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Penarth,
Vale of Glamorgan,
CF64 2XX

Tel: 029 2071 6894
Fax: 029 2035 0142

DX Mail:
Cardiff Toxicology Laboratories
DX 6070403
Penarth 90 CF

For further information see our website:
www.ctlabs.co.uk



DDN Drink and Drugs News

Published by CJ Wellings Ltd, Southbank House, Black Prince Road, London SE1 7SJ

Editor: Claire Brown
t: 020 7463 2164
e: claire@cjwellings.com

Reporter: David Gilliver
e: david@cjwellings.com

Advertising Manager:
Ian Ralph
t: 020 7463 2081
e: ian@cjwellings.com

Advertising Sales:
Faye Liddle
t: 020 7463 2205
e: faye@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Subscriptions:
Charlotte Middleton
t: 020 7463 2085
e: subs@cjwellings.com

Events:
t: 020 7463 2081
e: events@cjwellings.com

Website:
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Editorial – Claire Brown

Recovering hope

How a caring regime can offer real freedom

The recent debates on recovery have subjected this simple word to a maelstrom of different organisations' agendas. But if you're in prison it means pretty much one thing – swapping a one-dimensional lifestyle focused on drugs for a chance to take part in 'real' life again. This can seem very remote for new arrivals, but the staff team members at Lancaster are determined to make sure that choice and optimism are a part of a culture that's dominated by the signs of incarceration. They seem to be achieving results. Taking the support that was offered, John was among those who changed his entire outlook on life and said he 'started to feel free in prison' (page 8).

Despite the environment of locked gates everywhere, staff were keen to emphasise that there was always an open door for prisoners who needed help, and they were constantly encouraged to talk through the possible next stage of their recovery with the CARAT team as soon as they were ready. Staff and prisoners seemed to be working as a team to think about the future, to make sure that their work at Lancaster was building a stable base on which they could thrive outside.

There were no debates here about whether recovery was worth bothering with and what it should mean, merely a patient process of guiding inmates towards it. Nor did the word represent just one route, but a choice of 12-step groups or cognitive behaviour-based work – whichever would plant meaningful roots for the participant. 'It's about getting people to gather recovery capital,' a senior probation officer remarked – and this meant support in every area of life. The day at Lancaster was interesting in many ways – but not least for stripping down the word 'recovery' to its essence.

We're taking a publishing break for the Christmas period, but we'll still be keeping you company online and hope you'll join us on our website. Have a wonderful festive season and we'll be back in print on 18 January!

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News in Brief

Prescription pain

Treatment needs to be client-focused and recovery-orientated, NTA director of regional management Rosanna O'Connor told the Addiction Dependency Solutions 'headline debate' in Manchester recently. 'I am not a box ticker. On the contrary I believe we should be more ambitious for our clients,' she said. Panellist Barry Haslam, the first person in the UK to be awarded disability living allowance for brain damage caused by prescribed benzodiazepines, told the conference that 'these drugs cause more misery than class A illegal drugs.'

Social animal

The symbol of FRANK's cocaine awareness campaign, Pablo the drug mule dog, now has a page on the Facebook social networking site, where 16-18 year olds can access information, join discussions and send private messages to be answered by FRANK staff. www.facebook.com/PabloTheDrugMule

On site help

Drinkaware has launched a new section of its website to offer advice to professionals who work with young people. The interactive site area has been developed through feedback from youth workers and teachers among others, and encourages visitors to add their own examples of good practice. The aim is to make it 'easier for professionals to raise the topic with young people,' said chief executive Chris Sorek. www.drinkaware.co.uk/professionals

Branching out

The United Nations Office on Drugs and Crime (UNODC) has signed an agreement to open an office in Libya. 'This office is proof of UNODC's good partnership with Libya and our commitment to reduce the vulnerability of the Maghreb countries to drugs and crime,' said executive director Antonio Maria Costa.

Primary focus

Hepatitis C is set to become a 'crushing burden' on the NHS unless more aggressive action is taken by primary care trusts and others, vice chair of the all party hepatology group Brian Iddon MP warned the International Hepatitis C conference in Manchester this month. Around 600,000 people are estimated to be infected with the virus in the UK.

Scots lead the way with alcohol bill

The Scottish government has published its long-awaited Alcohol Bill, representing a 'once in a generation chance' to tackle the country's alcohol problems, according to health secretary Nicola Sturgeon.

