DDN
Drink and Drugs News

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THE LONG VIEW
Paul Hayes talks about the NTA's refocus on long term recovery

THE RIGHT IMPACT
The UK Drug Policy Commission explains its research

'I do think people will think twice about employing ex-users, because they'll have to go through so many checks...'

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Editorial – Claire Brown

A bar too far?

Employers could think twice about hiring ex-users

Welcome to our first issue after the summer break – it's good to be back! As always there's plenty to occupy us, and this issue we've been looking at the vetting and barring scheme that begins its introductory stages next month.

Of course the scheme has a laudable motive – to safeguard vulnerable people, which could include many drug and alcohol users in treatment. But there's lack of clarity at the moment that could plunge the scheme's administration into confusion. It could also, ironically, endanger the prospects of vulnerable ex-service users who could potentially be subjected to lengthy, career destroying investigations that could end up with them being barred for up to ten years before they would be eligible to reapply to work in the field.

At the very least we should scrutinise anything that might give employers an excuse to think twice about employing ex-service users in the first place, and the Independent Safeguarding Authorities reassurances do not stand robustly enough against the concerns expressed in this article by people highly experienced in workforce development. If alarm bells are ringing, they have to be listened to before the scheme can bed in with any confidence – 'discovering the real complexities of it as it goes along' will serve only to undo much of the good work that's taken place over the last few years to pave ex-service users' path to the workforce.

The 'recovery' word crops up again this issue – this time at the National Treatment Agency's headquarters, where Paul Hayes explained why the NTA is refocusing on recovery and reintegration, rather than just getting more people into treatment and reducing waiting times. While the move to work more closely with local services widens prospects for housing, employment and integration to society, it also means that much depends on the quality and motivation of local partnerships. As always, we depend on you to feed back whether these are working.

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News in Brief

September 'the new January'

One in five people are planning to take two days off from drinking each week this month, while 12 per cent plan to have a completely dry September, according to an ICM poll. People are cutting back after drinking too much on holiday, says the Department of Health, with 27 per cent of people admitting to the *Know Your Limits* campaign that they drank three times or above their usual levels while on holiday this summer. 'It's all too easy to slip into the habit of drinking too much on holiday' said public health minister Gillian Merron. 'And it's always hard to get back into a normal routine. But we should try to use September as the new January and make a pledge to be a little more healthy'.

Dogged determination

Release is taking legal action against British Transport Police for breach of human rights, unlawful search and trespass to the person in their use of sniffer dogs to search for drugs. The case is expected to reach the High Court later in the year and follows an incident where the charity's executive director Sebastian Saville was stopped and searched at Camden Town underground station in north London last summer. The action is designed to 'challenge the continued erosion of civil liberties' says Release.

Driving the point home

A new £2.3m TV, print, poster and online campaign to alert people to the fact that the police 'can and will' detect drug drivers, and that those convicted will face the same penalties as drink drivers, has been launched by the Department of Transport. 'Government campaigns over the last 40 years have succeeded in making drink driving socially unacceptable and cutting the number of people killed in drink drive accidents by nearly three quarters,' said transport secretary Andrew Adonis. 'But some drivers who would never get behind the wheel after drinking still believe they can drive after taking drugs. We are determined to get the message through to this reckless minority that their behaviour is putting lives in danger.'

Government bans 'legal highs'

A range of substances used in the production of 'legal highs' are to be banned by the end of the year, the government has announced. The move follows concerns over 'the changing drugs market and emerging threats to public health' (*DDN*, 1 June, page 5).

Following public consultation on the options for controlling the chemical solvent GBL (gamma-Butyrolactone) and related chemical 1,4-Butanediol (1,4-BD) under the Misuse of Drugs Act, and advice from the Advisory Council on the Misuse of Drugs (ACMD), the chemicals, which are converted in the body to GHB (gamma-Hydroxybutyrate) are to be banned and controlled as class C drugs, subject to parliamentary approval.

Synthetic cannabinoids – the chemicals sprayed on herbal smoking products like 'Spice' – will be controlled as class B drugs, the same as cannabis, while stimulant BZP (benzylpiperazine) and related piperazines will be controlled as class C. Twenty four anabolic steroids and two growth promoters will also be added to the list of steroids classed as class C drugs.

'There is a perception that so called 'legal highs' are harmless, said home secretary Alan Johnson. 'However in some cases people can be ingesting dangerous industrial fluids or smoking chemicals that can be even more harmful than cannabis. Legal highs are an emerging threat, particularly to young people, and we have a duty to educate them about the dangers.' A new education campaign covering a range of 'legal highs' would be launched this month, he said.

Chair of the ACMD professor David Nutt said his organisation welcomed the move. 'We made these recommendations as it is important to highlight that these are in fact dangerous drugs, especially when mixed with alcohol. The ACMD are continuing work on other legal highs and will provide recommendations on separate drugs throughout the year, based on prevalence and harms.'

David Hoffman Photo Library / Alamy

Alan Johnson: 'Legal highs are an emerging threat, particularly to young people.'

Release, however, called the ACMD's original recommendation to make the substances illegal 'disappointing' and called instead for them to be controlled with a new licensing and regulation system – ketamine use had increased since it was made illegal, the charity pointed out.

'The fact that the legal high market, with massive popular appeal and the potential for huge profit, has already adapted to produce other substances not covered by new legislation seems to have escaped the government's attention,' Release stated on its website. 'There is no doubt that a pragmatic approach of effective public health messaging and strict consumer regulation would have more impact on the harm caused by these substances, and that by continuing to chase its tale in an attempt to stay ahead of the demand for drugs and those who supply them, the government has once again demonstrated its complete incapacity to manage and reduce the harm caused by drugs in society.'

Poisoning deaths reach eight-year high

Deaths related to drug poisoning have risen to their highest level since 2001, according to new figures from the Office for National Statistics (ONS).

There were 2,928 drug poisoning deaths last year – an 11 per cent increase on 2007 and the highest number since 2001 – according to *Health statistics quarterly*. The figures include both illegal and legal drugs.

Deaths involving cocaine had rise by 20 per cent since 2007 to 235, while 897 related to heroin or morphine, an 8 per cent increase and again the highest figure since 2001. Deaths involving anti-depressants were also up, while deaths where GHB was mentioned on the death certificate rose to 20, from nine in 2007. Overall, more than 2,000 of the drug poisoning deaths were in men, with 853 among women.

'Every drug-related death is a tragedy and many could have been avoided' said DrugScope chief executive Martin Barnes. 'It is extremely concerning that deaths relating to illegal drugs are at their highest since 2001. Despite the significant progress made in increasing the number of people accessing drug treatment services clearly more needs to be done.'

Meanwhile the annual report of the National Programme on Substance Abuse Deaths, at St George's, University of London, reveals that the proportion of deaths among drug users aged over 50 with a known history of drug use had risen from less than 0.1 per cent a decade ago to 4.2 per cent. In the same period the median age at death of those with a history of drug use had risen from 29.7 years to 36.4. Sixty-five per cent of older drug users died from accidental poisoning.

The fact that the fastest rise in drug related deaths was among older users, with heroin the most commonly linked substance, could reflect the fact that 'the heroin using population is aging, with fewer young people using and developing problems with the drug', said Martin Barnes. 'While it is right to focus on drug use among young people, the need is for public health and overdose prevention interventions across all age groups.'

Health statistics quarterly available at www.statistics.gov.uk/StatBase/Product.asp?vlnk=6725

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

Lifeline targets older users with overdose advice: see feature, page 14.

Afghan opium production falls while 'narco-cartels' grow

Afghan opium poppy cultivation has fallen by 22 per cent in the last year, while opium production has fallen by 10 per cent, according to figures released by the United Nations Office on Drugs and Crime (UNODC). However there has been a growth in 'narco-cartels' linked to the Taliban, says the agency.

Poppy cultivation has fallen to 123,000 hectares from its 2007 peak of 193,000 hectares, according to the *Afghan Opium Survey 2009*, which covers the planting cycle from May 2008 to June 2009. In the unstable Helmand province, cultivation had fallen by a third.

Opium prices have also fallen by 10 per cent, says the report. Production has not fallen as significantly as cultivation, however, as farmers are extracting more opium from each bulb. Afghan poppies this year yielded 56kg of opium per hectare – a 15 per cent increase on last year and five times the amount yielded in the opium growing regions of South-East Asia.

World demand for opium remains stable, says UNODC, at around 5,000 tons – this however is several thousand tons less than that produced in Afghanistan each year, suggesting a large amount is being withheld from the market. 'Stockpiles of illicit opium now probably exceed 10,000 tons – enough to satisfy two years of world (heroin) addiction or three years of medical (morphine) prescription,' said UNODC executive director Antonio Maria Costa. 'Where is it, who is hoarding it and why? Intelligence agencies should diffuse the ticking time bomb of opium stockpiles before these become the source of potential sinister scenarios.

'A marriage of convenience between insurgents and criminal groups is spawning narco-cartels in Afghanistan linked to the Taliban,' he continued. However the drug trade had now moved beyond being a funding source for insurgency to being an end in itself, he said. 'Drug money is addictive, and is starting to trump ideology.'

Report available at www.unodc.org/unodc/en/drugs/afghan-opium-survey.html

Controversy around new Scots licensing laws

New Scottish licensing laws aimed at tackling alcohol-related disorder by giving the public more say over alcohol sales came into force last week, but according to press reports many pubs have been forced to close because licensing boards have failed to issue the new licences.

The Licensing (Scotland) Act 2005 means that anyone can ask a licensing board to review the licence of any place that sells alcohol, and anyone can object to a licensing application. 'This government has always made clear that the right to sell alcohol comes with certain responsibilities' said community safety minister Fergus Ewing. 'The 2005 act clearly sets out the licensing objectives of preventing crime and disorder, securing public safety, preventing public nuisance, protecting and improving public health and protecting children from harm. These are the key things both boards and licencees must aim to achieve.

'These new rights will mean people are able to have a greater say in, and have more control over, how alcohol affects the community they live in,' he continued. 'The act also means that irresponsible promotions in pubs and clubs will be banned and alcohol will be displayed in a dedicated area of a supermarket.'

However, according to claims by the Scottish press, licensing boards have been so overwhelmed by applications that many have not even begun to issue licences, forcing premises to close in the meantime. 'The cost of implementing the new licensing regime falls disproportionately on rural shops, local pubs, country hotels and village halls, rather than the barn-sized city bars and clubs associated with weekend binge drinking or the supermarkets that use alcohol as a loss leader,' said *The Herald* newspaper.

A recent report by the Scottish Government found that alcohol-related deaths accounted for up to one fifth of all deaths in Scotland, rising to more than a quarter of deaths in men aged 35-44 (*DDN*, 13 July, page 4).

'Booze asbos' launch to lukewarm response

The Home Office has launched its controversial drinking banning orders (BDO) for those aged 16 and over. Police and local authorities can now apply for the orders on those who regularly commit alcohol-related crime or anti-social behaviour.

According to the Home Office, magistrates can 'impose any condition they think is necessary' under a BDO, including restricting people from entering certain areas, banning them from consuming alcohol in public places and banning them from pubs, bars and off-licences in a specific area.

The 'booze asbos' can last from two months to two years and carry a penalty fine of up to £2,500 for a breach. Offenders subject to an order can also be sent on a 'positive behaviour intervention course', completion of which could lead to a reduction in the length of the order.

The courses will be run by approved providers, with offenders having to meet the costs themselves. The orders would 'stop those people who are well known to the authorities, licencees and often the communities where they live, from ruining lives and will make them face up to their destructive behaviour,' said Home Office minister Alan Campbell.

