovery community – and the feedback has been fantastic. I now help people discover what recovery means for them individually. I looked at different models and programmes across the UK and globally. Connecticut Community for Addiction Recovery (CCAR) is highly effective recovery programme, which is very much all-inclusive, so I contacted Phil Valentine and asked how I could replicate what they did. I also explained my passion for coaching, and shared a little bit about my journey.

I've now decided to go Connecticut to gain new knowledge and inspiration for my coaching – it's the most fantastic opportunity for me to learn from the US. I'm so excited and colleagues across the UK have shared my enthusiasm.

I'm raising funds for the trip and am planning to climb Snowdon. I attempted this two years ago, but went up in typical Marie fashion in high heels. This time I have a pair of walking boots, so if anyone would like to sponsor me, it would be fantastic.

I'm also planning an awareness event to inspire hope in people who feel stuck because of convictions, addictions, mental health, social exclusion, or low literacy and numeracy. Really and truly, you have to know it doesn't matter.



'We identified the need and are now starting to fulfil the needs of our recovery community – and the feedback has been fantastic. I now help people discover what recovery means for them individually.'

One year on, Jude Norton reviews the progress of an effective information campaign

MY RECOVERY MY CHOICE

In 2012 it was estimated that 95,000 people across England and Wales had illicitly used opiates in the past year. Approximately 47,000 of them had taken heroin (Home Office, 2013), which remains one of the most frequently listed drugs by the majority of patients seeking drug dependency treatment (NTA, 2013). As such, the ongoing need for quality information on opioid dependence and the options to tackle it continue to drive *My Recovery My Choice*, an important awareness campaign seeking to address these issues and empower people affected by opioid drug addiction.

The sixth annual *DDN* service user conference, *Be the Change*, marked the first anniversary of this highly visual outreach initiative and a further opportunity to share a powerful resource. Since last year's launch, the campaign has become established as a highly valued information source. Developed in consultation with The Alliance and a number of other key groups, *My Recovery My Choice* is now endorsed by 15 national drug support organisations including CRI, Addaction, Adfam and the Scottish Drugs Forum. The programme is looking to extend its outreach through collaborative development of content relating to keeping healthy, hepatitis C infection and alcohol use. The focus remains to provide those affected with meaningful information and non-judgemental support to help them decide what, if any, steps they might consider taking in their own personal recovery.

The campaign's website feedback shows that more than 80 per cent of respondents feel better informed about opioid dependence and more confident about treatment decisions. Using clear language and sharing genuine patient and family member experiences, the site offers a range of supporting materials which are freely available for any organisation or group that has contact with the drug-using community. Nearly 60,000 materials, including booklets, posters, postcards, leaflets and wallet cards, have been distributed across the UK with nearly a third of orders coming from national health services.

In the past 12 months, *My Recovery My Choice* has visited 14 key recovery conferences across the UK to engage with its peer community. Excitingly, our endorsing partners have welcomed the opportunity to represent the campaign at conferences and engage additional local user groups.

The focus of the campaign evolves from the belief that it is a person's right to decide if and when they want treatment and it provides a detailed overview of all of the treatment options available and how they can be accessed. Furthermore, in recognition that people want and need different approaches and outcomes on their recovery journey, information is given on psychological therapies, rehab, detox and complementary therapy. The campaign also recognises that it is not only the drug user who is affected by heroin use, as friends and family members often struggle with the knowledge that their loved one is heroin dependent.

To date, the campaign has been credited with outstanding feedback:

'The most important drug resource in the UK today.'

'A great resource for people with concerns about their own or a friend/family member's addiction, and great advice for those looking to enter drug treatment.'

'Good to see such a balanced approach.'

'I'll be commending this to all my colleagues for dissemination through their services, indeed to pretty much anyone.'

The campaign takes a refreshing approach to the notion of recovery, providing tips on how to improve chances of success, as well as background information on how work, benefits or childcare may be affected and providing confidence for each person's journey. Similarly, the campaign describes rights in treatment and what can be expected from health services. Through recognition of these values, London's Biggest Conversation (LBC Radio 97.3) interviewed Ken Stringer, chief executive of The Alliance, on how to 'assist people to make the best use of treatment' and the support available to opioid-dependent users.

