DDN
Drink and Drugs News
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‘There are a lot of people who just need a bit more of a push and in the end they know they’re going to do the right thing.’

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DDN Drink and Drugs News

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Editorial – Claire Brown

Keep listening

Why the minister must stay in touch with his troops

If the enthusiasm and commitment of those involved were a guarantee of success, then Wandsworth Jobcentre Plus would have a fine chance of moving the London borough's drug users into treatment and onto employment without too many hitches (cover story, page 6). Their welcome for the new employment minister on his visit last week seemed a heartfelt one – reciprocated by several hours of Jim Knight's time and interest – and the climate was reflective of successful partnership working and optimism that the resources poured into these welfare reforms would bring those who felt they were reaching a dead end a host of new opportunities.

As everyone knows, the announcement of welfare proposals was not universally welcomed and there has been widespread concern about introducing a punitive system that would only intensify stigma and drive people further away from treatment. With this in mind, it was particularly interesting to talk to drugs coordinators, newly in place as part of the Department of Health's drive to 'build a pathway between Jobcentre Plus and drugs partnerships'.

The initiative was working well for them so far, with plenty of information being exchanged to raise awareness of the services and support on offer to clients from all sides. But there was a strong undercurrent of caution to these positive discussions. Those I talked to qualified their predictions of successful outcomes by saying *voluntary* admission of drug use was essential – and that introducing probing assessments and obligatory referral could destroy the good progress so far. These are the people working in the thick of it, experienced in working with drug and alcohol clients, who are also used to liaising with the huge range of relevant stakeholders.

The employment minister is new in post and despite some tough talking, he is keen to show he is listening to feedback – he has promised to take comments and concerns back to colleagues in government. I hope he keeps listening.

This issue

News in Brief

Business as usual

There is 'no evidence' that the global drug problem was reduced in the last decade, according to a new report from the RAND Corporation. *Assessing changes in global drug problems 1998–2007* concludes that global drug revenues are less than the 285bn Euros estimated by UNODC and that there is a lack of evidence that interventions effectively control either production or trafficking. The overwhelming majority of those involved in the drug trade make 'very modest' incomes it says, while links to terrorism and armed insurrection are 'important but only in a few places, such as Afghanistan and Columbia'. 'Enforcement of drug prohibitions has caused substantial unintended harms,' it says. 'Many were predictable.' Available at www.rand.org

UKDPC lives on

The UK Drug Policy Commission (UKDPC) will be able to continue its work until 2012, following the award of a second three-year grant of £1.1m from the Esmée Fairbairn Foundation. Over the next year the UKDPC will publish reviews on supporting families of problem drug users, the role of enforcement agencies and addressing stigma and discrimination. 'We are all so pleased and enthused by the opportunity this grant gives us to enhance the policy debate through our work,' said UKDPC chair Dame Ruth Runciman. 'Drug policy suffers from a remarkably under developed and under utilised evidence base. We simply do not know enough about what works and why, and more independent scrutiny of drug policies is needed.'

Combined care

Drug treatment in the London borough of Westminster is to be delivered from two main neighbourhood centres and two specialist structured intervention centres instead of the current system of 11 different locations. Services will be delivered by a range of providers under one roof and the centres will each have a particular focus – for example families, BME clients or the homeless – and provide help with housing, training and employment. 'This approach aims to take people from the first point where they seek help all the way to having fulfilling lives in the community,' said Westminster cabinet member for adult and community services Cllr Ed Argar.

NTA announces £12m cash boost

Drug treatment services are to receive £11.8m extra funding for service improvements for 2009/10, with around a quarter of that going to the residential treatment sector, the NTA has announced.

The remaining £8.9m is to be allocated after a bidding process to 'support upgrades and improvements for drug treatment services in residential, community or prison settings' – including young people's services – and to improve the family focus of adult treatment services, says the agency.

'Improving treatment quality and outcomes for service users is the focus of the NTA's work and will be where this new money is spent,' said chief executive Paul Hayes. 'A significant proportion of this funding is earmarked for the residential rehabilitation and inpatient detoxification sector, which needs to grow in both capacity and quality to ensure patient choice in an individual's path to recovery from drug dependency.'

DrugScope welcomed the announcement but said there were shortfalls in the funding arrangements for residential services that needed to be addressed. 'For rehab services, sufficient referrals are critical yet many local areas are not commissioning residential services in line with national guidance,' said chief executive Martin Barnes. 'Put simply, the potential benefits of improved rehab facilities and extra beds promised by today's funding announcement will not be fully realised if too many continue to lie empty.' People needed a range of options including both substitute prescribing and residential rehab, he said.

Alcohol Concern, meanwhile, said the government needed to recognise that alcohol treatment deserved 'a much needed boost', with PCTs spending on average just over 0.1 per cent of their budget on commissioning alcohol services. 'This is a pitiful amount in relation to the human and financial cost caused by alcohol misuse to individuals, families and societies,' said chief executive Don Shenker. 'Many of England's 1.1m dependent drinkers face waits of up to a year to access any form of structured treatment. Dependent drinkers surely deserve the same level of support as drug misusers. Government needs to ensure there's equal access to appropriate treatment for both groups.'

The NTA has also issued a new report looking at how the best performing rehab and detox centres achieve their results, such as being based in the communities their clients come from and offering supported housing linked to structured treatment.

Residential drug treatment services – a summary of good practice available at www.nta.nhs.uk

Minimum price per unit argument 'weak'

The potential impacts of a minimum price per unit of alcohol on heavy and hazardous drinkers have been overestimated, according to a report from the Centre for Economics and Business Research (CEBR).

The report, commissioned by brewers SABMiller plc, concludes that the case for minimum pricing is weak as 'moderate drinkers would have to pay towards a policy that will have marginal impact'.

The chief medical officer, Sir Liam Donaldson, called for the introduction of a minimum price per unit in his annual report (*DDN*, 23 March, page 5) – however the proposal is not part of the government's consultation on its forthcoming mandatory code of conduct for the drinks industry, although it says it will carry out 'further research' (*DDN*, 18 May, page 4).

The Scottish government, however, is considering the introduction of a minimum price in its document *Changing Scotland's relationship with alcohol – a framework for alcohol* (*DDN*, 9 March, page 4).

Minimum alcohol pricing – a targeted measure? looks at alcohol consumption and health figures from Canada since minimum pricing was introduced there in the 1990s and concludes that alcohol consumption is 'price inelastic' – a 10 per cent increase in price would not lead to a corresponding reduction in consumption – and that heavier drinkers are less responsive to price changes than moderate drinkers, although they are more likely to switch between products to maintain their consumption levels.

The argument for a minimum price is that it would target heavy drinkers and young drinkers, but according to the report, harmful drinkers – men that drink more than 50 units per week and women that drink more than 35 – would only cut their consumption by between one and two units per week, or just over 2 per cent, if a minimum price of 40p per unit (the example given in the Scottish document) were introduced.

If the chief medical officer's recommendation of a 50p per unit was adopted across the UK, consumers would pay nearly £1.8bn more for alcohol while the NHS and policing savings would add up to around £200m. 'The only significant beneficiaries from minimum pricing would be those involved in the distribution or production of alcohol,' says the report. 'Consumers lose, firms win.'

'The figures do not present a compelling case once you take into account the substantial additional costs to consumers and the fact that heavier drinkers are least responsive to price increases,' said managing economist at CEBR Ben Read.

Meanwhile a new report by the House of Commons culture, media and sport committee into the effects of the Licensing Act 2003 concludes that while the act has simplified and improved the licensing process, new rules on opening times have 'not diminished law and order problems, but have merely moved them one or two hours later than previously'. It also calls for the density of venues in a particular area to 'always be a consideration when granting a premises licence'.

CEBR report available at www.cebr.com/Newsroom/Minimum_pricing_of_alcohol.htm

Licensing Act 2003 report available at www.publications.parliament.uk/pa/cm200809/cmselect/cmcumeds/492/492.pdf

Cocaine bucks declining drug use trend

Overall levels of drug use in the UK are declining but cocaine use is on the rise, according to a new report from the Association of Public Health Observatories (APHO).

The report, commissioned by chief medical officer Sir Liam Donaldson, found that while rates of 'last year' and 'last month' use of any drug had decreased year on year between 2002/03 and 2007/08, there had been an increase in lifetime, last year and last month use of cocaine in the same period. 'This increase in use is evident in both males and females and in virtually all regions,' says the report. 'The increase in the use of cocaine, particularly in 16-24 year olds, could have significant public health implications.'

There had been decreases in last year and last month use of amphetamines and ecstasy – particularly in London and the South East in the case of ecstasy – which 'may be related to the increase in recent use of cocaine,' says the report.

It also found increased rates of drug-related hospital admissions and a 130 per cent increase in the number of people in contact with treatment services between 1998/99 and 2006/07, more than 60 per cent of whom were primary opiate users.

An 'enhanced public health response' would be critical to addressing issues of drug use in the UK, said DrugScope chief executive Martin Barnes. 'We hope today's report marks the start of further work to this end by the government and its chief medical officer.'

New NTA figures also show a marked increase in the number of 19-24 year olds being treated for cocaine, but a decrease in those aged 25-30. While the figures show more people under 30 than ever entering drug treatment, the agency says this is the result of an expansion of treatment services and that there is 'little reliable evidence to say that use is becoming more widespread amongst young people.' The most common drug that 19-24 year olds are being treated for remains heroin, followed by cannabis and then cocaine.

'We had an enormous increase in the number of young people coming into treatment, which is more to do with drug services being more available and increased investment,' said the NTA's young person's manager Tom Aldridge.

Parliament's Home Affairs Committee has also announced that it is launching an enquiry into trends in cocaine use in the UK and 'progress in tackling the cocaine trade, in terms of reducing both supply and demand.'