'Used as part of a package of measures to reduce alcohol harms these initiatives can make a real difference to safety on our streets,' said Alcohol Concern chief executive Don Shenker. However, despite a positive response from public health and some trade bodies, other commentators have condemned the legislation as ill-thought-out and unenforceable, with Magistrates Association chair John Thornhill telling the BBC that trying to ban people from all licensed premises in an area was 'nonsense'.

News in Brief

Best of the best

IHRA has launched the latest in its series of '50 best' online document collections, this time focusing on the extent and prevention of overdose. The free resource is designed to round up the material which best summarises the evidence base and reasoning for specific harm reduction interventions. Available at www.ihra.net/Overdose

Strong words

Fewer Britons are drinking but those that are, are drinking stronger drinks according to research by Mintel. The amount of pure alcohol consumed has risen by 10 per cent since the start of the decade, despite volume sales being down. This meant people were drinking more 'by stealth', as many did not notice ABV, said the organisation's senior drinks analyst Jonny Forsyth. 'In the 1970s a bottle of wine may have been around 11 per cent in ABV and now the same bottle is more likely to be around 13 per cent,' he said. 'Equally we have seen stronger lager become much more popular over the last couple of decades with the growth of the 5 per cent "premium" lager sector.'

Carlin quits

Mentor UK chief Eric Carlin has left the organisation after nearly ten years and resigned as Drug Education Forum chair. As well as starting a PhD on social exclusion and young people, he will also work as a consultant. 'I am proud that government and civil servants rightly recognise the wealth of experience that Drug Education Forum members and their networks can bring to determining the future of drug education,' he said.

Get tough, government told

The overwhelming majority of public sector professionals want to see tougher rules on alcohol, according to a survey of more than 1,000 doctors, nurses, teachers, police and public health staff. Seventy seven per cent wanted to see bar promotions that encourage irresponsible drinking banned, and 62 per cent backed a minimum price per unit of alcohol. Those at the front line had 'had enough of government policy that appeases the alcohol industry instead of directly tackling problems' said Alcohol Concern chief executive Don Shenker.

YOU'RE BARRED !

Author Phillip Pullman made the headlines recently when he stated that rather than register with the Independent Safeguarding Authority (ISA) as part of the 'insulting' vetting and barring scheme, he would simply stop doing readings in schools. What has garnered considerably fewer column inches, however, is the situation that will face many ex-service users, who are unlikely to be in a position to take a stand like Pullman's.

Next month sees the first stage of the introduction of the vetting and barring scheme when two ISA 'barred' lists replace the existing Protection of Vulnerable Adults (PoVA) list, the Protection of Children Act (PoCA) list and List 99, the Department for Children, Schools and Families' (DCSF) list of people considered unsuitable for work with children. The definition of 'regulated activities' covered by the lists will also be broadened, meaning that those who find themselves on the new barred lists will be prevented from working in a much wider range of jobs and voluntary activities than before – including the healthcare and prison sectors.

The scheme is designed to make sure that no one who poses a risk to children or vulnerable adults could be allowed to work with them in either a paid or voluntary capacity, which is why even well-known authors will need to register before being allowed into schools. But it also means uncertainty over the employment prospects for those with addiction-related convictions.

The scheme's genesis dates back to the 2002 murder of Jessica Chapman and Holly Wells by school caretaker Ian Huntley, and the resulting questions about how someone like Huntley – who was known to the police and social services – could ever have been employed in a such a post. This led to the commissioning of the Bichard Enquiry, which looked at the way employers carried out background checks on those who work with children and vulnerable adults, and in turn to the Safeguarding Vulnerable Groups Act 2006 and the subsequent establishment of the ISA as a single agency to vet everyone who wants to work with these groups.

The ISA will work alongside the Criminal Records Bureau (CRB), with the CRB undertaking the initial check to determine whether someone should be referred to the ISA for a decision, and the scheme will be administered by the ISA in partnership with the Home Office, Department of Health and DCSF. It will cover England, Wales and Northern Ireland – Scotland will develop its own scheme, working closely with the ISA.

From next July all new staff working with vulnerable groups will be able to apply for registration with the ISA, but from November 2010 registration will be a compulsory legal requirement for new employees, as will checking their status for employers. Those staying in their current role will not have to become registered until later in the scheme's five-year phasing-in period. One of the many things about the scheme that has rung alarm bells with those in the field, however, is that the ISA's guidance for decision making lists 'relevant convictions and cautions' indicating a 'risk of harm' – alongside violence and sexual behaviour – as those which 'relate to addictive behaviour or persistent offending'.

The NTA states on its website that it will work to ensure that the case of service users is appropriately considered by the ISA. How closely has it been working with ISA on the scheme? 'The NTA and the ISA are working together to ensure the scheme protects the safety of children and vulnerable adults whilst not having any

The forthcoming vetting and barring scheme could have a potentially devastating impact on the employment prospects of ex-service users, not least in the substance misuse sector itself. David Gilliver hears the concerns of those in the field as well as the assurances of the agencies that will be implementing it

unintended consequences for service delivery or impact on the wider treatment agenda,' says NTA national programme lead, standards and inspection, Pete Burkinshaw. 'To this end the NTA is engaged in a series of meetings to address specific issues and implications of the scheme, and progress has been encouraging, particularly around the extent to which the ISA has engaged directly with the sector, including attending HR and commissioning forums.'

The scheme is clearly well-intentioned – no one wants to see vulnerable people put at risk – and ISA chair Sir Roger Singleton has stated that decisions to bar will not be made lightly as 'every decision is potentially life-changing.' But how reassured are those in the field about the potential consequences for service users?

'I do think people will think twice about employing ex-users, because they'll have to go through so many checks,' says chief executive of FDAP, Carole Sharma. 'Also the definition of "vulnerable adults" isn't that clear. I would want to say from a practitioner point of view that drug and alcohol users in treatment are vulnerable adults, but there's no clear definition.'

Is it the case, as some are claiming, that there's a lack of clarity generally around some aspects of the scheme at the moment? 'There is, but I understand why,' she says. 'I'm for this in principle, because people need to be protected, but you can't just do it in one easy way. We've had quite a few conversations with the ISA at the National Human Resources Group, and I think they're starting to discover the real complexities of it as it goes along.'

'When it's up and established I think organisations are going to be more comfortable with it, but in the meantime it's the unknown,' says workforce development manager at West Sussex DAAT, Elizabeth Flegg. There will be a 'minded to bar' option, which will involve discussions with the person as to why they should not be barred. If barred, however, that person cannot reapply for ten years if they're over 25, or five years for those aged 18-25.

'There's going to be a bit of a balancing act in terms of ensuring that people who have been service users and who want to work in the sector don't apply too soon and get a ten-year bar, because that then ends that career aspiration,' says Flegg. 'There's going to be a bit of test and trial I think. The sector that tends to be more understanding of people who've had a substance misuse past – and perhaps convictions on top of that – is the health and care sector. So the sector that's more likely to employ them may not be able to employ them.'

Is that the case – is the field going to find itself in a situation where it can't employ ex-service users? The Home Office says not. 'Individuals will only be barred from working with vulnerable groups if they pose – in the expert view of the ISA – an ongoing risk of harm to these groups,' says a spokesperson. 'If an individual has had previous substance misuse issues or criminal convictions it does not automatically follow that they will be barred from working with vulnerable groups, only if this sort of information suggests that they still pose a risk to the vulnerable.'

'The ISA's risk assessment procedures should ensure that only those who pose a risk to children and vulnerable adults will be barred,' concurs Burkinshaw. 'Therefore the scheme aims to protect service users rather than barring all ex-offenders from working in the sector.'

David Finney is the former lead on substance misuses services for the Commission for Social Care Inspection and is now an independent consultant specialising in residential services. 'In general the fact that "treatment for addiction" is going to be recognised as a "regulated activity" is to be welcomed,' he says. 'However it needs to be clarified exactly how widely interpreted this will be, and which agencies will be included – street agencies? Needle exchanges? Tier 3 structured day care as well as tier 4 residential? Many will not be aware that they will now have to register with the ISA.'

The Home Office, however, states that it is doing all it can to alert those in the field to the requirements. 'A communications campaign has begun and will continue in the build-up to the start of applicant registration in the summer of next year,' says a spokesperson. 'Individuals who provide frequent or intensive advice, guidance or treatment to vulnerable adults will be undertaking regulated activity. These individuals will have to begin registering with the ISA from July 2010 and anyone undertaking this kind of work will have to be registered by July 2015.'

Despite having implications for a greater number of people, throwing the net this wide may well lead to a more clear and straightforward system in the long run. 'Substance misusers accessing services are considered as accessing healthcare, and therefore the vast majority of roles will be classed as regulated activity,' says Elizabeth Flegg. 'That does make it more black and white for employers, in that they'll have it clearly in their minds that they'll need to get ISA registration sorted out for all their workers, whether they're paid or voluntary.'

'It all sounds so easy – "let's protect people from Ian Huntley"' says Sharma. 'It sounds really logical – "if there's a bit of information on them we shouldn't employ them". Fine, but – and not just in our profession – people are going to have histories of drink driving, all sorts of things. When it comes to alcohol they'll find that there are people in all sorts of workforces with problems. I think they haven't realised that some workforces will have a lot of ex-criminals.'

The fear that some in the field have, of course, is that they could potentially lose their best staff. 'The drug and alcohol treatment sector is more vulnerable than most to this because it is generally recognised that people in recovery can be excellent counsellors or workers or volunteers,' says David Finney. 'In many ways people in treatment have more respect for workers who have "been there and done it".'

'Our role is not to punish people twice,' stresses the ISA's CEO, Adrian McAllister. 'We are fully aware of the significant changes that people make to their lives and we will very much take those into account when making barring decisions.'

What is clear is that there is inevitably going to be some kind of bedding-down period. 'I think they're trying to get to a situation where there are offences that mean "you can never" and offences they can apply some criteria to, like how much time has passed and what you do now for a living,' says Sharma. 'The difficulty is that, because prostitution and things like that happen in the substance misuse world, some people will have sexual offences that they may want to put in the basket marked "never"'. That could be a difficulty – it's not so easy just to list offences.'

Continued

'When it comes to alcohol they'll find that there are people in all sorts of workforces with problems. I think they haven't realised that some workforces will have a lot of ex-criminals.'

All of this leads to the vital question of who will actually be making the barring decisions, and the level of training they'll have – how experienced will the case workers be and will there be specialists to whom substance misuse-related cases can be referred if necessary?

'The case workers receive intensive training and are supported by a continuous training and support programme,' says McAllister. 'Support and advice can also be sought from the ISA board, who will also deal with the more complex cases. The ISA board benefits from individuals with experience and expertise in safeguarding issues – this includes a board member who has worked within the substance abuse sector.'

Sharma for one, however, remains unconvinced on this area. 'I've asked them the question twice now about who their substance misuse specialist is and they haven't answered it,' she says. 'I've said "you need to convince me that you've got people advising you who know enough about substance misuse" and they accept that point. But I'm not convinced that they've got enough expertise in substance misuse at the moment.'

So how long are people likely to have to wait for a decision to be made? 'For anyone who does not have a caution or conviction, the CRB has stated that ISA registration will take seven days,' says McAllister. 'Where an individual has been referred to the ISA due to harming, causing harm, putting at risk of harm, attempting to harm, or inciting another to harm a child or vulnerable adult, the ISA will consider all available relevant information. This process will include requesting relevant information from other organisations including, for example, employers, police and local authorities. The individual referred will also be given the opportunity to present representations. This process takes time – however it is important all relevant information is available before a decision can be made.'