Among the bill's measures are a minimum price per unit of alcohol, the subject of much controversy in recent months. The Scottish Parliament's health committee will begin to take evidence on minimum pricing in the near future but no price has been set as yet and there has been speculation in the media as to whether there will be enough parliamentary support for the measure to be included in the final legislation. A minimum price was also called for by the chief medical officer for England (*DDN*, 23 March, page 5), but the proposal has been left out of any forthcoming mandatory code on alcohol.

Other key parts of the Scottish bill include the power to levy a 'social responsibility fee' on retailers to offset the costs of dealing with alcohol-related problems, a ban on irresponsible shop promotions and a duty on licensing boards to consider raising the off-sales purchase age to 21 where appropriate.

'The 3,000 deaths, 42,000 hospital stays and 100,000 GP visits linked to alcohol annually are causing misery for families and communities, burdening our public services and sapping our economic potential,' said Ms Sturgeon. 'These targeted measures get to the heart of the problem – particularly addressing the rock-bottom pricing of low-grade ciders, lagers and spirits favoured by problem drinkers. No one can seriously argue that selling strong drink for pocket money prices isn't fuelling heavy consumption.'

The 'eyes of the world' were on Scotland to show 'the courage to be bold for the sake of public health,' she said, adding that it was 'simply inexcusable that opponents (to the minimum price proposals) have chosen not even to listen to the evidence around minimum pricing during the bill process'. 'While we have never said minimum pricing is a "silver bullet", all the expert opinion agrees that it can have a major impact as part of our wider package of measures,' she continued. 'By contrast, our opponents have failed to put forward any constructive alternatives.'

The Scottish alcohol bill includes a ban on irresponsible shop promotions

A minimum price would reduce both crime rates and hospital admissions said Alcohol Concern. 'Contrary to popular belief, evidence shows it will not greatly punish moderate drinkers or the pub trade,' said director of policy and communications Nicolay Sorensen. 'Alcohol misuse is no less a problem for England and Wales than it is for Scotland, but again Scotland is leading the way in putting the health of its people first. The UK government needs to take urgent action to do the same.'

Overdose stats could mask suicides

Accidental drug overdose statistics could include suicides among older drug users who have 'lost the will to live', according to new research by the Scottish Drugs Forum (SDF).

Older drug users frequently suffer from depression and anxiety caused by family breakdown and social isolation, and are more pessimistic about their chances of achieving recovery, says the forum.

More than half of the drug users questioned for the research – the full report on which is to be published next month – reported having suicidal thoughts, something that raises serious questions about overdose statistics, says SDF. There are about 15,000 older drug users in Scotland, around 27 per cent of people with a drug problem.

Last year saw record high levels for both drug-related deaths overall and drug-related deaths among people known to have had a drug problem. Of the latter, 44 per cent were aged 35 and over.

SDF wants to see more specific services aimed at older drug users. Services should also provide key worker staff 'more empathetic to older life circumstances' and more social contact opportunities for isolated service users, it says.

The research forms part of the 30-month senior drug users project, a joint venture between organisations in Scotland, Germany, Austria and Poland which aims to help improve the health of older service users (*DDN*, 19 May 2008, page 4). Most policies focus on younger users, says the project.

'What is becoming clear is that older drug users can be badly affected by a range of issues affecting their outlook on life and thus their will to live,' said SDF director David Liddell. 'They can have long-standing chronic health conditions – frequently resulting from hepatitis C, respiratory and circulatory problems – and this will often be combined with the effects of social isolation, depression and anxiety as a result of family breakdown caused by their drug problem or a need to move away from drug-using circles. Longer exposure to harrowing life events can wear down older drug users' abilities to cope with life's difficulties, which in their case can be very significant.'

Families paying the price, says UKDPC

At least 1.5m adults in the UK are caring for relatives with drug problems, according to new research published by the UK Drug Policy Commission (UKDPC).

The year-long study, which claims that the financial cost reaches into the billions, found that around 50,000 people are living with someone dependent on heroin or crack, 130,000 are caring for someone dependent on cocaine and 1m are helping someone with cannabis-related problems.

Families are 'frequently an unpaid and unconsidered resource providing economic and other forms of support to their drug using relatives and carrying a large burden in terms of costs,' says *Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses*, which values the 'huge hidden burden' at at least £1.8bn.

The study details the costs associated with day-to-day care as well as those linked to stolen money or property, loss of employment, debt and family breakdown. One case study interviewee, whose son had died from an overdose, told researchers 'we've had to deal with drug dealers demanding money at the house and had to pay back thousands of pounds in drug debts and lost property'.

Despite pledges of support for families and carers, the needs of families have remained a low priority, states the document, which calls for more training for service staff to understand the impact of drug use on families. 'Because of the stigma associated with drug dependency and addiction, the true impact on families is hidden,' said UKDPC commissioner Alan Maynard. 'This shame and distress associated with relatives' drug use exacerbates the family's stressful experience and can also hinder the useful contribution that families make to the recovery of the drug user.'