Indications of public health in the regions 10: drug use available at www.apho.org

Government employs viral violence

A new viral internet advert in which members of the public are asked to fight each other, throw dustbins through windows and smear themselves with vomit is the centrepiece the government's *Know your limits* campaign this year. The idea is to show sober people's reactions when asked to behave as if they were drunk.

The campaign, which aims to change the behaviour of 18-24 year old binge drinkers, will also use social networking sites and launch an online drama in partnership with Channel 4's *Hollyoaks* programme, alongside posters and radio adverts.

'The campaign is about challenging people to think twice about the consequences of binge drinking and is the next step towards making people understand that excessive binge drinking is not acceptable,' said Home Office minister Alan Campbell.

'It is vital that we challenge the attitude widespread among young people that socialising must always involve heavy drinking, even if it leads to regrettable behaviour,' said Alcohol Concern chief executive Don Shenker. 'This will take time, but campaigns, especially combined with action to encourage responsible selling of alcohol, can make an important contribution to that process.'

Meanwhile a new report from the Joseph Rowntree Foundation (JRF) says that long term commitment will be needed to tackle the UK's culture of binge drinking. Changing social norms around smoking took 50 years, says *Tackling alcohol harm – lessons from other fields*. Strategic planning is essential, it says, and 'positive appeals, humour and empathy' can work as well as 'dire warnings'.

JRF report available at www.jrf.org.uk/publications/tackling-alcohol-harm

Release ads pulled from buses

Adverts on London buses placed by drugs charity Release with the slogan 'Nice people take drugs' have been pulled, despite a lack of complaints from the public.

Billboard advertising company CBS Outdoor originally approved the copy but decided to remove the adverts following concerns from the bus company and the advice of the Committee of Advertising Practice (CAP).

The adverts were intended to trigger a debate about drug policy in the UK and engage the public in a more sophisticated and honest dialogue about drugs, said Release, away from associations with the concepts of 'evil' and 'shame' used by sections of the media and many politicians. The slogan was intended to show that drugs are present across every generation, culture and class.

'We ran this campaign because we were frustrated by the lack of serious engagement with this important policy issue, but are astounded that the debate is even more stifled than we could ever have imagined,' said executive director Sebastian Saville. 'This slogan is not controversial nor is it inaccurate and its removal demonstrates the extent to which we are so far removed from having a mature discussion about drugs. If we cannot have that, what chance do we have addressing the enormous failure of drug policy, which continues to wreak havoc among our communities.'

Release is now working on a new slogan for the adverts, which we will be re-launched at the end of the month.

Scaling the heights: Jade Haddow from the Bristol Southmead Positive Futures project enjoys a trip to the Newport International Sports Village as part of national *Tackling drugs, changing lives* week. Young people from Positive Futures projects across the South West had the opportunity to try rock climbing, kayaking and boxing with a former middleweight world champion to celebrate their recovery. A round-up of *Tackling drugs* week will be in the next issue of *DDN*.

Signing on for treatment

With new welfare reforms being pushed out to job centres, DDN visited Wandsworth to talk to those directly involved in introducing culture change to benefit seeking drug users – including new employment minister Jim Knight, who started his job just last week

When the government announced welfare reform proposals last year, alarm bells rang at the suggestion that drug users could lose their benefits if they did not seek treatment – and with the Welfare Reform Bill now before Parliament, we could be a step closer to a mandatory regime for problem drug users.

Drugs charities and lobbying groups have warned that threatening chaotic drug users with sanctions could push them further away from treatment and risk alienating them further from society – particularly if they gained a criminal record for fraud. But while the tough talking from government hasn't gone down well with many agencies, proposals for better support into treatment – on a voluntary basis – and more opportunities at the job centre have been warmly welcomed.

Last Wednesday, with the hustle and bustle of Wandsworth job centre in full flow, a meeting took place of people directly involved in this proposed culture change of welfare reform. It involved drug coordinators – newly appointed since April to build a better relationship between Jobcentre Plus, drug treatment providers and other stakeholders like the prison service, the PCT and the NHS. It also included – as its star guest – the new employment minister, Jim Knight, who spent the morning being briefed by his audience on their progress and concerns at this pilot stage.

So what were these concerns? Is the initiative taking root as hoped and making a difference to the employment prospects of the drug users of Wandsworth? And how does the minister see the way forward?

The minister: 'We want to change the whole mindset'

'We're creating a better net through linking together,' Jim Knight told the large group of stakeholders. Later he told DDN (in his first media interview since taking up his post): 'It's been helpful to me to be here and be properly briefed up. But one of the most impressive things is to see what we often talk about in government, but is more difficult to achieve – joined-up working.

'To have drugs coordinators here that are funded by the Department of Health, to have the voluntary sector here, to have the local authority here as well as the Jobcentre Plus staff developing together gives a much better understanding so it's less likely that these very vulnerable individuals fall through the cracks. And to have a service user here as well, and to see the clients are involved in this and are feeding back their experiences and informing the delivery, is very helpful,' he added.

In the ideal world, a client's drug problem 'becomes apparent and is disclosed to personal advisors at Jobcentre Plus', according to the minister. They are reassured that they will receive help, referred on to a treatment agency, and the advisor keeps in touch with them throughout that process. While the rewards for voluntary compliance are many helping hands towards treatment, the punishment for not cooperating still looms large.

'It's a combination of making it slightly less comfortable for people to do the wrong thing and easier, with more support, for them to do the best thing for them in the long term,' said Knight. 'Those at the end of that spectrum are always going to be difficult... there'll be some people who are dependent on drugs who don't want to change, won't change, and it's very different to force people to in those circumstances. There are a lot of people who just need a bit more of a push and in the end they know they're going to do the right thing.

'To some extent we do want to threaten people doing the wrong thing – people should feel it will be harder to do the wrong thing,' he adds. 'But in some ways I draw on my experience in my last job [as minister for schools and learners]. I came under criticism for introducing legislation to raise the age for participation in education and training to 18 – there was the misconception that involved chaining kids to desks. But the reason why we've introduced compulsion and an enforcement system is not because we want to enforce against people, it's because we want to change the whole mindset.

'I feel it's very similar to changes that are taking place in welfare reform in this area, in that it's as much about us upping our game. We've got to make sure that – across the criminal justice system, the National Offender Manager System, within the health service, here at Jobcentre Plus, the housing department – people are alive to their problems and we want to support them and help them to do the right thing.' Naturally he has a politician's grasp of the economics of addiction: 'The relationship between addiction and crime, particularly acquisitive crime, is really strong and costs us £15bn a year, so naturally this is money extremely well spent for the community, and it's a win-win if we make it work because we're helping individuals too,' he said.

But he is keen to point out that he is learning fast from his first few days in the new job: 'Some drug users are chaotic, some aren't. I've been talking to one of the treatment providers here who was telling me about the numbers in employment that are not chaotic at all so I don't think I – or any of us – should characterise all drug users as chaotic and impossible to help.

'Today I've been able to explore what works, and we want to build on what works, but also we want to find areas where we might be able to do more. There are lots of things to think about' – including, he says, taking back comments to his colleagues in the Ministry of Justice as well as his own department, 'to see if there's more we can do to support that part of the population'.

'In a week where we're trying to raise the profile of what we're doing in terms of tackling drugs, it's been very helpful in making sure it's on my radar,' he added, before returning to his new desk. ■

Drug co-ordinators: 'We're raising awareness, building partnerships'

'We've been brought in specifically to link treatment providers services with Jobcentre Plus and to work with the frontline providers,' said Nilam Jadhav (right), drugs co-ordinator for Wandsworth borough, speaking of her own role and that of customer services colleague Muncher Deboo.

'We're raising awareness, knowing about the referral process and the partners, building a relationship between Jobcentre Plus and the drug treatment providers as well as other stakeholders. Primarily my role is to identify those stakeholders and then introduce them to Jobcentre Plus services, to see whether we've already got paths in existence or whether we can provide that in some way to help the service users move on into employment or into training opportunities.

'The role is challenging but our objectives are very clear. We know exactly what's expected of us. At the moment it's very much at the early stages. Jobcentre Plus advisors are used to dealing with different issues, and up to now we've done very well in identifying those issues and supporting customers to address them. I have confidence in our advisers that they've got the skill to get that information from the customer and to make the referral on.

'When I've been going round to providers and introducing the pathway and Jobcentre Plus services, the response has been very positive. There are lots of services that job centres offer that they weren't aware of – and they feel the service users probably aren't aware of – and there is that stigma attached to Jobcentre Plus as the dole office.

'Our job is also to go into service user groups and say "job centres have changed and this is what we can offer you. We can actually help you and we're not there just to stop your benefits. We're there to support you into employment and show you the services we have available".

One of my roles is to inform advisors, and I did actually have an advisor say to me "I wish I'd known that information because I had someone tell me they had a drug problem the other day". But largely we will have to work very hard to get that information from clients. It's about breaking that myth by saying to them "we're not here just to stop your money".

Muncher Deboo (left) added a note of caution: 'At the moment it's on a voluntary basis for the customers, it hasn't become mandatory. I think what we have to do is find out how the voluntary process is going first of all. And then we can say if it is working.' ■

The treatment providers: 'It could be an excellent scheme... if it stays voluntary'

'We're going to be the single point of contact for the Jobcentre Plus scheme,' explained James Parker (right), manager for Wandsworth Drug Project. Clients that volunteer that they have got substance misuse problems and want to access treatment would be referred to us – we're part of the pathway.

'This has broadened my awareness and knowledge of what Jobcentre Plus does. I've found the advisers and coordinators to be excellent, and really we have to wait and see about the volume of clients that come through. At the moment it's in its infancy, but hopefully if we make it a success and it remains voluntary, I think it could be an excellent scheme.

'When I first heard about it a lot of the press around it and the thinking around it was that it was mandatory. Everybody latched on that and was very sceptical. When they said it was voluntary, I thought "I can see that working". We see it as just another way of clients accessing the service.