Once the ISA has reached a 'minded to bar' decision, it will write to inform the person and share the information it relied on to make its decision – they'll then have eight weeks in which to make representations. A further area of worry, however, is the appeals process itself – appeals will need to be in writing and sent off to an external panel. 'My concern is that some clients' literacy skills aren't great, so writing a kind of legal document like that is quite a lot to expect of them,' says Flegg. 'This has been an issue which has arisen in our discussions with the ISA and one they are mindful of,' says Burkinshaw. 'We will continue to work with them to ensure this issue is appropriately addressed.'

The barring lists have already started to be reviewed, however, and some of those who may possibly be barred have been contacted – leading to some confusion. 'The terminology is quite legal and doesn't make much sense to a lot of people,' says Flegg. 'They're bound by law to phrase things in a certain way, obviously, but it means clients may well be confused. I think there should be intermediaries to support people.'

Overall, doesn't the whole scheme have potentially huge implications for the rehabilitation of offenders, something the government states it is committed to? 'No – the new scheme will only be barring those individuals who pose an ongoing risk to vulnerable people,' says the Home Office spokesperson. 'If an individual has reformed and the ISA does not believe that they will pose a risk of harm then they will be able to undertake regulated activity.'

'The NTA will work to ensure that the treatment, rehabilitation and reintegration into the workplace of service users are all appropriately considered by the ISA,' says Burkinshaw. 'It is also vital that substance misuse workers are familiar with the scheme and the process of making 'representations' to the ISA. This will ensure that they can appropriately advise, signpost and support service users who want to enter the workforce.'

The implications for voluntary work in the field, however, are also potentially dramatic. 'For example the prison service now comes under the legislation, whereas before they just needed a security clearance,' says Flegg. 'That means that while previously AA and NA could go in and do groups with the prisoners, the prison service will now need to get those people checked as well.'

'If they are undertaking this kind of advice or guidance provision activity with prisoners frequently or intensively then they will have to become ISA registered,' says the Home Office spokesperson. 'New volunteers will have to begin registering from July 2010 and all volunteers in this field will have to be registered by July 2015. As they are volunteers their registration will be free.'

Again, isn't including volunteers just a sensible precaution to protect people? 'I totally understand and I don't blame them, because you've had scout leaders abusing their scouts and things like that,' says Sharma. 'Just because they're not paid doesn't mean people aren't in a position of power over vulnerable people. I support that it shouldn't just be the paid staff, because I know that's not the whole problem. I'm keen that it covers everyone who's in a position of power – but they need to be able to spot the difference and I think that's hard.'

On the whole, are people worrying unnecessarily? 'In the light of assurances we have received from the ISA, and our understanding of its approach, most concerns should be alleviated,' says Burkinshaw. 'The scheme will not exclude all ex-service users from working in the field through a blanket barring but make decisions on a case-by-case basis. The ISA will assess the suitability of ex-service users to work with children and vulnerable adults based on a proportionate assessment of risk using evidence of behaviours from a range of sources.'

'Because I run an accreditation and regulation body myself, I welcome anything that strengthens the safety of vulnerable people that we care for,' says Sharma. 'But it's a very, very complicated issue in the area of substance misuse and it needs to be given far more thought. They need much more in-depth advice than I think they're getting currently. It sounds like I'm being really critical but I'm not – I just want them to start opening their doors to talk to other people.

'I *am* worried – I've had employees whose form from 20 years ago was catastrophic,' she continues. 'Because people have been out of control in the past you could be talking GBH, fraud, living off immoral earnings, soliciting – it looks *terrible*, but they're shining examples of good people now, so you have to believe in rehabilitation. I'm clear about sexual offences – you don't employ people with those, but you need to know the difference between prostitution and sexual offences against other people. I'm in favour of regulation. But we need regulation that doesn't completely decimate the workforce.'

Routes to recovery

The recovery debate may mark a large-scale change in policy and direction for drug treatment providers in the UK because it fills a void in what we do and why we do it. It provides a much-needed sense of direction and a goal for drug treatment.

Defining recovery isn't simple as it's about how each individual transforms their lives.

I became interested in drug treatment and policy in the mid '80s when the first large-scale wave of heroin use became established among young people.

I was working in London in the youth justice arena and a whole cohort of my clients became service users – seemingly overnight. I moved to the North East only to have the experience repeated three or four years later. Drug treatment services had little to offer young people and we decided to develop our own dedicated services. We struggled for many years, working within a primarily medically focused set of drug treatment regimes, and arguing for individually-tailored interventions designed to support community inclusion.

We persevered and gradually the value of our approach was recognised. In Leeds in 2008 we bid for the community drug treatment service with two other charities and a GP practice under the banner, 'drug treatment is a stepping stone to community inclusion', and we were awarded the contract.

What does 'recovery' have to do with all this you may ask? For me the discovery that there is a recovery model with structured approaches to planning, case management and coaching has filled a void.

We will be adopting a 'recovery model' in our work at DISC. In some ways it is easy as much of our practice drops in with little trouble and staff can see the development opportunities it offers.

However I don't believe that many providers have started to take on the idea of recovery communities, in which they support and work with local coalitions of individuals and groups.

Traditionally there has been a big divide between providers funded by the charity and public sectors, and mutual aid and self-help organisations.

What we should do is enable people to find the intervention they need, be it through a faith group, Alcoholics Anonymous or a drug treatment service, support them to look at the bigger picture, and accept that there are lots of different ways of getting there. A clear vision, whether as customer, worker, volunteer or manager is crucial, as long as we don't oversimplify or hijack it to meet our needs as providers of services.

Mark Weeding,
executive director, DISC

Blocking the path

In their recent document – *Residential treatment services – a summary of good practice* the NTA estimate 'that about 16,000 adults access tier 4 services every year, about 10 per cent of the target treatment audience', but NDTMS data does not support these figures. In the South West region, tier 4 services had an average total of 4.6 per cent accessing services in 2008, nowhere near 10 per cent.

It is well documented that many rehab provisions have closed over the past 12 months. As a tier 4 provider we have attempted to provide an integrated and needs-led service and have tried to keep ahead of the game by anticipating change.

However, referrals to our service are low, even from those authorities with whom we have block contracts. Recently, we were involved in a pan-Bristol treatment workshop to discuss tier 4 services. It provided confirmation that referral routes into tier 4 are over-complicated, protracted, and unclear – and this was from the workers perspective, not just clients. Tier 2 and tier 3 providers and also agencies from outside the treatment arena all complained that it was far too difficult to access tier 4 services.

In actual fact there is an inequality in access for those clients who want and need residential rehab. The crux of the problem is the CCA (community care assessment) process for assessing clients for tier 4. The CCA route is complicated, discriminatory and severely outdated.

The common assessment form which allows swift transfer of information and reduces the need for multiple assessments is not, currently, deemed appropriate for tier 4 assessment. Consequently, an additional and elongated process is introduced for the most chaotic and complicated clients. In addition clients all too often are required to 'prove their motivation'. Missed appointments and slips are considered to reveal that clients are 'not ready' for residential rehab. In fact this is exactly the client group that needs residential treatment.

'I don't believe that many providers have started to take on the idea of recovery communities, in which they support and work with local coalitions of individuals and groups... What we should do is enable people to find the intervention they need.'

In my opinion there is a need for a much wider vision and for commissioners and providers to reform the process for accessing tier 4. Transforming current services and commissioning procedures is a challenge at any level (*DDN*, 27 July, page 18). For the benefit of those chaotic clients who need residential rehab I believe that it is vital that we grasp the nettle now.

My view is that the CCA process for those with addictions needs to be replaced. Referrals from tier 2 and tier 3 services can then be made direct – or do we not trust the workers in these services to carry out quality assessments? For the most complicated clients then the CCA process may need to be activated – usually to reach additional and specific services and funding. Tier 4 take up can be improved dramatically if the will to change is there not only from the client but also from commissioners and providers.

John Jotcham, project director, St James Priory Project Bristol.
www.stjamesprioryproject.org.uk

Dedication to Tom

Passmores House is now up and running and I am exhausted! Seven years ago I saw this building with Tom Brennan. Tom was a day service client at Vale House, then a resident in our residential home where he was treated for six months. We found him a flat in St Albans and he went back there to live, continuing his aftercare at Vale House. He tried to go back to his old job after a year but could not settle, so he volunteered at Vale House. Tom joined the staff as manager of the rehab three years after his treatment had finished. Three years later he was headhunted by Hertfordshire County Council to be models of care manager. One year later and he became Hertfordshire Commissioner.

Tom was an excellent commissioner, liked by all, but he was no pushover. He helped many people throughout his life, both users and workers. In the last few years, Tom has suffered with brain tumours and he has been given not long to live. We have named the detox wing here at Passmores House after Tom and we will be pleased if anyone would like to visit.

After setting up many projects in the US and in the UK, I feel that this one is the crème de la crème for substance misusers. After working in this field for over 25 years I have included in Passmores House all the gaps that I have seen missing. Our record of successful outcomes from Vale House and its programme is being implemented at Passmores House, and since May 2009 we have had 25 people admitted to our Detox unit and 25 have completed successfully.

We are having an Open Day on Wednesday 9 September from 11am to 4pm and all are welcome.

Chris Hannaby, chief executive, Passmores House

We welcome your letters...

Please email them to the editor, claire@cjwellings.com or post them to the address on page 3. Letters may be edited for space or clarity. Visit our forum at www.drinkanddrugsnews.com

The long view

The NTA is shifting its focus from getting people into treatment to long-term recovery, as chief executive Paul Hayes tells **DDN**

Paul Hayes is used to being quizzed about treatment. As chief executive of the National Treatment Agency, his sights have been set firmly on getting people into treatment, reducing huge waiting lists, looking at how to stop people from dropping out before they feel the benefits – and defending the NTA's direction of travel to both the treatment field and the outside world.

It is now 18 years since the Audit Commission's report laid the foundations for this agenda and Hayes is determined not to 'allow waiting times to balloon back up again'. But he is also readjusting the NTA's lens to focus on 'the recovery agenda – people getting better and leaving treatment' and 'the reintegration agenda – people having a decent place to live, having a job, looking after their own kids, having a stake in society'.

Catching a trend? No, Hayes insists. This is part of the new drug strategy – 'and if you go back to the previous government and *Tackling drugs together*, all the various green papers and white papers going back over the last 20 years, there's a strong thread of continuity going through all this,' he says. The point is that the time is right, he emphasises. 'The new drug strategy can focus more on recovery and reintegration because the basic building blocks around the size of the treatment system, and access to it, are in place.'

Because accountability underpins the NTA, Hayes is quick to mention the added value for the taxpayer in making communities safer and diverting people from crime. He is also keen to justify the investment in TOPS – the treatment outcomes performance system – which will 'tell us about the real impact of treatment on real people, rather than having to use proxies like waiting times and retention that we've relied on up to now'.

With the revised agenda comes an acknowledgment – for which Hayes credits 'the doctors who are always very keen to remind us' – that there will be a certain proportion of people who will probably never leave the system. 'So we need to be working with the people who *can* leave, who *can* get out at a sensible pace,' he says.

He sees this as 'a much more complex system, a much more difficult system to manage than a system where we just get as many people in as we can, get them scripted, get them stable, less likely to offend, less likely to die using drugs, job done'. 'That's not job done,' he adds. 'That's job started.'