'We have seen some progress in national policy over the last couple of years but these new statistics should really make people stand up and take notice at a local service delivery level,' said Adfam chief executive Vivienne Evans.

Available at www.ukdpc.org.uk

Beware alcohol heart claims, drinkers warned

Spanish research that shows alcohol can lower rates of coronary heart disease in men should be treated 'with caution', according to alcohol charities.

The research, published in *Heart* journal, studied more than 15,500 men and 26,000 women and concludes that 'moderate, high and very high' consumption is associated with a reduced risk of CHD in men.

'Alcohol intake in men aged 26-69 years was associated with a more than 30 per cent lower CHD incidence' it says, while similar results were not found with women.

'This isn't the first piece of research to show a protective effect of alcohol consumption on coronary heart disease, but the findings appear to fly in the face of other high quality evidence' said Drinkaware's chief medical adviser Professor Paul Wallace. 'These new findings contradict a large number of similar international studies and should therefore be treated with caution,' he said, warning that it was important that people did not use the research 'as an excuse to drink to excess'. 'Any possible benefits related to heart disease from drinking alcohol are likely to be far outweighed by the effects of excessive alcohol use in increasing the chances of developing different types of cancer, mental health problems and liver damage.'

Meanwhile the Department of Health's 'Know your limits' campaign is warning people against thinking it's possible to 'make up' for a heavy drinking session by doing exercise. A YouGov survey commissioned by the campaign found that 20 per cent of adults in England drink more than double the NHS recommended limits and, of those who also exercise, 28 per cent 'admit doing so to make up for their drinking.'

'If you have a big night at the pub you're not going to compensate with a workout the following day,' said public health minister Gillian Merron. 'Damage from regularly drinking too much can creep up and you won't see it until it's too late.'

Government sets out its stall on drugs education

The government has launched a consultation on forthcoming guidance for schools on drug, alcohol and tobacco use.

Alongside education, other measures contained in the guidance include stronger links with local services to help identify and support children whose parents have a drug or alcohol problem, and the importance of schools having clear drug and alcohol policies in place.

The guidance is designed to help schools shape the drug and alcohol aspects of their personal, social, health and economic education (PSHE) curriculum, which is expected to become compulsory in 2011. 'Drug and alcohol education is vital and we know that the majority of schools are doing a great job in talking to pupils about the dangers of illegal drugs,' said schools minister Diana Johnson. 'But education can't just happen in the classroom and this new guidance challenges schools to work more closely with parents so children get clear and consistent messages – both at home and at school.'

The government has also launched its delivery plan to improve the health of people in the criminal justice system, Improving health, supporting justice, which aims to strengthen joint working between health and criminal justice agencies. 'Mental health problems – whether drug misuse, learning disabilities or a personality disorder – can lock people into a cycle of disadvantage and criminality,' said care services minister Phil Hope. 'Improving health and support is a way of tackling this negative cycle.'

Drugs: guidance for schools consultation available at www.dcsf.gov.uk/consultations Consultation period ends 15 February 2010.

Improving health, supporting justice: the national delivery plan of the health and criminal justice programme board available at www.dh.gov.uk/en/Publications andstatistics/Publications/PublicationsPolicyAndGuidance/DH_108606

News in Brief

Recovery room

A new free online social platform has been launched to support people in recovery. Myrecoverynet.com features blogs, forums, video content, online groups, a chat room and a wide range of information resources, allowing people to share experiences and offer mutual support.

Safety first

A Christmas campaign to alert young people to the sexual health and personal safety risks associated with drinking has been launched by Drinkaware and sexual health charity Brook. One in four 16 to 17-year-olds had been drinking the first time they had sex without a condom, according to research commissioned by the two organisations. The 'Have fun. Be careful' campaign pack includes a condom and mobile phone credit to help young people get home safely after a night out. 'Young people might think they know everything there is to know about alcohol, sex and how to look after themselves, but it is really important for us all to ensure they have the right advice and information to help avoid taking unnecessary risks,' said Drinkaware chief executive Chris Sorek.

Female funding

The Nelson Trust has been awarded funding by the Ministry of Justice to open a Gloucestershire-based service for female offenders, offering accommodation and help with drug and alcohol problems and employment, debt and relationship issues. Women will not need to have offended to access the new service. 'The plan is to create a unique centre offering interventions, support and education for some of the county's most vulnerable women,' said women's service development manager Rose Mahon.