My Recovery My Choice is an evolving initiative and we are always looking to develop and improve the campaign. If you have any suggestions on improvements that can be made to the site or have a story that you would like to share, we would love to hear from you.

If you are part of a community drug organisation and would like to represent My Recovery My Choice at a conference in England, Wales and or Scotland, please get in touch. Similarly, if you would like to endorse the campaign with a logo or backlink to the website, please email mrmc@pcmscientific.com

The information on My Recovery My Choice is for educational purposes only and should not be a substitute for the advice of a medical professional. The website and related materials were produced by PCM Scientific (a medical education company) and the Alliance, who redrafted a set of internationally available materials to make them suitable for the UK. Undertaken in consultation with other partners, this is an ongoing process. The creation of these materials was made possible through an educational grant from RB Pharmaceuticals Ltd.

www.myrecoverymychoice.co.uk

Since last year's launch, the campaign has become established as a highly valued information source and is now endorsed by 15 key drug support organisations.

www.pcmscientific.com

pcmscientific

FOLLOW US, LIKE US, TALK TO US!

DDN's social media streams have been alive with chat about *Be the change*

follow us on twitter @DDNMagazine

@AmarLodhia
Met some passionate people @DDNMagazine #bethechange. Everyone at the enterprise workshop will be given access to our business plan builder tool!
(Amar Lodhia, TSBC)

@MaddieOHare
Thanks to all at @DDNMagazine for today's #DDNConf. It's been a lovely day.
(Maddie O'Hare)

@StaceInspire
It's all about the connections and spreading the love man! Great day. Knackered!
(Stacey Smith)

@ranjitbhandal
Brilliant workshop today @DDNMagazine with @injectingadvice regarding social media!
(Ranjit Bhandal)

@injectingadvice
Thanks @DDNMagazine for having me speak about social media, plus great to meet the lovely @MarkOneinFour who talked about running a magazine.
(Nigel Brunsdon, Injecting Advice.com)

@MarkOneinFour
Having spent today at @DDNMagazine Be the Change, my head is now swimming with loads of new stuff about drink and drug support.
(Mark Brown, One in Four magazine)

@DISC_Services
@DDNMagazine Thanks for having our BRIC worker Mags speak about #recovery. Sounds like it was a great day!
(DISC)

@YarwoodPeter
Lancashire User Forum delivered a workshop @DDNMagazine conference and were very grateful for the opportunity.
(Peter Yarwood, LUF)

@DazDubz
Brilliant couple of days, now that's what you call unity.
(Darren Walters)

@leicsQOL
Our service users and peer mentors loved Be the Change. Came back with lots of enthusiasm and ideas.
(Quality of Life)

@HantsDAAT
Fantastic talk by Steve Brinksman – a GP's view on how treatment should fit into new Public Health framework.
(Hampshire DAAT)

LIKE US ON facebook

Rich Maunders (Phoenix Futures)
What a great day, thanks guys.

Dawn Simpson (LUF)
Brilliant, inspirational day, thanks to all involved!

Kevin Jaffray (SUSSED)
Thanks to you guys for providing a platform. Another excellent day.

Stephen Patterson (Council for the Homeless NI)
My fourth year and every year it gets better. Some new SUs with us and they were as blown away as I was the first time. I'm gonna use a Leeds United saying... Marching On Together. Peace & Love.

Jeanette Siret (Inspire)
Still buzzing after the fantastic day yesterday. This was my second and you can be sure I won't be missing any more. Big, big hugs and thanks DDN and everyone involved.

Francis Cook (NUN)
I have to say that this was the most users-involving and users-involved DDN conference yet; it wasn't until I saw all the photos that it struck me.

WE WANT YOUR VIEWS Join our social networking community though our website, **www.drinkanddrugsnews.com**

YouTube

'There's been no substitute for the power that comes with people like me being able to say, "Well, service users would challenge you on that". People in commissioning and in provider land will claim things that won't stand up to scrutiny, and you have a vital role in challenging that.' **Rosanna O'Connor**

'If you've got toothache you go to the dentist. If you want to recover you go to someone who's in recovery.' **Delegate**

'GPs are just like the rest of society. We can either be helpers or fascist pigs.' **Dr Chris Ford**

'When I was on methadone I had no encouragement whatsoever to come off it. I had to do that myself.' **Delegate**

'We need to work together to stop people demonising life-saving medications, when it's really about ineffective treatment.' **Daren Garratt**

'I was in active addiction for 24 years and the one thing I never saw where I lived was a recovery community. Things have changed.' **Delegate**

Service User Network

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The Aquarius Service User Network is a thriving community of people committed to our recovery and that of our peers from alcohol, drug and gambling problems. Through activity groups, forums and meetings we support each other to grow and develop and become living examples of recovery in action.