'I think it's indicative of how all services are having to open their doors. Be it a job centre, be it a housing department, be it probation, be it drug services – we're all having to think about how we can get more customers in and how can we offer a better service. Everybody has to do it – I just hope it sustains and is a long-term initiative rather than something that's gone in a few months' time because we didn't get the numbers. It's going to take time for clients to see it not as a threat but as an actual opportunity.'

'Today the experience has been good, but the main thing I'm concerned about is how this initiative is going to progress,' said Yves Marie, service manager, Blenheim CDP Resource (left).

'If there's not a quick take-up and if large numbers of people are not being referred into treatment, how long will this system remain as it is – and how will it develop into the future? Will it cease to exist or will it change its shape into coercive treatment? And if it does, how will it be managed?

'I think the outline is there for it to work from what we've been talking about today – which is being referred voluntarily on admission of drug use, rather than a more probing type of assessment and obligatory referral. As we've seen with the DRR system, not everybody takes it up and even though somebody's freedom's on the line it doesn't always mean they're going to engage with a drug service or want to address their drug use.

'So quick fix it's not, and one size fits all it's not either. We've got to see how we adapt this to our services and how the job centre works with us as well – how we work together. That's one of the vital components and the initial work that's gone on over the past few months and how we've been introduced to Jobcentre Plus has been very good so far. If this continues, things could work out quite well.

'The other point that we picked up on is that this will provide us with more options for throughcare. We're all focusing on looking at ETE (education, training and employment) options, aftercare, what happens after treatment, long-term treatment pathways. I think this'll give us more options on what's being provided by Jobcentre Plus and the connection that we've got will help that pathway to move easily in the referral process.' ■

Education, training and service user feedback: 'It's about giving people practical skills, isn't it?'

'I've taken the lead for ETE which is a priority for Wandsworth,' said Wandsworth DAT commissioning officer Kelly Pegrem (left). 'There are lots of strings to that – part of it has been coordinating this pathway between Jobcentre Plus and the drug treatment system.

'I'm also coordinating various training packages because the success of this pathway is going to be about the quality of training that everyone involved receives. So we've got training for the specialist drugs personal advisers who are taking ownership of the caseload of drug users. They've accessed our DAT training programme – that's basic drug awareness, advanced drug awareness, and drug users in the criminal justice system. I'm working with the drugs coordinator on a training package for all of the personal advisers about asking personal questions, drug awareness, boundaries – that kind of stuff.

'The other side of that is we've commissioned two courses within our DAT training programme for drug workers on the benefits of ETE for those in drug treatment, and the new developments that are going on locally and nationally. Benefits advisers have also done a training course for drugs workers on the types of benefits available, and the support that Jobcentre Plus can offer.

'Personally I'm quite sceptical about the punitive measures if they ever come into legislation, but I think at the moment we can build strong pathways between drug treatment and the employment sector. It's about giving people practical skills, isn't it? What we want to do in Wandsworth is build ETE and an assessment of learning and skills into the care planning process. So it's about bringing it into drug treatment and getting drug workers really passionate and positive about the subject because practical skills – learning, training, work experience, work opportunities – are something that continually come up for us in our needs assessments and service user consultations. Service users often say there are loads of barriers to accessing stuff.

'A new development is that I sit on the employment and skills partnership at a strategic level within the council and I've recently presented to the board about the barriers that this population will encounter – low confidence, low self esteem, criminal records, dealing with disclosure, mental health.

'There is a lot of scepticism about this, about benefit sanctions – from drug services, from the DATs, from service users. People are quite concerned about this. If you're using £1,000 of drugs a week, money has no meaning for you. Losing £47 a week of benefits, in the grand scheme of things, isn't that big. My concern would be that it would take drug use completely underground. So people – particularly women with childcare issues – would be even more wary of services.

'Another concern is what particular benefit systems it could potentially apply to, and whether it would have implications for housing benefit – because that could have major, major implications for hostel provision and housing stability for this population.

'There's an element of trust that has to be dealt with,' said service user group representative Malak (right). 'There has to be more on incentives rather than sanctions – keep away from the punishment side.

'It's too early to say [if this is working]. Everything will take time. It will be an incentive for a person to challenge themselves in some sort of way with training, instead of sitting there bored. He'll have choices. It's not about all positives – there are pitfalls. Concentrating on the pitfalls is better than concentrating on the positives because there's a lot at stake. It's OK saying this is brilliant and all that – and there's the idea is that the person is active in some way and there's a follow through. But if he gets lost, who's lost him? It does amount to someone's responsibility.

'There has to be complete follow through, all the way – and if they are dropped, then somebody needs to take responsibility for that drop.' ■

Lack of evidence

Regarding 'Firms using drug tests for "cheap redundancies"' (*DDN*, 1 June, page 4) – this was based on Release's helpline, which received 145 calls in the first three months of this year about problems with workplace testing, in comparison to 31 calls last year. It's a significant increase but at Concateno we conduct hundreds and thousands of workplace tests annually and have not seen evidence of this misuse of testing.

Release's director says such tactics would lead to employers risking the alienation of their staff, and I agree. For that reason, it is crucial an organisation who has a workplace drug testing programme should ensure the process is transparent, clearly explained (ideally not just in a staff handbook but in accompanying literature) and with the consequences of failing a test spelt out. Even in safety-critical jobs, where most workplace testing takes place, many employers adopt a 'second chance' policy and put greater emphasis on support to encourage people to come forward for counselling or treatment, than on testing as part of their drugs and alcohol policy.

Testing is there to act as a deterrent and because we are all human no matter how important and safety-critical a job, people can fall prey to drug or alcohol addiction and, while our caseload of positive drug incidents involving drivers, doctors, pilots and so on is thankfully small, it can and does happen.

To use drug tests to avoid redundancy payments is wrong and ultimately short-sighted. When the economy recovers and jobs become competitive again, a company that has gained a reputation for such tactics will find it more difficult to attract staff – a fair, sound and properly managed test policy should be consistently applied and robust enough to support an employer through good times and bad.
Graham Sievers, communications manager, Concateno

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.

Partners in criminal justice

VIEW FROM THE OTHER SIDE

In the last of our series, DIP worker Sid Gutteridge offers a unique perspective from both sides of the system.

I started using drugs of one form or another when I was 14 years old, and got into heroin at a very early age. I grew up in central London and it was easy to get into, and I went to a massive comprehensive school where it was quite easy not to attend.

I started offending – street crime and thefts. I moved around the country trying to sort myself out but obviously all my problems came with me. I continued offending and started getting sent to jail, which then just became part of the whole thing. I tried dealing but I was hopeless – I couldn't deal a deck of cards. It was acquisitive crime I was being jailed for – that carried on for years and years. In the end I used for 26 years, from 14 to 40.

Under the old methadone programme you got 30ml and that was your lot. If you tested positive on top of it they took you off it, so that became pretty meaningless, and there was no kind of intervention at all when I started offending. Towards the end of my offending, the SMART programme came along, but the waiting times were ridiculous and the service provider was right across the other side of town. There was not a lot of incentive to get there, so I didn't really get involved. I tried rehab off the back of a prison sentence in 2000 but I wasn't quite ready for it and started offending again. I finally got to the stepping off point, ended up going into rehab again, and I've managed to stay clean since then.

I decided I wanted to help people in a similar situation – sat in a cell, full of desperation – so I started working in the rehab that I'd been to. I did a couple of courses – counselling and cocaine training – and then I contacted DIP and managed to get a job here. I've never really looked back. To tell you the truth, I'd have done it for nothing.

I really enjoy it – I like going to the police station and helping people but most of all I like to be able to come out of the police station at the end of the day. It's good to be able to help people get a quality of life and turn their life around, because I don't think people really had much opportunity before – you got caught in a cycle and that was it.

In all the years I've been involved in this – on both sides – the main changes I've seen are that services are now much more readily available, prescribing is becoming much more accessible and realistic and cocaine and crack are finally being addressed. It seems to be working across the board now. There's a good structure in prisons with IDTS and CARATS, whereas before you just had to go in and rattle it out.

The agencies are communicating a lot better now than they used to – I was just slipping through the net so obviously they weren't talking to each other. I'd be in court and see a SMART worker who'd say they were going to do various things, then I'd never hear from them again and I'd end up in prison. I had a fantastic couple of CARAT workers when I was in jail who were really supportive but as soon as I came out of jail there was no support and I ended up relapsing. Some workers seemed to be doing it just to have a job title, but I think things are changing now and people are doing it for the right reasons.

I'm really optimistic for the future, as soon as all the dots can be joined with all the other agencies and we all work together as one. One of our biggest problems is accommodation, along with the 18-day early release from prison – a lot of our clients are getting out with no money and they can't get their benefits paid even if we get them into a direct access hostel. They're in a grey area so they go back and re-offend. The other big problem is that there aren't enough services for women – there are quite a lot of victims out there, and they're not getting the treatment they need. You get the guys providing while the woman stays at home – he gets banged up and she's forgotten about, not knowing how to get any help. That needs to be looked at.

The waiting times have changed for the better these days – we can get people appointments on their release from prison, and we can generally get them into a form of treatment within ten to 12 days. Everything has come on leaps and bounds – it's a whole new world now.

The 'pinch points' in the criminal justice system relating to drugs and alcohol will be debated at the 'Somebody else's shoes' conference in London on 25 June. Visit www.conferenceconsortium.org for a last chance to book places.

A view ahead

Accentuating the positives is essential to the drugs field right now, says **Bill Puddicombe**

IN FEBRUARY THIS YEAR I RESIGNED from the board of the European Association for the Treatment of Addiction (EATA) after six happy years as the chair. My time with the organisation gave me the opportunity to see some of the workings of the drugs field from within – but it also meant that I had to keep quiet about some issues that are in danger of derailing the field altogether. Now I'd like to express a view about some of the issues that have struck me forcibly over this period.