The ARCH way

A new community resource centre for people with alcohol problems has been opened in Birkenhead by treatment agency ARCH initiatives. The Archway centre offers alcohol and cocaine treatment services, as well as help with issues like housing, debt and family breakdown. 'This initiative is designed to support clients in a variety of ways so that they are in a better position to reduce the amount of alcohol they drink,' said NHS Wirral chief executive Kathy Doran.

The close-knit team at Lancaster Prison is urging inmates to take the road to recovery in the most challenging of environments. DDN reports

RECOVERING FREEDOM

'The help is there in this prison – you've just got to ask for it. As you get stronger mentally and physically, you can reach out.'

Entering prison is daunting. From the high-sided prison van, past the razor wire and through the clanging gates with their endless locks, everything screams the loss of freedom. At Lancaster, new prisoners have the added effect of a medieval castle looming down to greet them.

It seems strangely at odds with the scene of many famous trials and executions – and where, just across from the exercise courtyard, you can still see the cellar where the Pendle witches were chained in the early 17th century – that staff at today's category C prison are talking brightly about recovery.

'We want to partner with agencies to make the journey to recovery possible,' announces governor Derek Ross.

Inside the jail, Mr Tomlinson ('call me Mr T', he tells new prisoners cheerily) is ready to receive arrivals and give them their induction. He organises the routine strip search and their first visit to healthcare, pairs them as appropriate with a smoker or non-smoker, and issues photo ID.

'From this time the identity you had is taken away from you,' says Martin, a current prisoner who is casting his mind back to his induction. 'But,' he acknowledges, 'the reception process is the first step towards getting help.'

Here's where the relationship begins – a process that staff hope will offer more possibilities than a lifelong prison career. 'We ask the lads what they want to be called – just their first name, or a nickname,' says Mr T. 'Everyone has an offender supervisor, and if anyone has any drugs problems, we involve CARATs.'

Offender supervisor, Paul Barwell, emphasises to his new charges that their journey through prison will be a partnership. Some respond as if they've heard it all before, but he stresses that members of the CARAT team are always there for them, ready to listen and help them investigate different recovery options – whether the 12-step programme or the CBT-based groupwork programme PASRO (Prisons Addressing Substance Related Offending). Both routes, he tells them, can lead to long-term lifestyle change and help them guard against relapse.

HMP Lancaster's team does not work in the easiest circumstances, with the building's historical interest counterbalanced by a compromise to modern facilities. Pointing out 500-year-old graffiti on the stone walls, one prison officer comments that the lads would rather have a playing field. But the tight-knit staff team is determined to demonstrate that life-changing interventions can take place within these walls.

As CARAT team leader Rhona Cammaerts explains, the therapeutic relationship has to address everything – 'mental, physical, spiritual, emotional, intellectual, psychological health… everything. You can't go through the motions.' And because it is so thorough, the staff team has to be realistic and work with people that they can have success with and who are ready to change.

'Some wives don't want their husbands to give up dealing – there are financial benefits to them of keeping them as a dealer, and they'll do their best to make them go back to it,' she points out. But for those who are ready to accept help, the change can be dramatic.

Naz was a crack cocaine user when he came into Lancaster three years ago, and had no ambition beyond getting back to a drug that dominated his every waking moment.

'Before I was arrested I was using crack cocaine recreationally – occasionally at first, then every day. My partner also. I lost my job, my house and started dealing… I was paranoid, not knowing what was normal and what wasn't.

'The best thing that happened to me was that I got arrested. Coming to jail gave me the chance to tackle addiction. To beat crack cocaine you have to be taken away… I couldn't even watch TV – you always think people are plotting against you.'

Naz was not initially an easy fit with the therapeutic interventions. The team started him off with seeing a psychiatrist, 'to help determine what was normal and what wasn't – a lot with crack cocaine is in your head and I needed to sort that out before I moved on.'

He now credits the support of the CARAT team and strong bond of trust with his CARAT worker with keeping him going. 'They fitted in the missing pieces of the jigsaw for me,' he says. 'The help is there in this prison – you've just got to ask for it. As you get stronger mentally and physically, you can reach out.'

'My aim is to signpost them through prison,' says CARAT worker Gavin, and this includes encouraging them to talk whenever they need to. 'I want to put them at their ease and build some sort of relationship with them.'

For inmate Martin, this relationship pulled him through an early relapse after hearing about problems back home.

Members of the CARAT team helped him to work out what went wrong and presented new options for him to consider, including the 12-step programme and the preparation and orientation stages he would need to embark on.