Acknowledging that drug problems are themselves complex, will the focus still be on funding treatment for heroin and crack – particularly as alcohol plays such a major devastating role?

'The reason we focus on heroin and crack is that they cause most problems for most people,' says Hayes. 'But we've always said that the treatment system should be available for anyone who has a problem with their drug use.'

But surely the weighting of payments for treatment doesn't reflect this? 'I think they do,' he counters. 'Because what we had was a situation previously where resources were allocated on the basis of a formula that was built around indices of social deprivation, and what became apparent was that that was over-rewarding some areas and under-rewarding others.

'Ideally of course we would have a good enough understanding of prevalence in each area to allocate resources based on prevalence. Unfortunately, because this is a hidden, stigmatised, illegal activity, our information about prevalence at a local level isn't robust enough to do that... so the next best thing is to build it around activity, because activity does to some extent map onto need. So we're entirely comfortable we've got the allocation process right.'

Allocating twice as much money to treat some drug problems as others 'is entirely legitimate, because the average length of time in treatment for heroin and crack is twice as long as for cannabis or amphetamines'. But he emphasises that these are the resources allocated by the NTA to local partnerships – and it is up to them to decide how they commission and purchase services from their local providers.

While NTA reports show burgeoning alcohol problems among young people, Hayes backs off from suggestion that adult drug treatment should attempt to incorporate alcohol addiction. The NTA's brief on alcohol is confined solely to under-18s and there is no crossing the line to the Department of Health's responsibility for the adult alcohol agenda.

'The alcohol agenda is much broader than treatment for dependency... it's driven by concern about the impact on the health of people who are drinking too much, but are nowhere near being dependent,' he says. 'The view that's taken at the moment is it's more appropriate for the different strands of the alcohol agenda to be together – prevention, binge drinking and the disorder associated with it.'

So clients should expect their problems to be divided up to be treated? No, he says, that's not the point. 'Their problems don't have to be divided up to be treated and they shouldn't be. What we're talking about is funding streams, we shouldn't be talking about clients' experiences. We've always said if someone's genuinely got an alcohol and drug problem, we're happy to pay for it through the pooled treatment budget.'

But Hayes is fiercely protective of the money ring-fenced for drug treatment: 'The pooled treatment budget was created to put money into drug treatment, to meet individual health need and public health need, and also to address the drugs-crime link.' It is the Department of Health's job to invest in alcohol, he points out, and down to primary care trusts to weigh up spend on alcohol and tobacco, alongside allocating resources for hip replacements, mental health, cancer, heart disease and everything else. Sure, there's a strong argument that the NHS should be investing more in alcohol treatment, he says, but that's not his remit.

Despite the separate funding streams, he is keen on joint operating structures with the DH, particularly around the families agenda, as 'it doesn't make a lot of sense to have two different sets of structures, one applying to drugs and one applying to alcohol'.

Another major strand of joint working is the welfare to work agenda with the Department of Work and Pensions – the 'back to work' schemes that have been greeted warily. It was inevitable, says Hayes, that all the headlines on this focused on benefits conditionality – that unless you're referred to treatment your benefit will be reduced. 'But what we're focused on much more is the opportunity that this closer collaboration gives us to route the 20,000 people who are already in treatment into training and employment, to make them job ready.'

NTA regional staff have been very impressed with the DH's network of job centre coordinators and their willingness to engage, he says, adding: 'We need to make sure they're fully trained up and able to deliver the service. What we'd like ideally is for those services to be commissioned alongside all other local services, so access to employment support becomes as integrated to the rest of the treatment system as DIP is, for example.' Progress to Work initiatives are currently commissioned separately and 'there are all sorts of bureaucratic hurdles that have to be cleared'.

But even if these services can't be commissioned together, they work in tandem as far as service users are concerned, says Hayes, 'so it's clear to them that the local drug treatment system is working with the local job centre to get them back into work.'

All fine in principle – but how can this work in a climate where there are no jobs? 'Well there are two ways of looking at that,' says Hayes. 'You could argue that it would've been worse if it had started 18 months ago – this will not start with huge numbers of people 'job ready' and able to get jobs in the current labour market. A lot of people will be talking about being job ready and able to get jobs in 18 months, two years, three years time, when the economy will hopefully be turning around.

'The new drug strategy can focus more on recovery and reintegration because the basic building blocks around the size of the treatment system, and access to it, are in place.'

'In the last recession in the '80s we decided to write off generations of people, and it can then be very difficult to re-engage those people in the labour market. Many of those people and communities are still dependent on welfare, and their children have grown up in an environment where nobody works.

'So I think everybody recognises it's not sensible to say there's no chance of getting drug misusers into employment because non drug misusers can't find work. We have to try and maximise everyone's opportunities.

'Once this is in place it will be available long term,' he adds. 'This presents a real opportunity to put reintegration and employment at the heart of everything we do, and we need to grab it with both hands.'

While working with DWP has given the impetus of operating with a national government structure, improving housing provision has presented a different set of challenges for the NTA, in working with 149 local partnerships and encouraging them to engage with services in their area.

'Inevitably there's a patchwork quilt of provision,' says Hayes. 'We're dealing with a population that are stigmatised and that many local decision takers actually see as being at the end of the queue.'

He reflects that it's often easier to persuade central government of the long-term benefits of providing stable housing and employment for marginalised, unpopular groups than it is to persuade people locally.

'We need to win those arguments,' he emphasises. 'We need to persuade people locally that this isn't providing goodies for baddies.' Working with the NTA teams, two thirds of local partnerships have now signed up to improving employment for their service users and more than half have committed to increasing access to accommodation.

'We'll be holding them to that promise on behalf of their community and their service users,' he says.

A further strand of NTA support is for employers, particularly in making it easier for them to train their staff and keep their skills refreshed. The newly set up National Skills Consortium met for the first time in July, 'to collectively own mechanisms by which best practice is spread'.

'Everyone's very keen, everyone's very supportive... all we've got to do now is make it work,' he says. 'One of the things we need to bottom out, all of us collectively, is what does keyworking mean? How do you help someone through the system, guide them and motivate them, accompany them through their journey? How that's best done is a key component of practice, particularly if we're going to be focused on recovery and reintegration. We haven't got that right yet.'

The reality for many clients, in being stuck in treatment regimes they neither want nor can move on from, is why Hayes believes wholeheartedly in the recovery agenda as 'not just a new buzz word', 'because what we do need to do is challenge services to make sure they are focused on recovery all the time and aren't just taking the easy route of leaving people in treatment when they don't need to be'.

'It's all part of our motivation for the skills agenda,' he adds. 'It's all about balance and finely tuned professional judgement. It's not hard to get people into treatment, to script them and then forget about them.

'But it's hard to work with them on an ongoing basis and judge how you support them in the long term – that calls for high levels of professional skill. What's been very encouraging is that staff and employers are very keen to make sure their staff are sufficiently skilled to rise to that challenge.' **DDN**

The right impact

The UK Drug Policy Commission recently published the findings from its year-long review of refocusing drug-related law enforcement to address harms. Chief executive **Roger Howard** explains the research and defends it against its critics

How can enforcement contribute to improving public safety and public health when it comes to controlled drugs? This was the task we set ourselves when we embarked on a review of evidence last year. The solution, in short, is for the enforcement agencies and their partners to target their interventions and actions on the drug markets, individuals and localities causing the most harm. An obvious approach you might think, running parallel to national and local harm reduction and treatment interventions.

However our review has caused controversy on two fronts. First was the inevitable media misreporting that said the review concluded we should 'tolerate' some drug dealing. Second has been the claim that the enforcement agencies are already pursuing a 'reducing harm' policy – such as through the recent Home Office *Extending our Reach* organised crime strategy, which clearly puts reducing harms from serious and organised crime centre stage.

Nothing in life is simple and so it turned out as we progressed our review, carried out in collaboration with bodies like the Association of Chief Police Officers (ACPO), the Serious Organised Crime Agency (SOCA) and their counterparts in Scotland. The challenge of applying the principles of reducing harm through enforcement emerges when you start to ask 'what harms?' and 'to whom?', and 'what evidence is there that enforcement interventions have an impact?'

Until now, reducing the impact of drugs on a community has tended to rely on three main strategies – reducing the use of drugs, reducing the harms associated with drug use, and reducing the amount of drugs supplied.

Drug enforcement efforts have traditionally focused on arrests and drug seizures with the aim of reducing supply. However, such efforts often have limited or no sustained impact on supply, because most drug markets are large, resilient and quick to adapt. Enforcement can even have unintended consequences, resulting in an increase in the damage that drug markets inflict on a community – by triggering a 'turf war', for instance.

However, because not all drug markets are equally harmful, a fourth strategy is available that has potential to deliver real and lasting benefits even where drug markets are entrenched – and this is reducing the harms associated with the supply of drugs that are caused by drug markets and drug control activities.

Enforcement agencies would be expected to have a leading role in delivering this. They have already given some consideration to this approach, particularly following the creation of SOCA with a harm reduction remit and the introduction of new local performance measures, based on perceptions of drug problems and confidence in the police.

The challenge now is to develop and deliver proven 'real impact drug enforcement', which would achieve a reduction in harms to communities. This can be achieved within current enforcement practice by building consideration of harms into all stages of the enforcement process. The published evidence, case studies and examples of current practice identified as part of our review have led us to conclude that the following principles need to be applied:

- Reducing the impact or harms that drug markets have on our communities should be made an explicit overall aim within relevant strategies and organisations.
- Prioritising and planning activities to tackle drug problems should be based on consideration of the full range of relevant drug harms and risks to individuals, families, communities and institutions.
- Problem identification and priority setting at community level should be in collaboration with the community affected.
- All operations aimed at drug markets should, within the planning process, explicitly identify the harms they are concerned with and identify the characteristics of drug markets that are the cause of those harms. It is important to specify clearly the mechanism by which the activity is expected to have an impact on the harms that are being targeted to ensure that appropriate

tactics are selected.
- Partnership working is vital to maximise the effectiveness of action to reduce drug market-related harms.

Within our review we have identified three broad approaches to delivering a net reduction in harms. These involve targeting specific individuals or groups identified as being particularly harmful, looking at areas where drug problems are particularly damaging and addressing particularly harmful behaviours.

The evidence review brought forth a number of case studies of enforcement supply interventions that prioritise harm reduction at community and upper drug market levels. These demonstrate that the accusation that the commission's review somehow 'tolerates' dealing is wide of the mark both domestically and internationally. Our discussions with various enforcement personnel showed, however, that the approach of prioritising and targeting supply harms, especially at community level, is still embryonic in the UK and warrants further impetus.

In the US, the Department of Justice is sponsoring nationwide training under its Drug Market Intervention Program (DMI). DMI is a strategic problem-solving initiative aimed at permanently closing down open-air drug markets. What is fascinating about this programme is how the strategy targets low-level drug dealers and stages an intervention with families and community leaders. Offenders (non-violent and frequently not arrested) are given the choice of prosecution and probable incarceration versus assistance in locating employment, housing, transportation, healthcare and access to other social services. In essence it provides a pre-prosecution diversion option for some dealers.

In North Carolina where the approach was pioneered, the results are claimed to have been substantial, with sustained reductions in drug crime and violent crime and significant improvements in community confidence. These have happened in a way that addressed and repaired deep historical racial divisions in the community. Here in England, Operation Reduction in Brighton has seen a similar focus on tackling low-level dealing, adopting parallel sanctions, while Operation Nemesis in Stoke-On-Trent was built on a very proactive community engagement model.