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For more information visit
www.cri.org.uk or www.sova.org.uk

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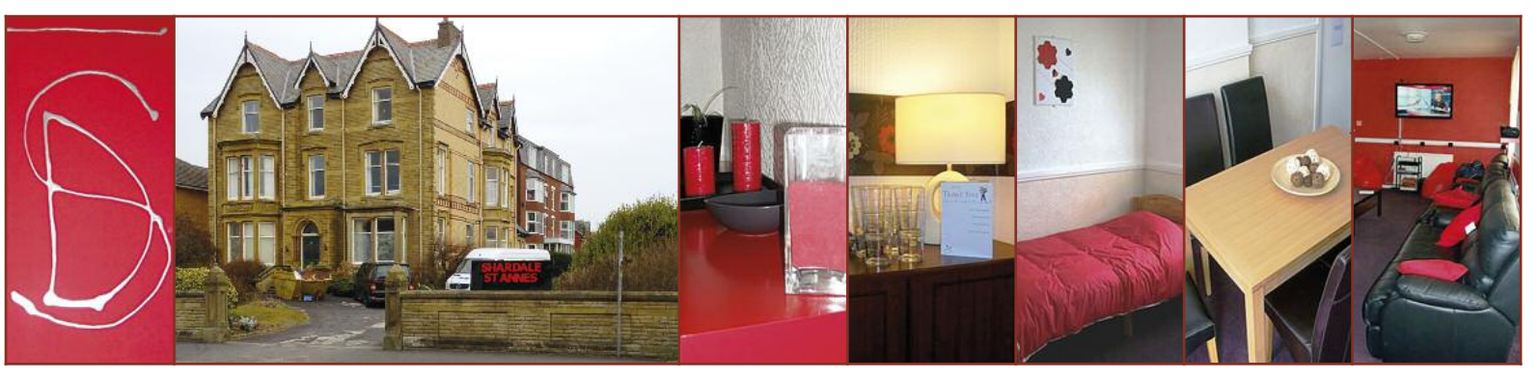

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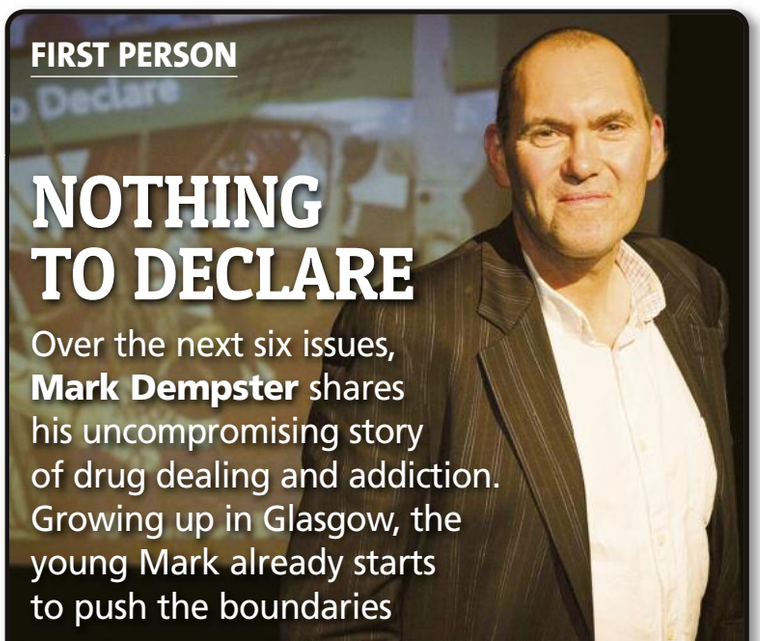


FIRST PERSON

NOTHING TO DECLARE

Over the next six issues, **Mark Dempster** shares his uncompromising story of drug dealing and addiction. Growing up in Glasgow, the young Mark already starts to push the boundaries

I was too young to sit in the pub so all I could do was watch through the window. I'd spy the men drinking and smoking. I desperately wanted to be in the pub. I wanted to sit and laugh and chat. I wanted to watch and listen to my dad while he made them laugh.