As I'm sure you know, EATA is the national organisation that works with independent sector treatment providers. Its goal is to improve treatment by assisting providers in talking to government and by providing services like training and information. EATA has considerable credibility with government and has become the first port of call for consultation about changes that will affect treatment.

So to my first point – not all change is bad. For a group who are so radical in their thinking, treatment providers can be pretty damn resistant when it comes to dealing with change. The last ten years or so have seen an enormous expansion of treatment services – yet there are times when, listening to treatment providers, one would imagine that were a bad thing.

Change goes on in every part of social and health care. Where we see a reduction in the use of residential care, this is a result of our field following a trend evident in every other part of social care. Where we see an increase in fixed care pathways, this is a trend that covers most client groups.

The drug and alcohol sector has suffered from trying to argue itself as a special case while not joining the industry-wide coalitions that talk to government about how new trends, practice or regulation will affect us.

Commissioners are people too – not an army of robots sent to mess things up and make providers miserable. For sure, there is a great variation in the quality of commissioning across the country – just as there is variation in the quality of service provision.

I have lost count of the number of times when provider agencies have indicated that commissioning is the sole reason why the drug treatment field is not all it could be. Commissioners have an unenviable job in many ways – if they do their job well they have to satisfy the needs of their area, the potentially competing requirements of central government agencies and the organisations on whose behalf they work, and sometimes this can be four or more in a joint commissioning framework.

Public services are all rationed by available resources and commissioners have to find the best fit between volume and quality. This often means that the services commissioned are less complete than those that providers would like to run. If commissioners would be a little less reluctant to say this out loud and providers a little more ready to understand it, then some joint understanding might arise. Fruitless mudslinging from providers and the negativity and mistrust that often emanate from commissioners is not helping anyone.

There are other levels than basic and there is a current, worrying trend for commissioners to strip services down to a 'vanilla' mixture of prescribing, keywork and onward referral.

This is not surprising when the multi-layered treatment system described in Models of Care is openly contradicted by the NICE guidelines on psychosocial interventions and no guidance is available to reconcile the two.

I have for some time been concerned that the position of structured day care services is threatened by this policy vacuum. The, at best passive, at worst dismissive, attitude toward them from policymakers is likely to lead to the demise of a service modality that has much going for it.

The sterile debate about 'harm reduction or recovery' is hurting the field. We need harm reduction services and we need services that help people to stop using drugs and alcohol – I can't find any person engaged in this debate who doesn't acknowledge this fact. Yet we are constantly regaled with views and 'evidence' to show that one or the other approach is the only important one.

Most worrying about this debate is the party political turn that it has taken over the last couple of years. There seems to be a view in some quarters that a change of government will trigger a switch to recovery dominated service provision. Those expecting such a change should remember that the UK's harm reduction services, built up in the main to limit HIV infection, were the envy of many other countries and resulted in true public health gains. Oh, and they were developed in the Thatcher years.

I've felt privileged to be in the centre of the drug treatment field with EATA over the last six years. Our field is rich, diverse, creative and flawed – like all public services are flawed. But accentuating the positives and taking a cooperative view to dealing with the negative is the key to progress.

More information about EATA is at www.eata.org.uk

Bill Puddicombe is now a freelance consultant, who can be found at www.puddicombe.net

POST CARD FROM BOURNEMOUTH

For the first seven years the Bournemouth Alcohol and Drug Service User Forum (BADSUF) was run voluntarily but since 2003 we have assembled a small team of paid staff. A board of trustees and a committee, elected at our AGM, oversee BADSUF. Services provided include a helpline providing information and support to service users and carers on all aspects of local treatment and a community support worker who visits people in treatment and supported housing. After a successful one-year pilot, BADSUF was awarded a three-year contract with Supporting People enabling us to monitor housing provision within the treatment system, ensuring high standards of service delivery. The advocacy service now delivers a full range of services including drop-ins at treatment centres, needle exchanges, an inpatient detox unit and a night shelter.

As well as treatment centre and housing visits, we also host an annual open day. This process empowers service users to have their opinions and ideas heard in relation to service delivery. Last year's event was held locally with over 100 people attending. The DAAT commissioning officer was present alongside local providers, giving service users an opportunity to air their views and directly question the people planning and funding the services, to identify gaps and suggest improvements. Views from this event, along with the year's trends, feed into the local treatment planning day where BADSUF presents these views to the DAAT and local providers.

Alongside local commitments, BADSUF has engaged in projects over the years on regional and national levels. On an ongoing basis, it relays the feedback gathered in a way that covers all levels of treatment planning, delivery, service development and commissioning. In Bournemouth, BADSUF is at the heart of service development with our founder and now manager, Frank, being elected co-chair of the Bournemouth DAAT. Frank has achieved his original intention for BADSUF – to have meaningful service user representation at every level of the local treatment system. Our commitment to the service users of Bournemouth and our practice of engaging providers and commissioners on both strategic and individual levels are strong reasons for our continuing usefulness and growth.

BADSUF's website is at www.badsuf.com

Notes from the Alliance

Arrested development

How can test on arrest support treatment if it's not used intelligently, asks Daren Garratt

I was talking to someone the other day who told me they'd been arrested at the end of May for shoplifting a leg of lamb. They'd missed picking up their methadone on the previous Friday, forgot that the following Monday was a Bank Holiday, got thrown off their script and nicked some meat on the Thursday in order to sell it on, score and ease their way through the disruption of the unwelcome – but inarguably essential – period of retitration.

Now although they felt stupid, embarrassed and ashamed for getting caught stealing at their age, what really concerned them was the result of the urine test they were obliged to provide while in custody.

They showed me their Cozart DDS test results, which clearly stated that the urine was negative for opiates and positive for cocaine, despite belonging to a regular/daily heroin user who hadn't 'had a bit of white for months'.

From what I gather, the blackly comic exchange with the detainee escort officer (DEO) on the custody desk went a little like this...

User: 'This is wrong. I haven't had any coke. I've had heroin, but not coke.'
DEO: That's not what the machine says.'
User: 'I know, and I'm telling you it's wrong. It doesn't make sense...'
DEO: 'It's a very sensitive test that can pick up the faintest traces of cocaine...'
User: 'But I've not had any cocaine!'
DEO: 'Aah! But what you don't realise is that some of these dealers cut the heroin with cocaine, and it'd pick that up.'
User *(now quietly bristling at the absurdity of not only the previous concept, but also the glaringly obvious...)*: 'What? But it's saying I've had no heroin and I'm telling you I have!'
DEO: 'So are you disputing the results and refusing to sign the test?'
User: 'Yes!'
DEO: 'That will mean we'll have to retest you. You could be here another couple of hours at least...'
User *(dwelling on the five hours already spent in hostile, claustrophobic surroundings and now facing even more time banged up)*: 'I'll sign it...'

To paraphrase The Smiths, they can smile about it now but at the time it was terrible, and – for me – it gives rise to a number of issues that I really hope I'm wrong about and will stand corrected on.

Why are services still using and relying on the validity of Cozart DDS results when, as I understand it, Cozart as a stand-alone drug testing company haven't existed since it became part of the Concateno group in September 2007?

How can test on arrest in these contentious circumstances support appropriately tailored treatment when the urine screening is so undeniably wrong (the following day's test at the CDT proved positive for methadone, morphine and benzodiazepines but negative for buprenorphine and cocaine!)?

What gives Little Britainesque 'computer says no' types the right to dispute and undermine a user's reality and potentially jeopardise their future treatment journey armed with nothing more than naivety, opinions or ignorance?

Answers on a postcard to the usual address please...

Daren Garratt is executive director of The Alliance

All Change!

A timetable of changing regulations could trip up unwary treatment services. **David Finney** offers a quick guide to keep you on track

Over the next few months drug and alcohol treatment services are going to experience considerable change in the way they are statutorily overseen. The fear is that it is going to feel like Clapham Junction, with issues arriving from all quarters and people wondering where each one is going and which ones are the most important. There are commendable reasons behind each government initiative but their arrival all at once can seem confusing. I will attempt to highlight the importance of each one so that you can see where they fit into the scheme of things.

In brief, there is:

- Care Quality Commission's registration guidance about compliance with the Health and Social Care Act 2008
- Comprehensive area assessments by the Audit Commission, with implications for 'star' ratings
- Department of Health's 'Putting People First' initiative, also known as the personalisation agenda
- Independent Safeguarding Authority and the Vetting and Barring Scheme
- Deprivation of liberty safeguards and Mental Capacity Act

Registration guidance

As you will probably know, the Care Quality Commission (CQC) is the successor to the Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission. It been tasked by the Department of Health to consult on compliance criteria for a whole range of services which will require registration. These criteria will replace the National Minimum Standards (NMS) for care homes and domiciliary services which have applied ever since 2002 under the provisions of the Care Standards Act 2000.

Essentially the criteria draw on the best of the NMS and the Standards for Better Health and will apply across the health and social care fields for the first time. (You can download the 256 page document from the CQC website – or start with the 'easy read' version as I did!)

How is it different?

These criteria will apply to independent hospitals, NHS detoxification facilities, residential rehabilitation services and 'quasi residential services' where treatment and accommodation are provided or organised together.

The focus is on the views and experiences of people using services. Quality will be defined in terms of outcomes wherever possible. This moves away from the emphasis on inputs in the NMS and means that services have to demonstrate good outcomes – rather than room sizes, for example.

Providers are held responsible for delivering services to the required quality. Good providers will already be doing this, but if your organisation has not yet developed a good evidence base it needs to start now so that it is well prepared.

Registration will be of the provider rather than each individual service, and they will need to make declarations about how requirements are met in each service. The guidance will also be explicit about the legal basis of human rights, equalities and diversity.