'It focuses on the damage drugs cause – are you ready for that?' CARAT team member Sharon asked at this stage. 'If so, we'll need to do some motivation work, which takes a couple of weeks.'

Talking to other prisoners who are in the middle of their 12-step programmes gives a picture of doors opening for the first time. 'I'm still a youngster in the system,' says Stephen. 'Previously I've not wanted the help, but now I'd encourage other lads to take the help at a younger age.'

'This is the first time in seven months I've had any clean time,' says another inmate, Mark. 'I used in jail before. This programme has given me awareness I didn't have before and if I can do it, anyone can.'

Mark is now at the stage of being encouraged to deal with the secondary issues that underpin the reasons for his addiction. 'To talk about these issues in the past, I would have needed to take drugs,' he says.

Many of the men choose to stay on the drug-free dormitories and around their peers on the programme while they work through these issues, turning down the chance to move on to a lower security category D prison before release.

As prisoners prepare to leave Lancaster, counsellor Margaret runs through their care plan with them and invites them to say how it's worked for them. One man who chose the 12-step route says that coming through the process has been 'character building' and 'an eye opener'. 'I'm aware now of the damage I've caused my family. It's clear to me there's damage whatever criminal offence you do,' he says.

Margaret encourages him to look back over 11 months of being 'clean' and encourages him to consider NA and AA meetings.

'It's about you maintaining recovery and maintaining steps for life now,' she says. 'This has to help you with life, on life's terms. You have a choice now because you're clean and sober.'

As senior probation officer, Jed Graham has seen the value of introducing 'recovery capital' through education, vocational training and family contact, 'so they're getting the whole picture, not just completing a programme.

Continued over >

'I started to look at myself properly... Freedom started to take on a different meaning – I started to feel free in prison.'

'When we talk about recovery trying to embrace everything, we're not saying drugs are separate from everything else,' he says. And as in life, there will be setbacks: 'Someone who starts and then fails will still get something from it. Failing can be an important step.'

Another member of the team, Lee Rumney, is education manager, helping people gain the knowledge to address their behaviour. This might relate to any part of the prisoner's sentence plan, from tackling their drug and alcohol problems, to helping them gain qualifications and vocational skills.

'It's very much a team effort,' she says. 'We don't work in isolation. We work holistically to address behaviours at any stage of their journey. We give them the foundation they need.

'If offender management's working properly, it's then picked up in the community, whether it's drug services picking up their drug-related needs or a community education department linking them to college courses.'

'It's about trying to make sure people are plugged in,' says Jed Graham. 'We try very hard to fix them up in the community and make sure they have family support.'

'Attachments are so important to the release plan,' agrees Rhona Cammaerts. 'If they can form new life enhancements they stand a better chance.'

Elaine Gregson works at Pierpoint, whose Lancashire treatment centres receive prisoners on release. She explains that the adjustments they will need to make are constant and ongoing – even relating to something as familiar as the 12-step programme.

'When they arrive here they start from step one again, as a new client,' she says. 'Their new peers are from different backgrounds and the mixed gender environment gives them a completely different perspective – for example women can challenge them and give a different take on aggression.'

In the secondary units beyond rehab, they start to integrate with the next new environment, taking voluntary jobs and relearning independence – the next stage of their voyage of recovery in the outside world. **DDN**

Recovering life

John explains how his crack use took him on a journey to Lancaster Prison – and why he eventually decided to take the help that was offered

I first picked up drugs, including alcohol, at a very young age, even though I was brought up by a respectable family. I drank at the age of 11, at a Christmas family gathering, because it was socially acceptable. Back then I didn't pick up drugs because of any painful experiences – I did it because I enjoyed it.

I can't remember the point when it became a problem, but now I see that it was a problem from the start. I became obsessed very quickly, starting at school. I was always thinking where drugs would come from – it consumed all my time.

I left school without qualifications – I thought life would be one massive party. My family tried to support me to take the right path, but I was on a journey that would lead to prison.

One of the best things to happen to me at the time was acid house parties starting in Manchester. I thought I'd found God. I was so obsessed, I was willing to uproot my family. I had a baby daughter and I was willing to take her away from the private school my partner's mum was paying for, to go and live next door to the Hacienda. It was all about me, and if you didn't have anything to offer me I wasn't interested.

I thought I was having the best experience of my life, and it was OK for a while. There were no detrimental consequences to other people and luckily my partner was strong enough to say no to moving our daughter from school.

But because of the self-centredness of drugs, I believed everything was everyone else's fault. I pushed my family away and just didn't know how to have relationships. I went from having the time of my life, to being in a bedroom at my dad's with needles stashed all around the bed. My family were finding these things.