Everyone was a heavy drinker in sixties Glasgow. It was how they washed away the slog of the week – they drank to forget the cold poverty, the falling jobs, and the grey tenement buildings we all lived in. Except my dad always got into trouble when he drank; stealing cars and skipping work. When he tried to stop drinking it was just as bad – he would see snakes, spiders and dead grandma. He had the DTs, mum would say – I knew what that was before I kissed a girl. Mum said it was why dad was sicking and sweating and could see things that weren't there. She said not to tell anybody. So I didn't.

I hid from home by playing with friends. Most of the time I got myself into trouble without knowing how. I just got so angry and jealous. I wanted to fight people to make them like me or be my friend. I felt a rush when I had fights. The same rush I got from jumping between the bins, clearing four-foot drops, and the same rush from the first time I had sex with Theresa, when I was just ten. The rush didn't last long – I had to fight more and more to get it.

Not long after my first sips of my dad's Special Brew, at the age of thirteen, I had my first proper drink in the pub. I was selling the evening newspaper and ran into a gang of eighteen-year-olds who took me under their wing and showed me how to down half a pint of beer and a whiskey. The feeling was like nothing I had ever experienced before – I was full of confidence and bravado; I could talk to anybody about anything. I wanted to do this as much as possible. I saw how the gang acted like they didn't care what anybody thought – they were cool and they drank alcohol.

After that it was a spiral; I didn't do well at school because I was too busy with drinking, fighting, girls – then someone showed me how to smoke hash. I had learnt what I needed from my childhood. I learnt that I never needed to feel shit about anything if I was high. I didn't realise I had crossed a line. I had crossed it with no warning, no worry, no prophecy of some future locked up in jail or needles sticking out of my arm, dying. But that's where I was heading, and there was nothing I could do about it.

I was dead already; I just didn't know it.

Mark Dempster is author of *Nothing to Declare: Confessions of an Unsuccessful Drug Smuggler, Dealer and Addict*, available now on Amazon.

Next issue: Mark sets off to London to become a big time drug dealer

DVD TRAINING– MOTIVATIONAL INTERVIEWING STEP BY STEP

WITH CATHY COLE, PSYCHOTHERAPIST

Reviewed by Elaine Rose

This training package comprises four DVDs, each over two hours in length. The training covers, in helpful detail, the key aspects of motivational interviewing – core concepts, resolving ambivalence, increasing importance and building confidence. Each DVD can also be purchased separately.

I rate these training DVDs highly. Cathy Cole, a counsellor and psychotherapist, takes the trainee through each stage of this style of working using case studies and live interviews, all set against a theoretical backdrop. The DVDs provide trainees with an opportunity to understand core concepts of motivational interviewing and to practise its foundational skills.

The style and delivery is ideally paced, with common sense, normal language, helpful explanation and demonstration of putting motivational interviewing into practice in a variety of settings with all age groups. The benefits of training by DVD is that trainees can pause, replay and practise skills, and the use of live case studies is invaluable to practitioners of all levels and range of experience.

The first DVD, *Core Concepts of Motivational Interviewing*, shows how this style of working differs from other approaches, while the second DVD, *Increasing Importance in Motivational Interviewing*, is central to working with addictions and those who are reluctant to accept the need to change. The next DVD, *Resolving Ambivalence in Motivational Interviewing*, explores the key issue of an individual's ambivalence towards change and sets out how to help a person develop an action plan and aid the client to move this on. The fourth DVD, *Building Confidence in Motivational Interviewing*, demonstrates how best to work with people who come up with roadblocks to effecting and sustaining change. Many people lack self-esteem and need particular techniques to boost them along the way, such as identifying past success and their personal strengths and core values.

In a nutshell, motivational interviewing is a counselling approach that has a very specific goal, which is to allow the client to explore their own ambivalence in changing a particular target behaviour. The counsellor's job is to get the client to talk about their own particular reasons for change and, more importantly, to help them talk about how they might strengthen a motivation for change and in what way making that change will work for them.