There is generic and specific guidance. The generic guidance covers issues such as involvement and information, personalised care, treatment and support, safeguarding and safety, and suitability of staffing and management. In my view these are not a threat to good providers as they will already be meeting these criteria – however they may need to order their information in a different way to demonstrate compliance.

What should our sector be aware of?

For the first time there is a distinct section about the drug and alcohol treatment sector. It is within Section 5 of the specific guidance (page 156-161) and is of key importance, highlighting 'services provided by a substance misuse rehabilitation and/or treatment service'. It specifically draws attention to some of the features of treatment services such as limitations to choice and flexibility – the need to co-operate with a programme, a focus on the need for good discharges alongside arrangements for unplanned discharges, staff who are trained in accordance with DANOS and relevant professional standards.

These criteria are designed to regulate services where treatment and accommodation is not necessarily on the same site. This should ensure a level playing field, so people can be sure such services are operating as safely as an already registered residential service.

During the consultation period it is essential that, as treatment providers, you engage in the dialogue with CQC to ensure that these criteria are relevant to your services. The closing date for reply to the consultation is 24 August and there are events being organised on behalf of CQC for formal consultation, so my recommendation is that you seek out these events through the CQC website.

The implementation date has been set for October 2010 so there is plenty of time to get ready – however if your service wishes to stay ahead of the game, preparation is best done sooner rather than later.

Area assessments

The Audit Commission has already started comprehensive area assessments, which take into account the impact of all the statutory services provided within a council area, including education, police, transport, health and social services. A 'story of place' will be developed, describing what it is like living in an area. Treatment services will have a role in ensuring, for example, that an area is safe in terms of lowering crime and drink related hospital admissions, improving children's safety within families, and offering people ways out of their addictive

behaviours through returning them to employment and full health. The effect is that the community safety and public health agendas are being addressed comprehensively. Treatment services are clearly a small part, but if one service has a weakness it can affect the whole comprehensive area assessment.

Within this framework, many councils are choosing performance indicators, such as numbers of people entering treatment, retention and completion rates, and quality ratings of the services used. The latter is absolutely crucial. In their own research CSCI found that councils were very aware of the importance of quality ratings and some used them as part of their fee paying structure. Building on this, CQC will be questioning councils this summer on whether they use services which have achieved only 'good' or 'excellent' quality ratings – so if your service is below these ratings there is a possibility that local authority funding will not be made available. It's never been more important to keep your quality rating up.

'Putting People First'

This 'personalisation' agenda is seeking to give service users more control over how their statutory funding is spent. The impact is that people will be either allocated an 'individual budget' which will be discussed with a care manager who spends it on their behalf, or they will have a 'direct payment' which will be given directly to a service user to spend as they think fit. The aim is to increase choice and control, rights and accessibility and self determination for service users, some of whom may choose residential services as their preferred option. In these instances the accountability will be much more towards the service user rather than the commissioning care manager, which will set up a different dynamic. Services will also need to look very closely at how they can individualise their treatment programme, as 'one size fits all' will no longer apply.

This initiative is already gaining ground in the learning disability and mental health sectors, so it will not be long before it will begin to apply to the drug and alcohol treatment field. Further information can be found on the Department of Health website under the headings 'individual budgets' and 'direct payments'. There is also a website dedicated to this topic called 'In Control', with a link to a very useful booklet – *Impact of personal budgets on third sector providers of social care*.

Vetting and barring

The Vetting and Barring Scheme (VBS) is a joint venture of the Home Office, Department for Children and Families, and Department of Health, administered by the Independent Safeguarding Authority (ISA). Its aim is to initially advise and then take on responsibility for deciding who should be barred from working with children and vulnerable adults. The scheme will replace the POVA (Protection of Vulnerable Adults) list on 12 October 2009. It will work alongside the Criminal Records Bureau (CRB), not replace it.

Further timelines are 26 July 2010 when all new entrants to roles working with vulnerable groups will be able to register with the ISA and then November 2010, when it will be a legal requirement for employees to register with the Vetting and Barring Scheme for employers to check their status.

The implications for the treatment sector are that residential homes will be considered to be 'regulated activity', in which staff are expected to be registered with the VBS. Furthermore, the guidance for decision-making which the ISB have issued lists offences related to addictive behaviour as a relevant conviction indicating a 'risk of harm'. I trust that case law will develop whereby these offences will be assessed in their proper context and not themselves be a bar to working in this field. (For more information see the Independent Safeguarding website, which will give details of summer roadshows that are open to all with an interest.)

Mental Capacity Act 2005 & Deprivation of Liberty Safeguards

With the increasing prevalence of mental illness among the population of people being treated for addiction, treatment services need to be aware that they could be involved in taking decisions for people in circumstances where they are unable to take a decision for themselves.

Hopefully these circumstances are few and far between in regular treatment settings. Nevertheless, an awareness of these provisions could be helpful if someone becomes acutely incapacitated, perhaps during detoxification or when demanding discharge, and/or you sense that they may be putting themselves or others at risk of harm.

There are technical definitions of when these provisions become relevant and they relate to 'functional tests of capacity'. There has to be 'an impairment of, or disturbance in, the person's mind or brain' and 'the impairment or disturbance must be sufficient that the person lacks the capacity to make a particular decision'. These are outlined in the Code of Practice to the Mental Capacity Act 2005. This lack of capacity will probably be a temporary matter, but if it not assessed, managed and recorded then there can be serious consequences for services, to the extent that there is a new criminal offence of 'ill treatment or neglect of a person who lacks capacity'. More information can be obtained from your local Adult Social Services Department who will have a Mental Capacity Act officer appointed who will offer training and information.

Treatment services need to be constantly aware of the changing regulatory landscape as it affects their service users. Only skeletal information is possible in this article, so I suggest that services engage in consultations where applicable, attend roadshows and events and seek further information where relevant.

David Finney was a senior manager in CSCI where he took the lead on substance misuse services. He is now an independent consultant specialising in residential services. Further information can be found at www.davidfinney.org.uk

Cocaine and alcohol are both harmful, but combine them and you have the toxic double whammy of cocaethylene. **David Gilliver** hears how this year's FRANK award winners have been raising awareness among young people in Nottingham

'When people buy ice cream they look to see how many calories are in it first, but when it comes to cocaine people just assume everything's kosher,' says Stephen Youdell of the Nottingham Crime and Drugs Partnership (CDP). 'The truth is it could be cut with anything, and often is. People are very trusting when they're buying drugs.'

Last year the CDP mounted a major campaign in partnership with students from Nottingham Trent University to alert young people in the area to the risks associated with cocaine. Not only did Heart and soul of the party go down well with students and clubbers, but judges for the 2009 FRANK stakeholder awards – impressed with the campaign's creative, innovative and youth-led approach – awarded it first prize. How did it feel to win? 'We were really, really pleased because there was quite a lot involved,' says Stephen Youdell. 'I think the campaign spoke for itself. From when we first started working with the students, the feedback was universally good – on the design, the subject matter and the fact that it had some humour in it.'

Each year the CDP runs a health promotion campaign on a subject related to alcohol, drugs or crime with students from the university, providing a grant of up to £1,000. 'What's in it for us is we can then take it outside the university, with some slight changes to make it more relevant for other young people's settings,' he says.

While it covered issues like the unknown substances drugs can be cut with, and the wider impact of the cocaine trade, the campaign decided to make its main focus the serious – but little known among the general public – subject of cocaethylene, the highly toxic compound formed in the body when cocaine and alcohol are mixed. Cocaethylene takes twice as long for the body to process than alcohol alone, increasing the risk of liver damage.

The CDP began by canvassing the students' attitudes to cocaine, and asking if they'd heard of cocaethylene. 'The answer was overwhelmingly no,' he says. 'The majority of people who take cocaine will be drinking – maybe heavily, as cocaine often facilitates binge drinking – so cocaethylene is a double whammy they don't know anything about.'

The CDP formed a project team with eight final year environmental health students and a designer, while the partnership's drugs service offered advice on how to communicate with drug users. While CDPs often work with universities around issues like noise and binge drinking, many are failing to take advantage of huge potential resources, he says.

'If you look at the range of courses that universities offer there'll be media, photography and health courses. By us investing a relatively small amount of money we had eight people's imagination, energy and commitment – 95 per cent of the work was done by the students and we got a product very much targeted at young people, where historically it's difficult to get harm reduction messages to young people.'

The students were delighted with winning, he says. 'They've got that on their CV but it's not the fact that you get a trophy and a home office minister coming down, it's that they've invested so much time and creativity and it's been recognised.'

The campaign featured leaflets, posters and calendars, all pitching their message in a way designed to resonate with this target group, as well as pointing people in the direction of support services. 'If you start talking to young people who are drinking too much about liver cancer you've lost them, because in their minds that's just so far down the line,' he says. 'But if you talk about getting into debt or relationship problems or underachieving at college – things they can relate to earlier – it seems to hit the spot. The campaign does talk in some medical terms but more often than not it's talking about day-to-day things.'

The first step was to produce a poster for fresher's week that depicts a student's experimentation with cocaine that becomes more problematic throughout the year. 'Students love posters so we produced the calendars in A3 and shifted hundreds' he says. 'It's a bit tongue in cheek but the aim was something we could give away. At fresher's you've got the big banks giving away memory sticks and things like that, which we can't compete with, so this is something cheap and cheerful.'

The initial print run of posters ran out and an extra 500 had to be printed. Following excellent feedback from the students, the CDP's drug outreach service then took the campaign outside of the college boundaries, targeting bars and clubs around Nottingham. The campaign also mounted a large display at the national alcohol conference in Nottingham and presented at regional FRANK roadshows, and there has been significant interest from agencies further afield.

'Other areas have asked if they could use the resources so we knew it had an appeal broader than Nottingham,' he says. 'Hopefully by being a national winner more people will be able to adopt the leaflets and other merchandise for their own use. Anyone can have it for free – all they have to do is change the logos and helpline numbers and pay for it to be printed. It's just sharing best practice.'