In prison I'd start to try and get clean. I'd go to the gym and use the facilities on offer. But in the early years I wasn't getting treatment for addiction and the chance to look at what was going wrong. I went to education classes, and got a responsible job on the servery, and I started to feel positive – but I wasn't getting treatment. I had wonderful ideas of what life would be like when I came out.

But the fear hit me when I came out. I would go back to Blackpool and start drinking. Then I'd go back to someone's house to shoot up heroin or I'd end up in a crack house. As my tolerance level was low, I was signing my own death warrant.

The last prison sentence I got was three years 11 months, for burgling a house at Christmas. Prison had become just an occupational hazard, but I'd honestly thank that judge today. The sentence got me to Lancaster Castle. Margaret, my counsellor, put up with so much self-pity from me. I'd tried everything. I'd even tried running off to Lanzarote, but I'd just ended up as an alcoholic.

I'd had so much information about drug treatment that I thought I knew it all, but I wasn't changing myself. After three months at Lancaster I landed up in more pain than when I'd first gone to prison.

Staff put me on a period of reflection for three months, and as a result I decided to come back and listen to what people had to say. Support from peers on the programme started working for me and I began to identify where I come from. I started to look at myself properly over ten months. Freedom started to take on a different meaning – I started to feel free in prison.

The programme was the hardest but most rewarding thing I ever did. When I became a peer supporter myself, I could identify with people coming in the door. I did 17 months at the castle, and becoming a peer supporter allowed me to stay clean throughout my sentence. But it also allowed me to dream. I knew that I wanted to work with people. When I came out of prison I went to a treatment centre to plan for my transition to the community.

I went through a secondary unit and then to my own flat. I'd never had that before. This time it was my own responsibility, and at first I was scared of that, of paying bills and arguing with British Gas.

I'd been given the tools to be able to cope with that, but I didn't know how I was going to get into work. Then someone suggested a course with Bridging the Gap in Blackpool and I did a placement with them for six months. I'm working in a hostel now at the Ashley Foundation and have a responsible job. I took on the DANOS level 3 course, to become a substance misuse worker in field.

At 45 years old I suddenly found out my partner was pregnant. I'm really grateful for the opportunity to be a dad again. I'm still selfish sometimes, but I live by principles now. I have a programme that allows me to make amends to people. It's all about relationships today, not just my partner.

When people come out of prison I pick them up and take them to rehab or wherever they need to go. Clients are very vulnerable, and worried about talking to people. People like talking to someone in recovery. It breaks down barriers and helps with the process of getting them into rehab and services.

It's not easy to work in the field. Some clients are really chaotic. The castle introduced me to NA, which is a worldwide network, and I'm a sponsor myself. Wherever I am I can get support and I can phone my sponsor. I still have days when I feel like shit, but I don't use now. I struggle every day, but now I have responsibilities.

No excuse for abuse

Thank you for publishing the article *Care or control* (*DDN*, 16 November, page 6) to highlight how AA group responses may in some cases be inappropriate, and even unsafe, for victims of domestic violence.

This article highlighted the importance of raising awareness among AA groups about the links between substance use and domestic violence and the need for safe responses which do not mirror those of an abuser. Like the public at large, many AA group members will hold their own myths and stereotypes about victims and perpetrators, which will inevitably colour their responses. Even though these responses may be well-meaning, they could ultimately serve to blame the victim, excuse the behaviour of an abuser, encourage the victim to make amends and return to a relationship which could endanger their physical and emotional safety and that of their children.

The Stella Project has created a variety of resources to support practitioners address the overlapping issues of substance use and domestic violence which may be of use to AA groups. We are also supporting Adfam to raise awareness of substance use and domestic violence among their organisations. Adfam will be producing guidance and resources, including a DVD produced by young people, to address the issues raised by this article.

Whatever people think of the article, I hope it serves to motivate groups and group members to learn more about the realities of domestic violence and think about how the AA group philosophy can be best utilised (and in some cases adapted) to respond to group members who may be victims or perpetrators. Let the dialogue commence, as it is much overdue.

Our resources are at www.gldvp.org.uk

Karen Bailey, Stella Project coordinator, The Greater London Domestic Violence Project

World gone mad?

This morning I heard of yet another specialist drug service that had lost their contract. I don't know a lot about the circumstances but the person informing me was upset and couldn't understand why a good service was being destroyed. This comes on the back of two lost services that I do know about, and I feel very angry, sad and confused.

The first ran a good specialist service, well joined-up with exemplary primary and shared care services run by committed staff and well liked by the people who used those services. The contract went to a third sector organisation who want to transfer many of the patients being managed in primary care back to the centre. Isn't that the reverse of what we have been trying to do for over 20 years?