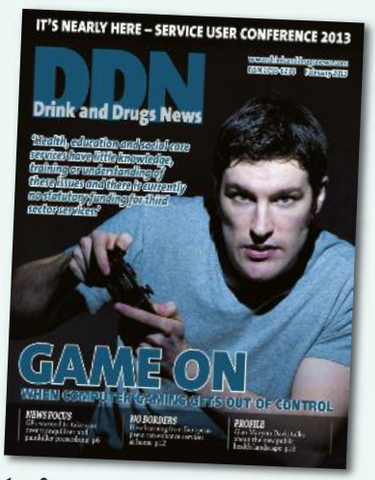
There is much person-centred therapy ideology within motivational interviewing, where the client is the expert in relation to their difficulties. However, motivational interviewing goes much further and there is far more expected of the therapist's understanding of the drivers involved and how they can be harnessed. The reframing of denial to 'sustain talk' is but one example of motivational interviewing at the coal face.

I recommend these DVDs to all psychotherapists and counsellors working in the field of addiction or with individuals who have been unable to make sustained change. The training is high quality and a good investment.

Cost on application to www.psychotherapydvds.com
Two CPD points awarded per DVD purchased, on application.

Elaine Rose is a UKPC registered psychotherapist, elainerose@f2s.com

LETTERS



'I have worked with young people who have poor self-esteem/self-worth issues, combined with low mood and a lack of self-identity. Not only have these young people become enmeshed in a lifestyle of late-night game-playing... They became even more isolated and withdrawn, living out a fantasy life through the 'on-screen' persona.

NO GAME

It was good to see that the problem of online gaming highlighted in *DDN* ('Game On', February, page 8), with a comparison drawn between the responsible/uncontrolled use of alcohol. The article indicated that the compulsive player can become isolated from family and that the playing of such computer games, especially online, causes friction not only within the game-player's family but can affect other areas such as education.

However there was one element that was overlooked in the article – that games can also allow the player to withdraw from family, friends and their problems; again akin to the use of alcohol and other substances. At times the gaming allows an adoption of an unreal and misperceived persona.

As a young persons' substance misuse treatment nurse, based within a child and adolescent mental health service, I have worked with young people who have poor self-esteem/self-worth issues, combined with low mood and a lack of self-identity. Not only have these young people become enmeshed in a lifestyle of late-night game-playing that subsequently disrupts education, family and peer socialisation, they became even more isolated and withdrawn, living out a fantasy life through the 'on-screen' persona.

When working with these young people they talk of the large amount of friends they have; however it transpires that their friends are other online players from various points across the world, having long ago disengaged from their actual peers.

It has proved very difficult working with these young people in a multi-agency systemic manner, as the adverse issues of gaming are not recognised as at least a contributory adverse factor, due to the lack of evidence base.

Russell S Tullett, specialist nurse, young persons' substance use and team lead, CAMHs, Guernsey

BEDROOM BENEFITS

I am writing to point out an error in the advice given by Kirstie Douse in your February issue (*DDN*, February, page 10). The writer of the letter states that she has been advised by her council that her housing benefit will be reduced from April 2013 and she would have to share a room with her son. This is incorrect and the rules are laid out clearly at: *http://bit.ly/VLkixm*

The author of the letter should be reassured that she is not under accommodated for benefit purposes. However, she should ring her local authority to check they hold the correct household information. It's more than likely the council sent out a blanket letter to all residents to warn of any possible changes.

M Beach, by email

Re your piece in the last *DDN* about the bedroom tax: the answer given was incorrect. The issue was around a mother with a child in a two-bed flat and the reply said she would be hit by the tax as she is only entitled to a one-bed flat. She is in fact entitled to her two-bed flat without any reductions in benefit, as her child by law must have a room of his own.

Rose Latham, Lancashire

RELEASE SOLICITOR KIRSTIE DOUSE REPLIES:

The information provided is not factually incorrect but comes down to what is defined as a bedroom for the purposes of the Housing Benefit (Amendment) 2012 ('the bedroom tax'). This is a complex issue, not least, because the regulations do not provide a definition; rather it is left to local authorities to determine the number of bedrooms in a dwelling for the purposes of Regulation b13 and whether the property is under occupied (subject to the conditions as laid out in your letter).