Students have always experimented with drugs but 20 years ago cocaine use was relatively unheard of on college campuses. Did the team get the impression that it's now a fixture of college life? 'What we do know is that cocaine use in general has significantly risen in both the female and male population, and we think it's fair to assume that it's gone up among students as well. We do have some evidence that students are accessing debt counselling services and saying that cocaine is the reason. This isn't to say Nottingham Trent University has got a horrendous problem with cocaine, because it hasn't – but we do know cocaine is out there, it's cheaper than it's ever been and the quality is as low as it's ever been.'

Was there any sense that the university authorities were reluctant to get involved in the campaign, for fear it might give the wrong impression? 'They were completely on board,' he says. 'We've done previous campaigns, including a binge drinking campaign, and we have to be honest in that students come to university – many living on their own for the first time – and they have drinks promotions thrust in their faces, peer pressure to take drugs, all the rest of it. This is about trying to empower young people, so the university was right behind it.'

The campaign's overall intention – alongside alerting people to the dangers of cocaethylene – was to deglamourise the drug for its target audience. 'The reality is that you're in some khazi, snorting cocaine, hiding from the bouncers, and it's really not very glamourous. It's a grubby drug and its impact on the user and the people around them can be catastrophic. This isn't about telling people what they should and shouldn't be doing – it's about offering information and provoking debate, producing information to help change attitudes and behaviour.

'Young people experiment with drugs, whether it's a rite of passage or whatever," he continues. 'People have to make their minds up – at no point in our leaflets does it say "you shouldn't take cocaine". The fact is that drugs meet people's needs – this campaign is trying to understand what's in it for the user as well. If the first time people took cocaine it made them feel terrible no one would take it, so it's very much about trying to strike a balance and hopefully this has. Certainly the feedback is that it did.'

The campaign also touches on the issue FRANK's national cocaine campaign tried to address last year (*DDN*, 2 June 2008, page 5) – the effect the trade has on people and communities worldwide. 'If people think all they're doing is buying a cheeky gram for a Friday night, they're not,' he says. 'Towns across the world have been decimated by the cocaine industry, but one of the problems is that after the third pint or glass of wine people's social conscience isn't at the forefront of their minds. That's why we're tackling the other side of it, saying "you're not a film star – you might think you are but you're not, and this is what you actually look like". When you boil it all down it's not actually that attractive.'

Another major issue, of course, is that, while provision of stimulant services has been on the increase, treatment overall remains resolutely weighted in favour of heroin. Youdell is convinced that the needs of stimulant users are often going unmet.

'I think sometimes professionals hide behind the drug the individual's taking,' he says. 'There's a person in front of you with a dependency on a substance, and some substances you can treat more readily with medication. Ultimately you need to look beyond the drug at the person, and I think the needs of people with stimulant dependency are in some ways far greater because there's not really a medical intervention that can help them while things get sorted out.

'As well as those presenting for treatment, you've also got people taking powdered cocaine in a real binge pattern. They're having very heavy weekends, recovering for a week, a fortnight or a month, and thinking they don't need treatment because they're not taking it every day and they still have a job. But if that pattern continues jobs do start suffering, finances suffer, relationships suffer terribly and you have men over 40 having heart attacks and dying. There's a lot of it that goes under the radar.'

If you'd like copies of the Heart and soul of the party material contact stephen.youdell@nottinghamcity.gov.uk

THE BRISTOL CONFERENCES

CITY of BRISTOL COLLEGE

Substance Misuse Workforce Development Conference

Is your workforce qualified?

14 July 2009

Ashley Down Centre, City of Bristol College, Bristol

Are you working in the substance misuse field and wondering which qualification to take? The Substance Misuse Workforce Conference has been designed to help organisations and individuals to understand fully the new substance misuse qualifications. It will also provide an opportunity to discuss emerging workforce development issues.

The day's programme will include presentations and workshops covering the following areas: The past, present and future of workforce development; Competency-based recruitment and qualifications; Why qualifications are important, vision for 2010 and the shape of the future workforce; Local perspective on workforce development; Funding workforce development; Qualifications for volunteers; Development of qualifications; Training for carers; The influence of service users on workforce development.

Presented by the following speakers: David Skidmore, National Treatment Agency; Elizabeth Flegg, Sussex Drug and Action Team; Carole Sharma, Federation of Drug and Alcohol Professionals; Phil Harris, Independent Consultant; Alex Boyt, Safer Bristol; Raj Carr, Workforce Development Partnership; Nigel Hills, City of Bristol College.

Conference registration fees: Statutory £95; Voluntary £60

For further information and/or registration form:
Shirine Borbor, Conference Manager, City of Bristol College
Tel: 0117 312 5851 Email: thebristolconferences@cityofbristol.ac.uk

NHS Luton Community Services

The Shared Care Drug Service (SCDS) is an innovative, client focussed service which provides a variety of evidence based treatment interventions at Tier 2 and Tier 3 Level to Adults and Young People in Luton, who wish to address their drug and/or alcohol use.

A number of exciting opportunities have arisen within Luton Community Services NHS at the Young Persons SCDS. These posts include a Young Persons Drug & Alcohol Worker, a Young Persons Drug & Alcohol Nurse Specialist and an Emotional Well Being Drug & Alcohol Worker which will compliment and work alongside the existing multi-disciplined team of professionals.

Successful applicants will clearly demonstrate a non-judgmental attitude towards the client group, work within the philosophy and ethos of harm reduction, promote service user involvement as part of your ongoing practice and be aware of the diverse ethnic culture within the borough, you will liaise and work effectively with other agencies involved in the care of the young person as well as working closely with the families of those undergoing treatment.

Young Persons Drug & Alcohol Nurse Specialist
Band 6

Holding a Nursing Qualification and preferably having the nurse prescribing qualification you will have had at least 2 years experience working with young people under the age of 25 in a relevant setting or agency. The successful candidate will be responsible for the delivery of all primary care including prescribing to young people, carry a case load and support those service users who want drug intervention treatment as part of their agreed care plan.

Emotional Well Being Drug & Alcohol Worker
Band 6

Educated to degree level or relevant equivalent experience you will have had at least 2 years experience working in a relevant setting or agency with young people under the age of 25 who are experiencing emotional/mental health issues or have a dual diagnosis. The successful candidate will be responsible for delivering evidence based interventions to young people within the Luton Drug & Alcohol Partnership, carry a case load, support those service users who want drug intervention treatment as part of their agreed care plan and develop strong links and care pathways with our partner agencies including Social Services, Youth Offending, CAMH and Luton & Dunstable Hospital.

Young Persons Drug & Alcohol Worker
Band 6

Educated to degree level or relevant equivalent experience you will have had at least 2 years experience working with young people under the age of 25 in a drug agency. The successful candidate will be responsible for supporting service users who want drug intervention treatment as part of their agreed care plan.

Closing date for all posts: 1 July 2009

For an application form and job descriptions please contact Shadiqur Rahman on 01582 657558.

For more information contact Mags Bojthe – Team Lead for Young Persons Drug Service on 01582 657579 or Chris Brookes – Shared Care Drug Service Manager on 01582 708308.

The Trust will apply for a disclosure in accordance with the Criminal Records Bureau (CRB) code of Practice and confirmation of this will be required before any of the above posts are taken up. For information on disclosure please visit the CRB website at www.disclosure.gov.uk.

Luton Community Services NHS is committed to operating flexible working practices wherever possible.

STILL NO.1 FOR RECRUITMENT AND CONSULTANCY

020 8987 6061

SUBSTANCE MISUSE PERSONNEL

PERMANENT - TEMPORARY - CONSULTANCY

Supplying experienced, trained staff:

Commissioning ❖ Service Reviews ❖ DIP Management ❖ DAT Co-ordination ❖ Needs Assessments ❖ Project Management ❖ Group & 1-1 drug workers ❖ Prison & Community drug workers ❖ Nurses (detox, therapeutic, managers) ❖ *plus many more roles..... call today*

NOW REGISTERING AND SUPPLYING NURSES

Register online www.SamRecruitment.org.uk

Substance Misuse Practitioners – East Midlands

A statutory service in the East Midlands area require an experience Substance Misuse Practitioner to join their team and manage a caseload of between ten and twenty clients, dealing with opiate addiction issues.

Experience working with substance misuse clients is essential and a nursing qualification (RMN or RGN) would be a benefit.

The successful candidate will join the existing team that run a tier 2/3 service. The role will involve managing your own caseload, conducting triage assessments, developing new, and reviewing existing care and treatment plans, engaging clients in a range of therapies including cognitive behavioural therapy, providing harm minimisation advice and working closely alongside the onsite GP, advocating prescriptions for substitute medication including methadone and subutex.

The role may also be extended beyond the initial contract duration and provide the opportunity to gain experience working within a statutory environment.

For more information please contact:
Matthew Quinn 0800 311 20 20 or 01772 208961
matthew.quinn@servicecare.org.uk
www.servicecare.org.uk

KINESIS LOCUM
Specialist Recruitment

- Total Recruitment for the Drug and Alcohol field. (DAAT, Nurses, Commissioning. NHS. Criminal Justice...and more)
- The Trusted Drug and Alcohol Professionals.

You call Kinesis, we do the rest!

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0207 637 1039

TASHA Foundation

TASHA Foundation is a substance misuse organisation based in West London providing counselling, support, outreach, training and employment services. We are seeking:

Aftercare Support Workers

F/T (36 hours) – £23,664 to £24,393 plus 5% pension contribution

To provide assessment, care planning, housing, training/employment advice and information for DIP and non DIP substance misuse clients.
A CRB will be required for this post.