The other I watched develop from a tiny street agency to a robust and truly community-based NHS specialist drug and alcohol service with a loyal, well-trained workforce. This contract has been won by another third sector organisation that has no history in the area, no building, and no prescriber.

Why this need to tender good services? Of course it needs to be considered if a service is failing – but even then, isn't there support that could be given? What are the common denominators? I can come up with three: trying to get a cheaper service, commissioners who don't understand drug and alcohol services, and being anti-NHS. How can we stop this chaos before more patients and staff suffer?

Dr Chris Ford, clinical director SMMGP and GP Principal at Lonsdale Medical Centre, London NW6

Evidence trumped

Alan Johnson claims to have been surprised that scientists should have 'correlated' his sacking of David Nutt with the government's unwillingness even to respect, let alone to take, the scientific advice it has supposedly asked for.

Surely he has read the Science and Technology Committee's 2006 report, *Drug classification – making a hash of it*? Apart from drawing attention to the 'disconcerting' confusion over the ACMD's remit, the report criticised the government for 'failing to meet its commitments to evidence-based policy in this area'.

Making a hash of it was one of three case studies in an over-arching inquiry into the government's handling of scientific advice in policymaking. The final report recommended strengthening the position of departmental scientific advisers and called for 'a general recognition that changing policy in the light of evidence should be regarded as a strength rather than a weakness'.

It concluded: 'We have identified a need for greater clarity and honesty in the stated rationale for policies; more transparency in the scientific advice and public involvement which influence policy; and a commitment to policy re-evaluation on the basis of emerging evidence. Not all of this is politically easy to deliver on a consistent basis, but we believe that it is essential in order to help restore public confidence in the integrity of the policy making process and to improve that process itself.'

Not many things are consistent about drugs policy, but one of them is the trumping of evidence by political preoccupations, and there are two parliamentary reports to say so. It's possible that the scientists who have 'surprised' Alan Johnson have read these reports, even if he hasn't.

Susie Harries, by email

Please email letters for publication (up to 350 words) to the editor, claire@cjwellings.com or post them to the address on page 3. Letters may be edited for space or clarity. Our discussion forum is now open at DDN's new website – visit www.drinkanddrugsnews.com

Notes from the Alliance

Reclaiming the agenda

We need to wrestle back issues around drug treatment from party politics, says Daren Garratt

THE RECENT SACKING OF PROFESSOR DAVID NUTT as chair of the ACMD has given rise to a lot of justifiable concerns about the government's handling of drug policy in this country. To undermine and remove a respected, objective academic from his post because the evidence they presented contradicts ministerial opinion establishes an unwelcome and unhealthy political climate in which many of us who champion a more inclusive and progressive, yet ultimately less popular, approach to drug policy and treatment may find it increasingly hard to operate within.

If, as Dr Simon Campbell says, the government are 'forming drugs policy for political rather than scientific reasons' (*DDN*, 16 November, page 4), then what ramifications might this have for our sector as we approach a general election year in which attitudes to drug treatment and use will undoubtedly be fiercely contested and debated?

And what will happen if governmental opinion begins to influence and override more than the classification/reclassification of illegal substances? What if it begins to have a direct impact on treatment choice and the needs of users who have fought long and hard to find an effective treatment modality that works for them?

Drug use and treatment is a political issue, but it is a personally political one, not party political. It is about putting the specific needs of the individual before the whims of policy-makers, and providing people with a sympathetic package of care that supports the rights of individuals to live healthy, productive lives, while reinforcing the responsibilities they have to ensure this happens. Drug treatment is about encouraging and supporting people to take control of their lives, not establishing a platform for politicians to win votes.

It is essential that we work collectively to ensure that the massive improvements we've seen are not eroded on a mindless political battleground.

We need to support the key elements of the government's drug strategy and ensure that 'treatment is personalised and outcome-focused, making full use of new treatment approaches that are shown to be effective', and that decision-makers are 'continuing to engage service users in the planning and delivery of services at a local level, to ensure that services are responsive to local needs'.

We need to remind our elected politicians that they are here to serve us, and we need to have our voices heard.

The third *DDN*/Alliance National service user conference, *Right here, right now* is an essential part of this process, so please sign up and get involved; it looks like it could be our most important one yet.

Daren Garratt is executive director of the Alliance.