The DWP circular (HB/CTB A4/2012) relating to the new 'bedroom tax' states 'We will not be defining what we mean by a bedroom in legislation…' Unlike private renting tenants where the Local Housing Allowance scheme excludes living rooms in the bedroom calculations, social tenants may in fact find themselves in the situation described in my previous column, as living rooms are not explicitly excluded in the new regulations.

For social tenants there is little existing guidance that provides a clear definition on what and what is not a bedroom. However, the Rent Officer Handbook (2009) used by local authorities, states:

'Under the Housing Benefit Scheme, rent officers treat bedrooms and rooms suitable for living interchangeably, Local Reference Rents are based on total number of habitable rooms (bedrooms and living rooms…)'

This could be why we are starting to see some local authorities determining that a living room should count as a bedroom. In our opinion this is wrong and should be challenged. You are correct to say that the first step should be to challenge the local authorities 'under-occupancy' determination in such circumstances, and even if they do not review their decision in favour of the tenant, legal advice should sought as to whether their decision can be judicially reviewed.

I can assure you this is the advice Release has been providing to those affected by the new regulations and this should have been explicit in my column. However the advice provided on how to manage shortfall in housing benefit is correct and will hopefully assist those impacted by the 'bedroom tax'. Unfortunately, as with any new legislation, until the regulations are tested in the courts concrete definitions are difficult to provide and, in the meantime, we will have a postcode lottery in what local authorities determine is a 'bedroom'.

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.

MARTINDALE PHARMA
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Reckitt Benckiser

DDN would like to thank everyone whose support made ***Be the change***, the sixth national service user involvement conference, possible – NUN, UKRF, FDAP, all our volunteers, main sponsors The NTA, RBP, and Martindale Pharma, all our exhibitors, the speakers and workshop facilitators, the conference steering group, and most importantly all the delegates whose participation on the day made the conference the success it was.

Hope to see you all next year!

The Essential Toolkit for Running Groups

BPS LC APPROVED 1 DAY COURSE

As counsellors and psychotherapists, we are often primarily trained in a one-to-one model of therapy. However, we are aware that the dynamics within groups mean that what works on one-to-one basis does not always transfer to working with multiple clients. Equally, problems that occur in group work are more common than with individuals and there is at times a suspicion that groups may be less effective than one-to-one work. More specialist training in group work often requires commitment to expensive and time consuming long courses.

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E.H., MH Worker

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DDN DIRECTORIES

The Residential Treatment Directory
15 April DDN (update deadline 5 April)

The Training Directory
6 May DDN (update deadline 31 May)

Check the last updates in the resources section of the DDN website, and make sure your service is listed!
Email any changes to directories@cjwellings.com

To find out how to promote your service contact ian@cjwellings.com

BSafe A Volunteer led weekend drop in service for people with substance addictions. We offer a safe place to get food, advice and friendship. Saturday 12pm – 5pm, Sunday 1pm – 4pm. If you are interested in volunteering with us then please contact below.

B3 Brent service user council offers peer support and advocacy to drug and alcohol service users. Meeting every Friday 2.30 – 5pm

Contact: Ossie Yemoh, 97 Cobbold Road, London, NW10 9SU
t: 0208 459 9510
m:07919 130 946
e:info@b-3.org.uk

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solutions to substance misuse

ARCH Initiatives is a registered charity and a leading provider of substance misuse services across the North West of England and North Wales.

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- *A capable, confident communicator and astute influencer, who can successfully represent ARCH externally at a senior level*
- *An ability to provide challenge, creative thinking and reasoned debate*
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- *Excellent sector knowledge*

For more information relating to this role, please contact Diana Thompson, HR Manager, on 0151 666 6806 or email d.thompson@archinitiatives.com and we will provide you with an application pack.

Closing date for applications: Monday 8th April 2013 at 5pm.

www.archinitiatives.com

Kairos Community Trust

12-Step Counsellor/Assistant Manager

Southwark, London

Kairos Community Trust is a registered charity providing abstinence based recovery programmes within both residential and community settings across five London boroughs. We require an experienced 12-Step Counsellor to work with clients and staff in the role of Assistant Manager. You will be qualified to diploma level or higher and able to facilitate group therapy sessions and deliver client-focussed workshops, as well as working in a one-to-one setting. As Assistant Manager you will also have responsibility for managing a small team. In return we offer a pleasant working environment, a competitive salary and ongoing staff development.