For an application form and JD please go to
www.tasha-foundation.org.uk
For more information please contact us on 020 8571 9981

Closing date: 1st July 2009
Reg Charity No: 1062805

York Alcohol Advice Service
Registered Charity 700394

Alcohol Worker

YAAS is a free and confidential service offering advice and support to those affected by their own or others alcohol use who live in the City of York. The service is warm and friendly, and clients feel safe to discuss problems they are facing in a non-judgemental atmosphere. YAAS works closely with other social care agencies across York to ensure a holistic approach to supporting clients.

We are seeking a part-time (14 hours) Alcohol Worker to provide care-planned alcohol interventions as part of the core service provision, including one-to-one support and group facilitation.

Salary – NJC Scale Point 22- 27 which is currently £19,427 - £22,730 pro rata per annum (under review).

For further information about the service please visit our website. For further details or an application pack please contact Stacey or Louise on 01904 652104 or e-mail office@yaas.info

www.yaas.info

Steven James Practice
Counselling service, Poole, Dorset

Senior Counsellor

The Steven James Practice is looking to recruit an experienced counsellor with at least 2 years experience of working with clients suffering from addiction disorders.

This is an 18½ hour position and attracts a salary of £11,000 p.a. Accreditation with BACP or FDAP is desirable.

Application by CV and covering letter to glyn.jones109@btinternet.com

More information can be obtained from Geraldine Jones: 07769 736743

Closing date for applications: Monday 6th July 2009

Action on Addiction is currently recruiting for:

COUNSELLORS X2

CLOUDS HOUSE, EAST KNOYLE

Salary from £21,319 per annum

25 days holiday per year plus additional benefits

Closing Date: 26th June 2009

We are seeking to recruit two Addictions Counsellors to work as part of the Treatment Team at Clouds House providing a full range of Counselling Services to the beneficiaries in our first stage residential treatment centre.

For more information and to apply please go the job section of our website or contact the HR Office on 01747 830733.

www.actiononaddiction.org.uk

Action on Addiction is the only UK charity working across the addiction field in research, prevention, treatment, professional education and family support. Our treatment centres include Clouds House, Hope House and SHARP structured day programmes. Charity No. 1117988

Action on Addiction

INVESTOR IN PEOPLE

www.telford.gov.uk/jobs

Everything we do is aimed at improving life for people in the area, and the Telford & Wrekin Team work hard at achieving just that every day. We believe that we can do even better and are always looking for ways to achieve more for the area and strengthen our team with people sharing that aim.

COMMUNITY SUBSTANCE MISUSE SERVICES

Telford & Wrekin Community Substance Misuse Service is a community based statutory agency working with people with drug and alcohol problems. The service which is jointly provided by Telford & Wrekin Council and Telford & Wrekin PCT operates from Matthew Webb House Dawley and Portico House Wellington.

Senior Substance Misuse Worker

£28,947 - £31,439 + essential car user allowance Ref: 002437

You will need to hold a relevant professional qualification in Social Work, Nursing, Occupational Therapy or Psychology, demonstrate a commitment to multi-agency working and have a good level of post qualifying experience; some of which must be within substance misuse services.

Substance Misuse Workers

£21,937 - £28,270 + essential car user allowance Ref: 002438

You will need to hold a relevant professional qualification in Social Work, Nursing, Occupational Therapy or Psychology, demonstrate a commitment to multi-agency working and have post qualifying experience of working in a relevant care environment.

For further information regarding either post please contact Lindsey Huxtable, Team Manager, Matthew Webb House on 01952 381730.

For further details and an application form visit www.telford.gov.uk/jobs Alternatively, email the Recruitment Team at jobs@telford.gov.uk or ring 01952 383535 quoting the reference number. You must be eligible to work in the UK and please note that CVs will not be considered. Full job information is available on our website.

Closing date: 5pm, 1 July 2009.

We also have vacancies in our Catering and Cleaning Services, visit www.myschoollunch.co.uk/telford/parents/jobs for more details.

Positive about Diversity.

Committed to protecting children and young people. All posts working with children, young people and vulnerable adults will be subject to an enhanced CRB check.

Telford & Wrekin COUNCIL

can&do

Tender for the provision of an Integrated Substance Misuse Treatment Service

NHS Westminster

The City of Westminster and NHS Westminster invites Expressions of Interest from suitably experienced organisations to provide an integrated Substance Misuse Treatment Service to Westminster residents. The service will ensure that service users with a substance 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 within the community.

This large scale reconfiguration will be delivered through two contracts, one to the north of the City of Westminster (Package One) and one to the south of the City of Westminster (Package Two), providing tier 2 and 3 interventions to drug and alcohol users. The contract to the north will include Criminal Justice Engagement Services (DIP) and specific focus on increasing engagement with BME and families. The contract to the south will include a specialist Primary Care service, a centrally located referral centre alongside interventions focussed on engaging homeless and vulnerably housed service users.

Expressions of interest from partnerships will be welcome for the services, particularly to include specialist organisations who work with local BME communities, families and other vulnerable groups.

Interested organisations may download an expression of interest pack and Pre-Qualification Questionnaire from www.westminster.gov.uk/WDAAT/serviceredesign.cfm or by contacting Tim Rising, Contracts Manager, trising@westminster.gov.uk or 020 7641 7903.

Completed questionnaires must be delivered to Tim Rising, Contracts Manager by 17.00 hours on Monday 27th July 2009

An Open Event for interested parties will be taking place on Tuesday 7th July 2009 from 2pm. This will be an opportunity to find out more about the new contracts and the tendering process. To find out more about this event and to book a place, please visit www.westminster.gov.uk/WDAAT/serviceredesign.cfm or contact Rob Henchy, Business Re-let Manager, rhenchy@westminster.gov.uk.

City of Westminster

Tenders will be invited on or about the 10th August 2009.
The contracts will commence on or about 1st August 2010 with an anticipated one month dual running with the existing services.
The contracts will be for an initial period of four years and eight months with the option to extend for a further three years.

St Mungo's
Vacancy Bulletin

St Mungo's
Opening doors for London's homeless

Senior Project Worker (x2 vacancies)
£22,731 - £26,010
Full time, permanent

We are looking for a Senior Project Worker who will play a very important role in delivering a service of high quality and in supporting residents 'to realise their potential' with the aim to re-settle residents in the community, whilst also helping to shape the future development of this hostel.

This key role will draw on your skills and experience in providing a holistic approach to supporting client needs, seeking and highlighting opportunities for change at the individual and project/ organisational level alongside offering a role model, support and mentoring for colleagues. You must also have the ability to influence and negotiate with external agencies.

Your continued professional development, commitment and creativity, allied with a dedication to provide quality, client-centred services will assist you in helping to shape the future development of this new hostel.

Please use the job application form to demonstrate your experience and positive achievement in the following points of the Person Specification: 1, 4, 7, 10, & 12.

Location: Oxford Supported Housing Ref: 28348

For further details and to complete an application please visit: www.mungos.org

Please contact the recruitment team on 020 8762 5652 for any queries.

Closing date for completed applications: Friday 26th June 2009

St Mungo's strives to be an equal opportunities employer

UHSM Your Hospital
University Hospital of South Manchester NHS Foundation Trust
NHS

ALCOHOL SCREENING & INTERVENTION TEAM

Alcohol Specialist Nurse

Salary: Band 7 £29,789 - £39,273 per annum

(Subject to AFC banding) 2 Year Contracts

Hours: 37.5 per week, full time REF: M28NM-09

This exciting new post will manage a new scheme and small team which will focus on the following:

- Improving the screening and identification of individuals presenting with alcohol problems
- Enhance staff awareness and competence in managing alcohol problems
- Setting up extended brief intervention clinics
- Enhance the provision of brief opportunistic interventions for alcohol problems in A&E, inpatient and outpatient setting
- Ensure optimal management of individuals with alcohol problems on their journey through care from A&E to wards and into the community
- To improve links with existing specialist alcohol services in the community and region.

If you are interest in this new and challenging role please contact:
Novelette Thomas - Matron ED on: 0161 291 6047
email: novelette.thomas@uhsm.nh.uk
or Val Beaumont - Consultant Nurse ED on: 0161 291 6278
email: valerie.beaumont@uhsm.nhs.uk

INVESTOR IN PEOPLE

APPLY ONLINE TO:
www.jobs.nhs.uk
CLOSING DATE: Monday 6th July 2009

POSITIVE ABOUT DISABLED PEOPLE

This post may be subject to Criminal Record (CRB) Disclosure. Subject to matching and/or evaluation under Agenda for Change. We will carefully consider any request for flexible or part time working.

WE ARE AN EQUAL OPPORTUNITY AND EMPLOYEE FRIENDLY EMPLOYER

CRI North and Midlands

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.

INVESTOR IN PEOPLE

Safer communities, healthier lives

CRI are delighted to have been commissioned by the Safer City Partnership to deliver a range of community substance misuse services across Stoke-on-Trent. From May 1st 2009 CRI will be providing adult DIP, low threshold/open access, structured treatment and Shared Care services. We will also operate the Young Persons' Treatment Service. A large staff team is transferring to CRI from existing providers and in addition we are seeking to recruit to the following posts;

Stoke-on-Trent Adult Community Drug Service

Project Co-ordinator

(Ref NM232)

Volunteer Mentor Services, Stoke on Trent/DIAS Hope Street
Salary £23,710 – £25,179 per annum • 37.5 hours per week

As directed by the local Service Manager, the post holder will identify, recruit, train and supervise a group of volunteer mentors who in turn will be matched with clients at various stages of treatment and social care services and the criminal justice system.

T3 Young Persons' Treatment Service – Stoke

Administrator

(Ref NM233)

Festival Site
Salary £15,285 – £16,704 per annum pro rata • 30 hours per week

You will have experience in an administrative role with advanced IT skills including Microsoft Office, Access and Excel. You will also have excellent communication and organisational skills and you will ensure that all data inputting and reporting is done in a timely fashion as required by CRi and Commissioners. You will also ensure that the office is well run and that callers, either in person or by phone, receive a first class service. You will also be responsible for petty cash returns.