All of this takes us back to discussion of 'what harms' and 'to whom'? Drug supply can cause a wide range of harms and the commission has developed a simple matrix to help enforcement agencies begin to map these and their impact. The difficulty comes in trying to measure the various harms in a meaningful way at all levels – not just simply on individuals but the impacts on families, communities, states and institutions. At the end of the day, arrest and seizure figures simply show us how 'busy' the enforcement agencies have been, akin to the debate about the 'bums on seats' performance measures for retention in drug treatment. They are simply crude proxy measures. Neither demonstrate real impact in reducing harms nor do they adequately show improvements in individuals or community wellbeing. We need a new and different set of measurements for that.

A separate briefing on the policy implications of our review has also been published (see: www.ukdpc.org.uk/resources/HR_Enforce_Policy_Briefing.pdf) and we are not surprised it has attracted criticism from both the supporters of drug reform, such as those supporting legalisation and regulation, and those diametrically opposed. One side sees our call for better targeting of enforcement of drug markets on harms as missing the point about the unintended consequences of harms caused through the drug control system. Those on the other wing, the 'drug warriors' accuse us of colluding with and promoting what they perceive as a discredited harm reduction philosophy.

As ever, I am left perplexed by these opposing simple and seductive perspectives. Leaving aside whether overall societal harms would be better or worse under a different legal and regulatory regime, there appears little overall public appetite for such an approach and only conjectural assertions as to its potential impacts. Equally those on the 'warrior' wing face a herculean task in demonstrating overall sustainable net benefits from decades of enforcement policies. Practitioners on the coalface, be they enforcement or health and caring personnel, are left with having to weave a pragmatic course through these siren calls.

Targeting and prioritising the reduction of harms caused by drug supply and markets is a practical approach with demonstrable benefits.

The UKDPC's review is at
www.ukdpc.org.uk/resources/Refocusing_Enforcement_Full.pdf

Cheers...

'The approach set out in this report should not be dismissed lightly... This is a valuable addition to our understanding about illegal drug markets and how the public agencies can tackle what continues to be a scourge on our communities.'
Derek Barnett, Police Superintendents' Association of England and Wales

'There are sound ideas included in the paper both for the Home Office who oversee the government's drug strategy and for the police service, SOCA and other partner agencies.'
Tim Hollis, Association of Chief Police Officers

'The UKDPC report acknowledges the harm reduction approach, which SOCA has pioneered in the way it prioritises operations and identifies targets... There is considerable potential for further harm reduction in extending this approach through effective partnerships which tackle the problem from all angles in a co-ordinated and sustained manner.'
David Bolt, Serious Organised Crime Agency (SOCA)

'As the report states, harm reduction underpins every element of our approach to tackling this complex issue. However, we are not complacent... police, local authorities and communities must continue to work together so that our streets and communities can be free from the crime and anti-social behaviour [drugs] cause.'
Alan Campbell, Home Office Minister

'We need to focus on what works to reduce the damage done by drug abuse. This report is a welcome contribution to the debate.'
Chris Huhne MP

'Current law enforcement activities increase the violence and public health problems associated with drugs in the UK. We urge the government to heed the recommendations of this report, and urgently undertake a wholescale review of its drug strategy.'
Claudia Rubin, Release

And fears...

'What we need is not more rhetoric about a 'war on drugs', which is political nonsense. Instead, we must start a sustained process that aims to reduce drug-taking behaviour rather than containing it, and thus improves the quality of life for addicts, their families, and their communities.'
Iain Duncan Smith, chairman of the Centre for Social Justice

'Turning Point agrees with The UKDPC's recommendations... However, what is more important is that we work to reduce the demand for the supply of drugs. We can do this by using campaigns to educate people about their potential dangers, by ensuring drug users have rapid access to appropriate treatment, and by building a circle of support to help people with issues such as debt, housing and unemployment, which are so often at the root of the problem.'
Harry Walker, Turning Point

This is political correctness or liberalism taken too far. Will we be blaming the police action as opposed to inaction for murder and robbery next? The need for smarter enforcement is undeniable. But not of the UKDPC's interpretation of the concept. Nothing less than a top to bottom rethink – a new, committed and well resourced national strategy with local action to protect our borders, to hit middle and local markets, keeping operations flexible, adaptable and most importantly ongoing – is called for.
Kathy Gyngell, Centre for Policy Studies

'We welcome UKDPC's recognition that the drug control system itself is causing significant damage, and welcome their call for an impact assessment of enforcement operations... However, as a result of failing to articulate clearly the enormity of the destruction being wreaked by the global war on drugs, the report only suggests fighting it smarter. In reality the only way to stop the carnage is to end the war on drugs altogether, and put in place a genuine harm reduction regime within a legally regulated market.'
Danny Kushlick, Transform Drug Policy Foundation

The Dark Stuff

Lifeline has produced a new short overdose awareness animation that manages the rare feat of being credible and funny while still getting its message across. **David Gilliver** talks to Lifeline about the film and how the sector needs to deal with harsh economic times

'Me? Dead? Heroin? Nah, there must be some mistake. I've been cranking armfuls of brown for years.' So says Mr Mange in his 'exit interview' with Death in *Mr Mange Goes Over*, a new eight-minute short animation made by Lifeline Publications for Harm Reduction Works.

Mr Mange is an older, long-term drug user who's overdosed before – exactly the film's target audience. It aims to alert older users to the factors that increase the risk of overdose, such as a long history of injecting, heavy drinking or having just come out of treatment or prison. Low tolerance after prison release is thought to account for around 15 per cent of overdose deaths, while other risk factors include a history of non-fatal overdoses, recent depression and use of benzodiazapenes.

As well as spelling these out, the film describes exactly what to do if someone does overdose. Mange's friends' response, meanwhile, is to 'boot him and see if he moves' before using what's left of his drugs.

Mr Mange has been designed as part of a package of overdose resources for the Harm Reduction Works campaign, produced by Exchange Supplies for the NTA. 'The NTA contacted Exchange Supplies to produce a whole range of material, so there was a sum of money, but not a large sum of money,' says Lifeline chief executive Ian Wardle.

The film was written and directed by the Lifeline Project Team, effectively Lifeline's director of communications, Mike Linnell. 'The aim was identifying what the risk factors were for a heroin overdose with a target audience of older heroin users, and particularly those who had come out of treatment or jail, so it was quite a complicated message to put across' says Linnell. 'It isn't a straightforward message, it's quite a long message, and we had a limited budget.'

Unlike a lot of similar efforts however, the film doesn't look low budget at all. As well as writing the film, Linnell did the illustrations, and worked with Mike Irwin of animation company Box Animations on post-production. A limited number of drawings were used, and each individual frame of the storyboard was then given over to the animation company with a Photoshop file in the background.

'Full CGI animation is about £20,000 per minute,' says Linnell. 'The cheapest animation you can get – simple line drawing – is about £2,000 per minute and we needed to do it for about half of that, so we had to devise a technique. Originally there were more complex shots, like a thousand heroin users in the waiting room to represent those who'd died, but the budget couldn't handle that.'

The look of the film was inspired by Oliver Postgate animations like *Noggin the Nog* as well as FW Murnau's original 1922 silent version of Nosferatu. What's as striking as the visuals, however, is that the film lacks the hectoring tone that mars many a similar project and risks alienating the very people it's aimed at – not an easy line to tread.

'I think that's because we're a drugs agency, and we understand who that target group are – I've done research projects with homeless heroin users who've come out of prison,' says Linnell. 'We're not appealing to a second audience – we're dealing with middle-aged people who've been through the jail system and who may have overdosed several times, and who kind of face death as a reality. So it was really about keeping that target audience in mind and not worrying about anything else – and if we could get it through without getting it banned then all the better.'

Back in the late '80s Linnell, along with another Lifeline staff member Mark Gilman – now north west regional manager for the NTA – produced a magazine called *Smack in the Eye*. 'That was full of explicit, cartoon-style information, much of which was gleaned directly from the street,' says Wardle. 'It was very raw, very funny and very shocking.'

The film uses dark humour to get its message across – is it coming from that tradition? 'Yes, a long tradition of which Mike Linnell really is the master craftsman,' says Wardle. 'Every piece of work is produced from the ground up by very close consultation with the audience for whom it's intended, which in Lifeline's case is people who use drugs, and more often than not in a very problematic way. It's Mike's ability to engage directly with this group, and help them formulate and design material and messages appropriate to them. So his stuff is credible and lacks that horrible phoniness that so much 'trendy' material has. If you look at the stuff FRANK puts out, it is funny and it comes close to being credible, but there's just something about it at the end of the day which lets you know that it's been produced by professionals according to a brief.'

One obvious difference is the swearing, which you're unlikely to find in government health promotion films. 'The swearing is quite interesting,' says Wardle. 'Our stuff, over the years, has featured a lot of swearing, but if it was just about throwing a few 'fucks' around in order to be credible it would be very easy.

Mike works very hard by listening and engaging. He's been with the organisation for 25 years, he's been our main producer of publications and he's a major creative talent – he's been responsible throughout his career for producing pieces of work that have had a profound impact on the harm reduction movement and what drugs education is considered to be.'

Following a premiere at the Corner House Cinema in Manchester in July, the film is now available to view on the Harm Reduction Works website, and will also be sent out to any services that request it. How have people reacted so far? 'We've been keeping it under wraps, but part of the process was showing it to service user groups and we've had a really positive feedback,' says Linnell. 'It's really dark humour, which is not for everyone, but the reaction we've had so far has been great.'

'We're very keen that services get copies and find ways of showing it to their clients,' says Wardle. 'I would certainly want every harm minimisation service to receive at least one copy.' Communications is only one part of Lifeline's work, however. Launched in Manchester in 1971, the organisation now operates across the UK and places a very strong emphasis on its work with families.

'I think families in general have been very badly neglected,' says Wardle. 'There is now – under the 2008 strategy and the relatively recent suite of NICE guidelines – a greater emphasis on families and carers than ever before, and that's very important. But there isn't necessarily a great deal of money backing up that new-found recognition. Throughout my time in the drugs field they have been sorely neglected. After all if someone has a serious drug problem, the vast bulk of the care and support they receive comes from their families and carers, not professional services. And families and carers have a range of needs that are quite distinct from those of drug users and I think, with notable exceptions, they've been let down by services, because the money hasn't been available to spend on them.'

He's also spoken out recently about the profound challenge the field faces in a hard economic climate to clearly show how their work benefits communities. Is that a message that's beginning to get through? 'No,' he says. 'To be blunt, I believe in drug treatment, obviously, but I think that how people in our industry communicate with the public is absolutely critical. If we continue to trot out clichés and anodyne statements about the benefits of treatment and expect the public to swallow it during a time of recession – bearing in mind that our client group are very unpopular and not really considered deserving – I think we'll come unstuck.'

Is part of that being up against the *Daily Mail* and *The Sun*? 'We often talk about the tabloid press as being potentially natural enemies of ours, but on certain occasions they can be very strong supporters,' he says. 'But one thing they sense, and are able to root out quite quickly, is when we're being equivocal and not being straightforward. I do think one of the key ways that we can be credible and powerful in our arguments in favour of drug treatment is to have the confidence to be perhaps a little bit more self-critical than we've felt able to be.

'Although Lifeline certainly has a very strong reputation as a harm reduction agency, we're also committed to recovery,' he continues. 'I think with everybody who comes to our service – and some are all but recovered and just need that final helping hand, whereas others are in a terrible state – we should have a very positive agenda for them, and that should be true of all treatment services. I do feel that we need to be positive and upbeat in the messages and support we give our clients.'