For more information, or to apply, please contact Tim Penrice T: 020 7635 7664
E: dayprogramme@kairoscommunity.org.uk W: www.kairoscommunity.org.uk

Dual Diagnosis Counsellor

North London, part-time 5-10 hours per week (£21,000 – £25,000 pro rata)

Glenholme Mental Healthcare Ltd, working in partnership with Life Works Community Ltd

Working as part of a team, you will engage and support the home's dually diagnosed residents and try to help them understand the consequences of their substance use. You must also have a minimum of 12 months post-qualification work experience, including direct face-to-face experience with clients. You will have a health and Social Care/S NVQ level 3; or equivalent.

Closing date: Thursday 11 April
Further details on: www.drinkanddrugsnews.com/jobs/
Or contact Kelly Williams: kwilliams@gocg.co.uk 020 8446 3401
www.glenholmehealthcare.co.uk

BRIGHTON OASIS PROJECT

THE ROAD TO RECOVERY FOR WOMEN AND CHILDREN

Brighton Oasis Project

5th September 2013

Audrey Emerton, Post Graduate Centre, Brighton

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North Yorkshire County Council

North Yorkshire Adult Substance Misuse Treatment Service

Stakeholder Event – Launch of Consultation

Monday 25 March, 10am-3pm, The Pavillions, Harrogate

North Yorkshire are in the process of a major reconfiguration/transformation of services for adults who misuse substances (drugs and alcohol). The purpose of the transformation is to develop a more recovery-orientated system for the county, rooted in realising the assets of local communities. This will be achieved by a full, competitive procurement exercise with a newly commissioned system anticipated from April 2014.

The purpose of the event is twofold:

- To provide a wide range of stakeholders with early information about the reconfiguration, including the vision for recovery in North Yorkshire and to outline proposed/draft models of future service delivery
- To consult with stakeholders on the proposed model of service delivery and seek the views/expertise of colleagues to influence the final specifications

The event itself will include a mixture of presentations from national/local experts alongside workshops for group discussions.

The event is targeted at individuals and organisations who have an interest in, and can contribute to, the development of the emerging vision for recovery orientated services across North Yorkshire. We anticipate interested parties will include the following:

- Providers of substance misuse services (current and potential new providers)
- Providers of services (including potential providers) which promote recovery, health and wellbeing (e.g. through mentoring, peer support, facilitated groups etc)
- General practitioners/clinicians with an interest in substance misuse
- Individuals/families that are in contact with/have had contact with substance misuse services and who have an interest in the future development of these services
- Wider professional stakeholders

Please contact Tina Handley (tina.handley@northyorks.gov.uk) to register your interest. You will receive a programme for the event nearer the time.

For further information about the reconfiguration and progress to date (including findings from a local stakeholder engagement exercise) please visit our website

www.nypartnerships.org.uk/smpb

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centre point give homeless young people a future

Centrepoint is the leading charity for homeless young people. Working with over 1,300 young people every year, our vision is to end youth homelessness.

Centrepoint's Health and Wellbeing team offer a range of services to young people living in Centrepoint services. The team work in a holistic and person-centred way that inspires and empowers young people to access appropriate health services and to address their individual health needs. We currently have an exciting opportunity for an experienced and dynamic professional to take a leading role in the development of interventions that will directly impact young people's lives, as part of a supportive, innovative and expanding team.

Dual Diagnosis Practitioner

£29,359 • 1 year fixed term only, possibility of extension • Ref: DDP0313e

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The successful candidate will also act as a lead professional for dual diagnosis within the team. Using their extensive skills and experience, they will create and deliver training around dual diagnosis to Centrepoint staff, and draft new clinical policies based on national best practice guidance and Centrepoint policies.

Applicants must have a qualification in either mental health, psychology, social work, nursing, youth work or other related field. It is essential they have substantial experience working with homeless or vulnerable young people aged 16-25, and at providing support including CBT/ motivational interviewing to young people with mental health and substance misuse problems.

To apply for this post please visit our website at www.centrepoint.org.uk/vacancies Closing date is Friday 22nd March at 12 noon

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