Stoke-on-Trent Drug Rehabilitation Requirement Service (DRR)

Drug Rehabilitation Requirement Worker

(Ref NM235)

Broom Street
Salary £21,867– £25,045 per annum • 37.5 hours per week

As directed by the DIP Manager, the post-holder will be an integral member of a team delivering comprehensive information, support & interventions and Structured Day Care to problematic drug users involved in DRR. The post-holder will facilitate the engagement, assessment and case management of clients being placed on a DRR. They will offer structured key working in support of substitute prescribing and psycho social interventions as part of a structured day programme and care coordination for clients completing their orders and entering community treatment.

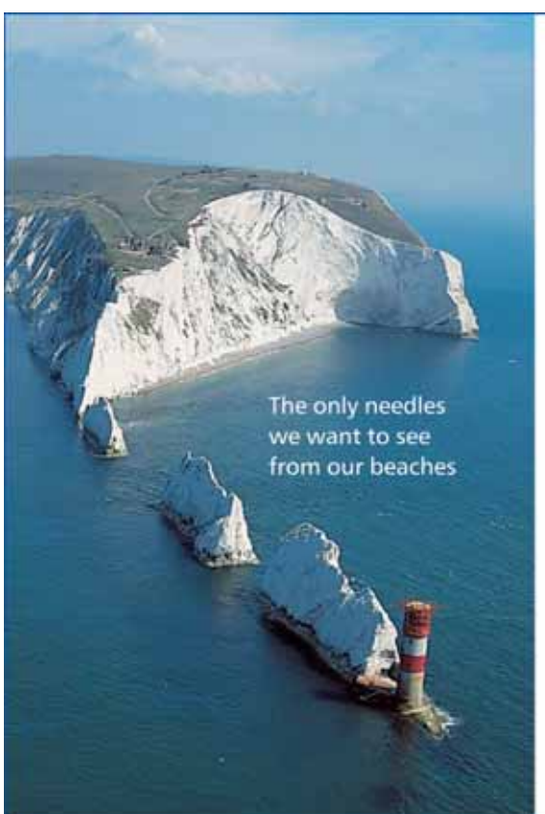
Administrator *(Ref NM231)*

Either Meir, Broom Street
Salary £15,285 – £16,704 per annum • 37.5 hours per week

To contribute to the provision of comprehensive office management, office systems, reception duties, administrative support, data management, clinic & script generation management and medical secretarial support across all components of the Adult Community Drug Service in Stoke based within DRR.

Closing date for all positions: 29th June 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).



DIRECTORATE OF ENVIRONMENT AND NEIGHBOURHOODS

ecoisland

DRUG ACTION TEAM COMMISSIONER

Isle of Wight • £39,460 to £41,204 per annum,
plus relocation allowance • 37 hours per week • Ref: 182593

The IW Drug Action Team (DAT) is seeking an experienced and innovative individual to work across the local multi-agency services.

You will be educated to degree level or qualified as a Social Work/Health Professional and have a valid registration with a regulatory body. With extensive management experience and a proven track record in effective managment of a range of resources and budgets within strict financial regulations; you will also have experience of working to agreed cash limits and income targets.

You will have considerable experience in strategic planning, policy development, monitoring and review of practice and delivery. Thorough knowledge and understanding of substance misuse, drug issues and relevant legislation and policies are essential. You will work across adult and young people substance misuse services, and have a commitment to the development of partnership and collaborative working with other service providers and agencies. The Isle of Wight DAT is one of the top performing partnerships in the South East region. You will have an opportunity to further develop your skills and experience by working with our diverse and motivated team.

Informal enquiries about the post should be directed to Zoryna O'Donnell, Head of Community Safety Services on (01983) 550980.

Please view information pack and complete your job application online at www.iwight.com/council/jobvacancies/jobs.asp Telephone our 24 hour job line on (01983) 823134 or email callcentre@iow.gov.uk if you need further information about applying. Completed applications should be returned to Human Resources, Isle of Wight Council, County Hall, Newport, Isle of Wight PO30 1UD.

Closing date: 26 June 2009.

This Council is committed to safeguarding and promoting the welfare of children and young people, and expects all staff and volunteers to share in this commitment. The Isle of Wight Council is an equal opportunities employer.

www.iwight.com

ISLE of WIGHT COUNCIL

CRI in the North & Midlands is going places and we are looking for committed and skilled individuals who share the same goals. Our strategy is to develop services that intervene earlier and stay longer to create safer communities and healthier lives.

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.

Integrated Offender Management

Integrated Offender Management is an exciting partnership between CRI, DISC, West Yorkshire Police and Probation to enable problematic offenders to address their offending behaviour through accessing a range of services.
CRi is delighted to offer a range of positions in our new service to deliver the 'IOM' Integrated Offender Management service in the city.

Case Manager *(Ref NM229)*

Salary £25,884 – £27,487 per annum • 37.5 hours per week

Case Managers will provide intensive support to clients identified for IOM as part of a multi agency approach to those clients who are identified as causing the most harm to communities. We operate the key 'resettle and rehabilitate' strand of IOM providing housing related and other ancillary support with our partnership providers through a single common approach, to Offenders and those at risk of offending in the programme.
The post holder will be required to work flexibly across a range of sites to facilitate the engagement, assessment, and the case management of clients within IOM.
Experience of working within Criminal Justice or with Offenders is essential and you will possess excellent communication and interpersonal skills, in order to build and maintain excellent relationships with other agencies.
The post holder will support the wider team to identify and deliver suitable interventions to those referred to the service.
Diligence, professionalism, dedication and a commitment to social justice are essential. In return we will offer excellent terms and conditions, a comprehensive career development plan and the training and support you will need to really make a difference to service users' lives.

CJI Assessment Worker x 2 *(Ref NM228)*

Salary £24 089 – £25 884 per annum • 37.5 hours per week

CRI are seeking to appoint a Criminal Justice intervention Assessment Workers to join Leeds Enhanced Arrest Referral Team and Integrated Offender Management team in Leeds. The post holder will be required to work flexibly across a range of sites in Leeds, whilst providing case management to Offenders or those at risk of Offending through the IOM service from a central base.
The post-holder will be an integral member of a team delivering advice, information and support intervention services to Alcohol and substance users and Offenders. The post-holder will facilitate the engagement, assessment and the case management of clients to enable them to address a number of issues through the provision of cell based interventions, assertive outreach, open access, and referral in to Services in order to access appropriate support.
You will have excellent communication and developmental skills, and knowledge and experience of working with substance users in the Criminal Justice field so that you may deliver high quality services.

Bradford DIP

CRI is delighted to offer a position in our Bradford 'DIP' Drug Intervention Programme. We provide enhanced arrest referral and outreach services to substance misusers. For all positions, diligence, professionalism, dedication and a commitment to social justice are essential. In return we will offer excellent terms and conditions, a comprehensive career development plan and the training and support you will need to really make a difference to service users' lives.

Criminal Justice Interventions Worker

(Ref NM234)

Salary £24,089 to £25, 884 per annum, pro rata
Job Share – 16 hours per week covering a range of day times and evenings with limited weekend work.

We are looking for candidates with commitment and drive to deliver front line engagement and assessment services within police custody, court and community settings. We are keen to hear from drug workers or social care workers with good transferable skills who are seeking the challenge of developing and maintaining high quality services, addressing the individual needs of clients by supporting their attempts to change. Strong communication skills and the ability to work flexibly are essential aspects of the role, as is an understanding of good care planning and motivational interviewing, to maximise the chances of achieving the best possible outcome for the client.
A full induction and training package will allow you to develop your skills and abilities in relation to these posts.

Specialist Substance Misuse Services

Young Persons Service Manager

(Ref NM230)

Based in Leeds and working across the North
Salary: £35,113 – £39,592 • 37.5 hours per week

We are looking to recruit a dynamic individual to manage young peoples services across the northern region. Initially the role will be responsible for managing specialist substance misuse services but with the aim of developing a range of young peoples provision. We are looking for an individual who can provide expertise and enhance current provision. Working across a large geographical area the successful individual will need to be able to manage their time to maximise their impact.
Interviews will take place on 10th July 2009.

Leeds Street Outreach Team

Outreach Worker

(Ref NM236)

Salary: £24,089 – £25,884 per annum
Shift patterns include working Monday to Friday with some early mornings and late evenings.

The Leeds Street Outreach Team provide an assertive outreach service to the street and homeless populations of Leeds working to address rough sleeping, begging, street drinking, anti social behaviour, street based drug use and prostitution.
CRI are currently seeking to recruit an outreach worker for the above service.
The successful candidate will have relevant experience of working with this client group. You will have the ability to work in a flexible manner and be able to demonstrate excellent communication and engagement skills. You will be capable of working with individuals with challenging behaviour and have a determined approach to providing solutions for those with complex needs.

Young Persons Substance Misuse Service – Wakefield

CRI has an exciting opportunity to work within the young peoples substance misuse service 'Rebound'. Working directly with young people within a multi disciplinary team and contributing to the development and provision of the Targeted Youth Services new model of support. The service will provide screening, assessment, advice & information and a range of targeted and specialist (Tier 2&3) interventions to clients with substance misuse and related issues.

Young Persons Substance Misuse Caseworker

(Ref NM171R)

Targeted Youth Support • Pontefract
Salary £21,197 – £24,089 per annum • 37.5 hours per week

Applicants should have good knowledge of substance misuse issues and the skills associated with engaging young people. You will carry a caseload of clients with substance misuse problems around the Pontefract area. You will possess the ability to work confidently in a multi-disciplinary team, as well as the enthusiasm to drive forward the service and contribute to its development.
You will be able to travel throughout the district and have access to a vehicle.
Previous applicants need not apply.

All posts will be subject to satisfactory references, enhanced CRB disclosure and West Yorkshire Police vetting procedures.

Closing date for applications: 24th June 2009

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

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