He's positive about what the drugs strategy has achieved but thinks more needs to be done to spell out its intentions to the public. 'I think we perhaps need to revisit some of the core principles of the strategy so that the public can be clear that actually it doesn't just have one objective, it has a number of objectives,' he says. 'Often I think we've not really been sufficiently committed to communicating openly and frankly to spell those objectives out.'

Being positive about treatment while not afraid to be self-critical is a difficult balancing act, surely? 'This is the trick, because in a way one is frightened of getting shredded by the press, so you can be quite apprehensive about being self-critical – we all know how difficult it is for politicians to be self-critical,' says Wardle.

'Drug treatment is not something that's capable of being hidden away from the public and now that there's pressure on the public purse of a kind that most of us have never experienced, every penny that gets spent on drug treatment will have to be justified. We'll have to spell out, not just the benefits to the people who have drug problems, but the benefits to the public at large. Getting the balance between the public benefits and the health benefits for drug users, and being able to justify that with credibility and evidence and passion – that's the agenda.'

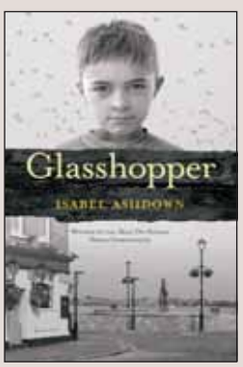
View the film at harmreductionworks.org.uk/2_films/od_causes.html or on our 'virtual' magazine at www.drinkanddrugsnews.com

Book review

Glasshopper

by Isabel Ashdown

'Glasshopper... a person who balances precariously between sobriety and intoxication.'



THIRTEEN-YEAR-OLD JAKE'S WORLD is defined by the click-clack of the kitchen cupboard as he hears his mother going back for the bottle late at night. And by the chaos that follows each morning as he takes the parent role, getting himself and his younger brother ready for school – and his mother in a fit state to leave until he gets home again.

Flipping the story to his mother's perspective, we see Mary coming of age with cold and unyielding parents who reject her, her marriage and her family. We watch her throw in her lot with charismatic Bill who also has a close and loving relationship with the The Royal Oak, and we follow her relationship with her older sister Rachel, who is at once mentor, friend and constant recall to the wine bottle.

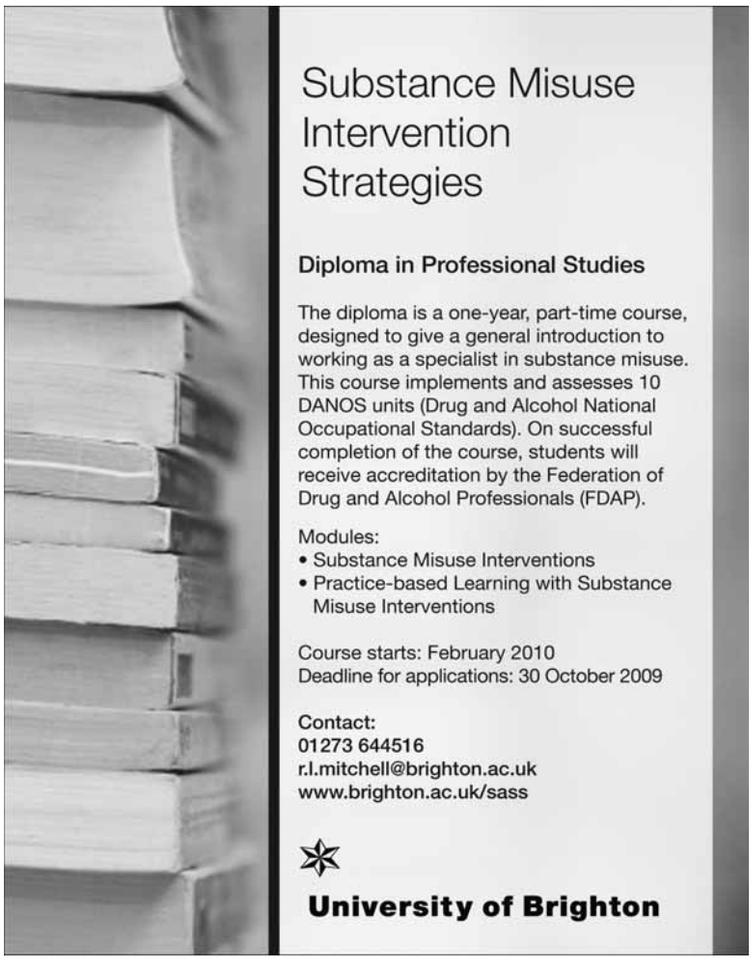
Isabel Ashdown's first novel is a fascinating map of alcohol as it runs through the veins of an entire family. Just as in real life, it turns up everywhere – at teenage parties, awkward family gatherings, in the constant backdrop of the pub – and propels the novel towards its precipitous climax.

Glasshopper is skilfully written and difficult to put down. The story jumps about from one decade to another and back again, knitting a plot beneath it that snags you tighter into its final intrigue. The characters are three dimensional and engaging, particularly Jake, who is growing up with the weight of an adult role on his shoulders. His need for his part-time father's affection is heartbreaking and the significance of kind others in filling the gap is striking – the shop owner who gives him a job and treats him as an equal; the classics teacher who encourages him to be her star pupil, when his performance in other classes is mediocre at best.

This novel is a page-turningly good read. But as well as its well-paved path of destruction to the heart of Mary's life, it is also a perceptive insight to alcohol's hidden harm. As the plot twists and turns and Jake weathers each new storm, you wonder how this receptive and eager to please lad would turn out as he entered a world of adult choices. **DDN**

To be published on 17 September 2009 by Myriad Editions, price £7.99. ISBN 978-0-9549309-7-4

Visit the DDN bookshop at http://ddn.eclectorstores.com/ to order this and other books with a discount.



Substance Misuse Intervention Strategies

Diploma in Professional Studies

The diploma is a one-year, part-time course, designed to give a general introduction to working as a specialist in substance misuse. This course implements and assesses 10 DANOS units (Drug and Alcohol National Occupational Standards). On successful completion of the course, students will receive accreditation by the Federation of Drug and Alcohol Professionals (FDAP).

Modules:
- Substance Misuse Interventions
- Practice-based Learning with Substance Misuse Interventions

Course starts: February 2010
Deadline for applications: 30 October 2009

Contact:
01273 644516
r.l.mitchell@brighton.ac.uk
www.brighton.ac.uk/sass

University of Brighton

Book before 12/10/09 to receive a 10% discount on the booking fee

Optimising Treatment Effectiveness

Reintegration, ITEP/BTEI, Personalisation, Recovery Models

Monday, 30 November 2009

The Royal College of Surgeons, 35-43 Lincoln's Inn Fields, London, WC2A 3PE

Listen to leading thinkers present new learning and discuss:

- How best to use **new tools that support psychosocial interventions** across the drug and alcohol treatment sector
- **Improving services** to help people fulfil their aspirations **safely, yet effectively**
- What **personalisation** may mean for people using drug and alcohol services
- Enhancing services without compromising **life-saving, evidence-based responses** receiving criticism within recent media/political debate

This conference is for you if you work in:

- **Community drug and alcohol services:** low threshold to high intensity
- **In-patient detoxification** or **residential rehabilitation** programmes
- **Criminal Justice settings** working with people's drug/alcohol problems
- As a **Care Manager** or other **Social Work** role where drugs/alcohol are a concern for your clients
- **Service user advocate, representative, organiser or related roles**

Updates and further information:
www.kca.org.uk/pages/kca_conferences

KCA Training and Professional Development
43a Windmill Street, Gravesend, Kent, DA12 1BA
Tel: 01474 326168, Fax: 01474 325049, Email: tpd@kca.org.uk

K·C·A

the TRAINING exchange

Change through People

Bring out the best in your organisation.
Work in partnership with us to manage and respond to your training and development needs.

The Training Exchange has over 12 years experience in drugs, alcohol, supported housing & criminal justice sectors.

We care passionately about the service we provide. We genuinely believe that we can make a difference, changing services for the better by building people's confidence and competence.

Our courses cover:
People skills
Management skills
Training and presentation
Specialist topics – Drugs, Alcohol and Mental health

Book onto our open course programme (see listings opposite – online booking available), or bring us in to work alongside you to deliver bespoke, tailor-made training.

For an informal discussion contact Jo on 0117 941 5859 or info@trainingexchange.org.uk

Visit our website
www.trainingexchange.org.uk

Open access programme

All courses closely mapped to DANOS
Bristol venues

One day courses (£125 + VAT)

Addiction, dependency & change	*22 Sept*
Difficult & aggressive behaviour	*5 Oct*
Lone working	*5 Nov*
Steroids & other body building drugs	*19 Nov*
Women & drugs	*26 Nov*
Assessment skills	*2 Feb*
Alcohol – Brief interventions	*10 Feb*
Key working & support planning	*2 Mar*

Two day courses (£210 + VAT)

Motivational interviewing	*8 & 9 Oct*
Supervision skills	*19 & 20 Oct*
Training for trainers	*3 & 4 Nov*
Brief solution focused therapy	*12 & 13 Nov*
Relapse prevention	*17 & 18 Nov*
Dual diagnosis	*24 & 25 Nov*
Working with concerned others (*£295)	*30 Nov, 1 & 2 Dec*
Groupwork skills	*3 & 4 Dec*
Abuse, addiction & disclosure	*10 & 11 Dec*
Management & leadership (*£250)	*24 & 25 Feb*
Controlled drinking programme	*25 & 26 Mar*

Amber

transforming lives

Amber offers a safe residential environment for unemployed men and women aged 17– 30 who want the opportunity to make a new start.

Amber has a 15 year track record of getting people from socially excluded groups back into independent living, offering those who have lost their way the chance to put the past behind them and move forward.

A comprehensive package is available allowing the opportunity for a young person to progress from our rural centres back into an urban environment.

What we offer:

- An alcohol and drug free environment with supervised testing, counseling services and relapse prevention
- Removal from negative peer groups and influences, allowing individuals to break from negative cycles.
- The opportunity to learn skills and overcome barriers to progression, helping rebuild self-esteem and confidence
- In-depth needs assessment with an individually tailored action plan and regular progress reports
- Nationally accredited personal development courses, including basic skills and maintaining a tenancy.
- Bed spaces available on a block contract or spot purchase basis
- Value for money

In addition to the above, for young people ready to move into further education or employment our Bythesea Lodge centre in Wiltshire also offers:

- An urban environment, close to amenities
- Projects with British Waterways on Amber's narrow boat
- Opportunities to return to further education and to enter employment, with on going support
- Accommodation whilst working towards self sufficiency

If you would like further details of what Amber has to offer or would like to visit one of the Amber centres, please contact Olly Giddings, Recruitment Manager on: 01769 582022 or email olly.giddings@amberweb.org

"Amber could be just the answer you are seeking. The benefits to the individual and society far outweigh the costs"

www.amberweb.org

EVALUATING HARM REDUCTION WORKS

The National Treatment Agency (NTA) invites tenders for an evaluation of the Harm Reduction Works (HRW) campaign, produced by Exchange Supplies for the NTA.

Suitably qualified researchers will be expected to propose the methods by which they would evaluate the effectiveness of the campaign and submit their proposal to the NTA no later than 5.00pm on 2 October 2009.

Evaluation is expected to cost in the region of £25k. The final report will be required by 26 February 2010.

Further details and tender documents are available at

www.nta.nhs.uk

NHS
National Treatment Agency for Substance Misuse

Alcohol Concern
Annual Conference and AGM 2009

Wednesday 4 November 2009,
Glaziers Hall, 9 Montague Close,
London Bridge, London SE1 9DD

Is the tide finally turning for alcohol policy? As Alcohol Concern celebrates 25 years of campaigning to reduce alcohol harms, we look to the future; where we are going and what action is needed to get to grips with the nation's alcohol problems. Distinguished academics, including Professors Mark Bellis and Martin Plant, politicians and third sector leaders will discuss the political options that could reverse alcohol harms in the decades ahead.

For further information and to book delegate places or exhibition stalls please contact Ingrid Burchell at cjohnson@alcoholconcern.org.uk / 020 7264 0520 or visit our website www.alcoholconcern.org.uk

Alcohol Concern
Making Sense of Alcohol

TENDER OPPORTUNITY

Sheffield DAAT,
on behalf of the Safer Sustainable Communities Partnership, through NHS Sheffield, is reconfiguring the drug and alcohol treatment system over a two year period to ensure treatment is effective, recovery focused and provides value for public money.

We are seeking expressions of interest from suitably qualified and experienced providers (including NHS, independent, social enterprise and third sector providers) to deliver the following services:

- Secondary Care Specialist Prescribing (drugs).
- Secondary Care Medical Prescribing Interventions (alcohol).
- GP Deputising (drugs only) and GP Shared Care Support & Specialist Pregnancy Clinic (drugs & alcohol).
- Harm Reduction Service (drugs).

We wish to commission Tier 2 and Tier 3 drug treatment services of a consistently high standard from April 2010.

This procurement will have TUPE implications.

A Bidder Information Event will be held on 22nd September 2009, 2.00pm - 5.00pm.

To reserve a place at the information event or to express an interest and to request the specification and Pre-Qualification Questionnaire, please go to www.sheffieldpct.nhs.uk/procurement where there is further information about the tender opportunity.

Closing date for expressions of interest is midday on 23rd September 2009.

If you have any queries, please contact the Healthcare Procurement Team, NHS Sheffield, 722 Prince of Wales Road, Sheffield S9 4EU, telephone 0114 305 1276 or email: daat.procurement@sheffieldpct.nhs.uk

addiction recovery agency
treatment, support, recovery

Residential rehabilitation availability in Bristol

The Addiction Recovery Agency (ARA) is a registered charity (No. 1002224) and has over 22 years experience of providing residential treatment and support in one of Britain's most attractive cities. Recently ARA was one of only 11 providers nationally awarded an ' Excellent ' rating by the Health Care Commission. Our residential rehabilitation service offers:

• *Access to detox and primary treatment* • *12 – 24 week second stage rehabilitation treatment* • *Integrative approach* • *Alternative therapies* • *Outdoor activities programme* • *Single gender accommodation* • *MATRIX accredited advice service* • *Supported housing for 12 months post treatment* • *Inclusive six months aftercare and relapse prevention* • *Education, Training and Employment support* • *Testing in compliance with court requirements.*

Clients will need to be abstinent from drugs and alcohol on admission.
Total weekly treatment cost £470 (reductions for Block Purchase agreements).

For further information or to make a referral please contact:
Dean Gustar, Counselling Manager or Alex Pearce Senior Operations Manager on 0117 9300282
or email deangustar@addictionrecoveryagency.org.uk or alexpearce@addictionrecovery.org.uk
or write to ARA at King's Court King Street, Bristol BS1 4EF.

Further information can be obtained on our web site www.addictionrecovery.org.uk

Amber
transforming lives

Admissions Officer

Amber, one of the leading charities helping unemployed and homeless young people prepare for work and independent living, is seeking an experienced person for the role of Admissions Officer for their residential centres. The role involves contacting and liaising with potential referrers, interviewing potential service users, agreeing service level agreements with local and statutory authorities and ensuring that optimum numbers of service users are maintained in the residential centres.

The position may suit someone who has experience of working with statutory authorities, probation or social services or similar, capable of effectively networking within the greater London area, including Surrey, and surrounding counties.

The position can be home based but most days will be spent visiting referrers, interviewing potential service users and attending conferences in order to network.

Salary c £21,000 plus a target-related bonus.

For more information and a job description contact Donna Leach on donna.leach@amberweb.org, or log onto our web site:

www.amberweb.org

Closing date for application: Friday 18th September.
Amber is an equal opportunities employer

DDN
Drink and Drugs News

DDN workshops

Be ready when the inspector calls!

If you are involved in managing or running a residential service this one-day workshop is essential.

Central London, Tuesday 13 October

THE PURSUIT OF EXCELLENCE

in residential drug & alcohol services

Former substance misuse lead at the Commission for Social Care Inspection (CSCI) David Finney will show you how to achieve and maintain a "good" or "excellent" quality rating from the Care Quality Commission (www.cqc.org.uk) – essential for maintaining contracts with local authority purchasers. David, author of the national guidance for inspectors of residential services, will advise on what needs to be done now, while also looking ahead to the new compliance criteria to be introduced in 2010.

Places on this workshop are strictly limited.

Delegate rate £135 including lunch and refreshments

For more information and to book places on this course contact
Ian Ralph e: ian@cjwellings.com t: 020 7463 2081

Central Manchester University Hospitals NHS
NHS Foundation Trust

ALCOHOL NURSE SPECIALIST

Emergency Department
Manchester Royal Infirmary
Band 7 £29,789 - £39,273 – Ref: MED2128
Fixed term contract until June 2011

Our innovative Alcohol Project aims to improve outcomes and prevent repeat attendances to the ED for those patients that come to the department with alcohol related presentations. As an integral part of our team, you'll provide motivational leadership and clinical expertise to project team members and the emergency department staff. You will be required to provide evidence to the PCT that the initiative is working. You'll have the relevant qualifications and experience of nursing patients with alcohol related problems, together with a flair for leadership and a diplomatic, caring and broad-minded attitude. We'll reward you with a challenging role and plenty of support for your own personal and professional development.

For an informal chat, please call Shirley Wilson on 0161 276 6188 or Clare Kirrane on 0161 276 4054, e-mail shirley.wilson@cmft.nhs.uk or clare.kirrane@cmft.nhs.uk

Apply online at www.careers.cmmc.nhs.uk
Closing date: 21st September 2009.

We are an equal opportunities employer.

INVESTORS IN PEOPLE

BROADREACH HOUSE

Two vacancies have arisen in our 30-bed residential unit at Broadreach, Plymouth. We are looking for dedicated professionals who are able to work flexibly, sensitively, and in a multi-disciplinary team, providing high standards of care in a non-judgemental manner.

Relocation package available

NURSE/COUNSELLOR PRACTITIONER IN SUBSTANCE MISUSE

Salary: £23,340 37.5 hours per week

You should hold a relevant professional qualification in nursing and have experience of working in the field of substance misuse. If necessary the successful candidate would be supported in achieving the required qualification in addictions counselling.

NURSE

Salary: competitive rates of pay, hours negotiable

Working as a member of the dedicated nursing team you should have experience of working in a residential setting with people who have drug and alcohol problems.

Further information is available on our website
www.broadreach-house.org.uk

For an informal discussion about the post contact Gina Dormer, Chief Exec on 01752 566212

For an application pack contact Jude Wallace on 01752 566212 or email: jude@broadreach-house.org.uk

Closing date: 5 October 2009

RAPt Addiction Counsellor Training Programme

incorporating a CPCAB accredited Diploma in Therapeutic Counselling - working with addictions

Full time training and placement within a RAPt Service

February 2010 – July 2011

RAPt is offering a unique opportunity to study for a Level 4 Diploma in Therapeutic Counselling specialising in working with addictions, including a placement in one of our 12 Step treatment services.

RAPt is a charity which helps people with drug and alcohol dependence move towards, achieve and maintain drug and crime-free lives. We provide high-quality services to over 13,000 people every year within the criminal justice system. This includes being the leading provider of intensive drug rehabilitation programmes in prisons in the UK. In the community, we deliver pioneering treatment and aftercare for offenders, ex-offenders, and also people referred from outside the criminal justice system.

We have delivered Addiction Counselling training since 1996 with the majority of trainee counsellors going on to get full time employment either with RAPt or other organisations.

If you are interested in applying for this training programme and placement please download an information and application pack from our web site at www.rapt.org.uk or request them via e-mail from training@rapt.org.uk

Closing date for applications: Monday 28th September 2009
Interviews and visits to services: Week commencing 12th October 2009
Minimum entry requirement: Level 2 Counselling qualification

RAPt
THE REHABILITATION FOR ADDICTED PRISONERS TRUST
stopping addiction. stopping crime.

FOUNDATION66

Foundation 66 provides a range of community and residential services in London for people with alcohol and drug related problems. The Organization is underpinned by a strong learning culture and actively encourages personal and professional development of its staff.

Westminster, in consultation with their service users, has reconfigured its alcohol services to enable the provision of a new comprehensive tier 2/3 community alcohol Service. The new service will be delivered in partnership with Central North West London NHS Trust.

The newly created multidisciplinary team of professionals will deliver a wide range of services from drop-in to structured one to one and group work interventions, including community detox and aftercare. This is an exciting opportunity to participate in the development of an innovative new service.

We are able to offer ongoing clinical supervision as well as the opportunity to work under the guidance of a highly regarded consultant psychiatrist.

We are looking to appoint:

Substance Misuse Practitioner
(Alcohol Specialist)

Based in London (W1)

- **We are looking for someone who has extensive experience of developing clinical interventions within a Tier2/3 alcohol service.**
- **You will have extensive harm reduction knowledge and experience of developing both individual and group work programmes and be able to work in a multi- disciplinary team.**
- **You will have a minimum of two years experience of working with clients who have alcohol misuse issues and experience of working with different stages of behaviour change.**
- **A relevant professional qualification is required for this post.**

This is a full time post at 35 hours per week on a One Year Contract.
Salary: NJC Point 26 - 31 (£25,194 - £29,197) including LW
The closing date for all applications is 18th September 2009
Interviews week commencing 21st September 2009

For more information and to request an application pack, please visit our website or email: jobs@foundation66.org.uk

All advertised posts are subject to Criminal Records Bureau enhanced disclosure.
Foundation66 is an equal opportunities employer and welcomes applications from all qualified candidates.

www.foundation66.org.uk

BOSENCE FARM
community

NEW Residential Detoxification and Stabilisation Service opening April 2010

MANAGER
£32,845 to £36,053 (January 2010)

DEPUTY MANAGER
£27,773 to £31,556 (February 2010)

Outstanding opportunities to develop and manage a new service in a stunning purpose built building, in a beautiful West Cornwall setting, with a well established and respected charity. The development is capital funded by the National Treatment Agency.

We welcome applications for either or both posts. You will need to have experience of delivering detoxification services in a residential setting.

Applicants for the post of Manager will need to have management experience.

We encourage applications from people with nursing or social work backgrounds.

Combine an exciting challenge with a Cornish lifestyle!

For an application pack email sibs@bosencefarm.com or telephone Sibs Riesen on 01736 850006, or download from www.bosencefarm.com

Closing Date 2nd October, 2009

Looking Inward - Moving Forward
DRUG AND ALCOHOL SERVICES

INWARD HOUSE PROJECTS

Inward House Projects is a registered charity providing residential and community-based rehabilitation for substance mis-users throughout Lancashire for over 30 years. Due to expansion of our T4 Residential Services we currently have the following vacancy:

Tier 4 Residential Programme Manager

(Medically Monitored Detoxification Service) Lancaster

Salary range £26,321.06 - £30,801.24 (Band 6/7 equivalent)

You will have a key role in managing the provision of Medically Monitored Detoxification and recovery focused opportunities to individuals with substance misuse issues and support on their Recovery Journey.

As the leader of this exciting new programme, you will focus on further enhancing the quality of Medically Monitored Detoxification services and developing best practice. You will be responsible for the maximisation of admissions, retention, occupancy, and successful outcomes for clients.

The successful candidate will have demonstrable knowledge and understanding of service provision for complex clients and multi-agency working. You will have previous experience of meeting targets, performance management, team development and human resource management.

To discuss the post contact Lynne Stafford Business Development Manager on 01524 507131 or 07771373549

For further details and an application pack contact Nicola Owen or Frances Ash on 01524 845930 or Nicola.owen@inwardhouse.co.uk or frances.ash@inwardhouse.co.uk

The closing date for this position is 25th September 2009.
Interviews will be held in October 2009.

The successful applicants will be subject to enhanced CRB checks.

Inward House Projects is an equal opportunities employer currently working towards Investors in Diversity

Bournemouth Borough Council

Lansdowne Road

Senior Practitioner

Ref: AT0177, £28,947 - £32,475 plus 2 incs for AMHP duties, 37 hours per week

Social Worker

Ref: SA0052, £21,306 - £29,714, 37 hours per week

Bournemouth Drug and Alcohol Action Team (DAAT) is a partnership of statutory organisations. As the lead commissioner for substance misuse services within the Bournemouth area, it has pioneered the development of a single point of access to substance misuse treatment services through a dedicated Assessment Team.

As members of a forward thinking multi disciplinary team, based within a third sector provider, you will have responsibility for undertaking assessments, implementing, monitoring and reviewing care plans. You will have a focus on the safeguarding vulnerable children and adults agenda as well as mental health issues that may be present with substance use.

Working with service users, carers and other professionals, you will provide support and work towards developing these roles within the team and the working practices with partner agencies.

You must be registered with the GSCC for both of the above roles.

For an informal discussion regarding either of the above roles, please contact Karen Wood, Joint Commissioning Manager on 01202 458740.

For more information or to apply online for ANY of our current vacancies visit http://jobs.bournemouth.gov.uk

Alternatively, an application pack may be obtained via:
e. recruitment@bournemouth.gov.uk
t. 01202 454775 or 01202 458838 (24-hour answerphone)

These posts are subject to a pay and grading review which may result in a change to the grade and salary.

Closing date: 18 September 2009.

Stonewall DIVERSITY CHAMPION

The Council is committed to achieving equal opportunities and a work life balance. Bournemouth Borough Council does not accept CVs without an application form.

Tender for the provision of

Community Drug Treatment Services

Rochdale MBC and NHS Heywood, Middleton, and Rochdale invite tenders from suitably experienced organisations to provide Community Treatment Services to Rochdale residents. The service will ensure that service users with a drug misuse problem are engaged into effective treatment to improve their overall health and well being which will lead to a reduction in criminal and anti social behaviour in the community.

The service will be delivered through two contracts and are therefore offered under two Lots:
Lot 1: Community Treatment Services – Core Service
Lot 2: Community Treatment Services – Primary Care Service

Interested organisations are invited to bid for one or both lots where partnership arrangements may be entered into.

Those wishing to tender will need to register on our electronic tendering portal 'The Chest'. To register, access "www.thechest.nwce.gov.uk" and click on the link to the "Suppliers' Area" and then "Register free".

The closing date for submissions is 23rd October 2009.
Interviews will take place week beginning 16th November 2009.

The contracts will commence on the 2nd of April 2010 and will be for a period of 3 years, subject to funding, with the option to extend for a further year.

The contact for this tender is Nick Batty 01706 925481.

ROCHDALE METROPOLITAN BOROUGH COUNCIL

NHS Heywood, Middleton and Rochdale

The DDN nutrition toolkit

"an essential aid for everyone working with substance misuse"

- **Written by nutrition expert Helen Sandwell**
- **Specific nutrition advice for substance users**
- **Practical information**
- **Complete with leaflets and handouts**

Healthy eating is a vital step towards recovery, this toolkit shows you how.

Available on CD Rom. Introductory price £19.95 + P&P

NEW – NOW AVAILABLE TO DOWNLOAD

To order your copy contact Charlotte Middleton:
e: charlotte@cjwellings.com t: 020 7463 2085

D McGowan Training and Consultancy LTD
www.dmctrainingconsultancy.com

Providing training and consultancy in all areas and aspects of Substance Misuse, we offer a range of courses throughout the year as well as providing a range of in-house or bespoke courses to meet specific need.

We currently offer over 20 different courses including:
Drug, Alcohol or Mental health awareness /advanced, 'A gram and a pint', Crystal meth, Complete Crack, Relapse prevention, Risk management, Motivational interviewing, Addiction, Treatment retention, Drug use in pregnancy, Brief interventions, Harm reduction, Dual diagnosis, Safeguarding adults and YP Cannabis /YP Alcohol.

All courses are practical and applicable to the workplace. Participants will learn skills for working with clients not just a load of facts and figures! All courses are DANOS mapped and come with comprehensive manuals and hand-outs. Our rates are also very competitive.

Please call or e-mail for further information:
danny@dmctrainingconsultancy.com
07838 995 761 / 07534 567 506

EAST RIDING
OF YORKSHIRE COUNCIL

East Riding Supporting People Team

are seeking a well managed organisation with a track record of innovative and successful service delivery to disadvantaged groups, particularly in the field of substance misuse to provide an

Alcohol Post Treatment Floating Support Service

This service would cover the East Riding – England's largest unitary authority in area – providing short term support to formerly dependant alcohol users who have received treatment and are now abstinent. The service would be a mixture of individual support, encouraging self help and relapse prevention. The service should have an approach which encourages abstinence and supports recovery.

The service would work closely with existing treatment providers including both community and inpatient treatment services, community care teams and voluntary groups.

The contract value is approximately £200,000 per year for three years commencing in April 2010.

Tender documentation can be downloaded from the SPK website, or contact:
Brian Pickles,
East Riding of Yorkshire Council,
Directorate of Children, Families and Adult Services,
Housing Related Support Team, County Hall,
Beverley, East Yorkshire HU17 9BA
Telephone: 01482 396195
01482 6196
Email: brian.pickles@eastriding.gov.uk

Closing date for submissions: Noon, 2 November 2009

For an informal discussion regarding this tender please contact:Tony Margetts on 01482 391423 or Brenda Galloway on 01482 398009

CRI

REACH Rochdale
Psychosocial Intervention Service

CRI works to create safer and healthier communities.
We help people to break free from harmful patterns of behaviour by delivering innovative services which have a measurable impact on both health and community safety issues. Our services are hallmarked by an emphasis on quality, a responsiveness to local priorities, and an outstanding record of achieving targets.

Project Worker *(Ref NM274)*

Salary: £23,327 – £25,045 per annum pro rata • 37.5 hrs per week

CRI are seeking to appoint a Project Worker to lead on the development and delivery of an exciting and innovative recovery day programme. The post holder will have specific responsibility for the delivery of 1:1 and group work sessions. You will work closely alongside a diverse team and other relevant agencies and partners including Service User Groups. You will have excellent communication and developmental skills, and substantial knowledge and experience of working with substance misusers so that you may deliver high quality services in accordance with NTA and NICE guidelines. Ideally you will also have knowledge of a range of interventions including CBT and MI and also an understanding of abstinence based interventions. You will be committed to service user involvement.
You will be responsible for contributing to the overall performance of the service to ensure that contractual output targets are achieved.
You will be required to record and input client data and information in order that the service operates within contractual, administrative and financial requirements. There is an expectation that the post-holder will provide a degree of flexibility and contribute to the wider strategic aims and on-going development of the Service.
You will be required to work flexibly across operational sites as required and work flexibly within an agreed number of hours to maintain the most appropriate level of service provision. This will include evening and weekend work.
You will be expected to take responsibility for personal development, identifying personal training needs and participate in regular supervision and appraisal.

Closing Date: 21st September 2009

Only electronic applications will be accepted via www.cri.org.uk

The successful candidates will be subject to a Criminal Records Bureau check at enhanced level.

In return for your commitment and enthusiasm CRI offer excellent terms and conditions and comprehensive training and development opportunities.

Committed to anti-discriminatory practice, CRI aims to be an equal opportunities employer.
Crime Reduction Initiatives is a registered charity in England and Wales (1079327) and in Scotland (SC039861), Company Registration Number: 3861209 (England and Wales).

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TOWER HAMLETS

Communities, Localities & Culture Directorate

Drug and Alcohol Outreach Manager

£37,476 - £40,104 **Ref: CLC/2206**

Tower Hamlets is a distinctive, unique London Borough that is home to a diverse, vibrant, multi-cultural community.

Tower Hamlets Drug and Alcohol Action Team (DAAT) is a multi-agency partnership responsible for the implementation of the National Drug Strategy at a local level.

As part of an exciting regeneration programme, we aim to improve the quality of life for all who live and work in the area.

You will be responsible for developing and managing the new Drug and Alcohol Outreach Team. Working in partnership with local agencies you will co-ordinate and deliver an outreach service that effectively engages with street populations, rough sleepers, street drinkers and street drug users, to reduce the impact of street homelessness and substance abuse for the individual and the community.

It's also an ideal opportunity to further your career.

Service User and Carer Co-ordinator

£30,843 - £32,976 pro-rata **Ref: CLC/2205**

(Part-time, 3 days per week)

Tower Hamlets Drug and Alcohol Action Team (DAAT) had long been an active supporter of effective service user and carer involvement at all levels of our commissioning structures and is keen to ensure that this work is further improved and embedded in all our service delivery. Therefore, this new dedicated post has been created to ensure that the work progresses rapidly in the Borough.

You will lead on and support the Joint Commissioning Manager in the development of strategies, policies and action plans to promote effective service user and carer involvement across all levels of substance misuse commissioning in the Borough. You will lead on and manage the co-ordination of the service user and carer involvement processes in the Borough including convening regular service user forums, developing and providing training and promoting effective user and carer involvement within the Council, NHS Tower Hamlets and other partner agencies.

This is an exciting and challenging post and will suit a person with a good understanding and knowledge of working within the substance misuse field and commitment to social inclusion and service improvement.

Drug and Alcohol Outreach Worker x 9

£30,045 - £31,620 **Ref: CLC/2180**

Developing innovative and effective responses to substance misuse Tower Hamlets is a distinctive, unique London Borough that is home to a diverse, vibrant, multi-cultural community. As part of an exciting regeneration programme, we aim to improve the quality of life for all who live and work in the area. It's also an ideal opportunity to further your career.

Tower Hamlets Drug and Alcohol Action Team (DAAT) is a multi-agency partnership responsible for the implementation of the National Drug Strategy at a local level.

You will be part of a new Drug and Alcohol Outreach Team responsible for engaging with street populations, rough sleepers, street drinkers and street drug users. Working in partnership with local agencies you will provide an assertive outreach service and offer a range of interventions to reduce the impact of street homelessness and substance abuse for the individual and the community.

For more information and to apply for these and other career opportunities, apply on the Tower Hamlets website.

www.towerhamlets.gov.uk/careers

We shall ensure fairness and equal opportunities throughout our workforce and in service delivery. We welcome applications from suitably skilled candidates regardless of ethnicity,gender, disability, sexuality, religion or age.

Closing date for all posts: 18th September 2009.

Beacon Authority · Positive About Disabled People · Investor in People · Stonewall Top 100 Employers 2009

The Alliance

DDN Drink and Drugs News

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