Redrawing the landscape

What could a world with legalised drugs look like? With growing consensus that the 'war on drugs' has failed, **Steve Rolles** shares a blueprint for careful regulation of all currently prohibited drugs

Drug prohibition in various forms has been in place for over 100 years now, its historical roots traceable back to the temperance movement. This punitive criminal justice led approach, premised on the understandable but simplistic concept that drugs are bad therefore we must prohibit them, or that drugs are a threat therefore we must fight them, was enshrined as global policy under the UN single convention on drugs 1961. The UK's domestic response was the Misuse of Drugs Act 1971, which 39 years on remains the central plank of UK drug policy.

For a policy that has the very specific aim of creating a 'drug-free' society, criminalising drug production, supply, possession and use has been a remarkable failure on its own terms. Consistently under the lifetime of the legislation, use and related harms have risen, drugs have become cheaper and more available, and illicit production has easily met the growing demand.

Worse still, this policy approach, one that we must remember is fantastically expensive, has delivered a series of catastrophic unintended consequences associated with the sprawling international illicit trade controlled by violent criminal entrepreneurs, now turning over in the region of £300bn each year – around £10bn of this in the UK.

This illicit trade is the direct and inevitable result of prohibiting goods for which there is huge and growing demand. An economic opportunity is created and criminals inevitably move to exploit it with brutal efficiency; the key regulating force in this illicit market has become violence, rather than more conventional state controls.

Attempts to eliminate the market using enforcement responses – whether domestic policing or international military – are doomed to failure by the basic economic dynamics. Any short-term enforcement 'successes' merely create a void into which other entrepreneurs move. The best that can be achieved is a temporary, localised displacement of criminal activity, a reality that has been played out again and again, from the streets of British cities to the coca fields of Colombia.

Indeed, enforcement merely serves as a price support mechanism. It inflates drug prices in a way that simultaneously makes the trade more attractive to new players, becoming more violent and driving a small number of dependent users to commit huge volumes of acquisitive property crime to support their habits. The UK government estimates this to constitute a third of all crime and over half of property crime.

Enforcement can also have a Darwinian 'survival of the fittest' effect, mostly impacting on the easiest targets and leaving the market to the smartest, most efficient and ruthless criminals. On the domestic front this prohibition-fuelled crime has placed an intolerable burden on all tiers of the criminal justice system. The prisons crisis – with over half of prisoners inside for drug, or drug-related offending – is the most high profile sign of this, but the same stress is being carried through the police, courts and probation systems.

The vast sums generated by the illicit trade, particularly in producer and transit countries, are frequently used to corrupt state institutions, police, judiciary, and politics, as well as providing a ready source of funding for armed insurgency (fuelling civil war in Colombia for example) and terrorism (most obviously the Taliban) that can in turn become a very real domestic UK threat.

It is vital not to forget that our domestic response to drugs, not the use of drugs per se, is inadvertently helping to destabilise countries across the world. Widespread human rights abuses and environmental destruction in sensitive eco-systems can be added to the litany of prohibition's disastrous secondary consequences.

Much of this analysis will be of little surprise – there is a growing consensus that the 'war on drugs' has been a counterproductive failure. In the UK we have seen a succession of thoughtful and detailed analysis emerging form high-level policy forums highlighting precisely this, not least from The Police Foundation, The Home Affairs Select Committee, The No 10 Downing Street Strategy Unit, The RSA and The UKDPC.

How to respond to this failure is a hugely important debate, but one that is all too often emotive, ill-informed and polarised, driven more by populist political posturing – the need to be seen as 'tough on drugs' – and tabloid moral panics,

than objective rational analysis. The response to failure has often been to blame drugs or drug users for the evident failures of prohibition, call for more of the same, or even ever more punitive 'get tough' responses, the policy thus becoming self-justifying and immunised to meaningful scrutiny.

Transform Drug Policy Foundation argue that we have a clear choice. Drug markets can remain in the hands of organised criminals and street dealers or they can be controlled and regulated by the government. There is no third option under which there are no drugs in society, therefore we must chose the policy approach that delivers the best outcomes in terms of minimising harms associated with drug production supply and use. The evidence from the failure of prohibition demands that we meaningfully explore the options for legal regulation.

A historical stumbling block in this debate has been the fact that no clear vision of a post prohibition world has been available. The question 'how would it work?' has thus been met with a lack of clarity with myths and misrepresentations filling the void.

After the war on drugs: Blueprint for regulation is Transform's detailed discussion of how the legal regulation of drug markets could operate. It proposes specific models for a range of currently illicit drug products, and provides the rationale behind them.

It considers the menu of options for controls over products, such as dosage, preparation, price and packaging; the vendors and how they could be licensed, vetted and trained; the location, density and appearance of outlets. It looks at issues around who would have access, including licensed buyers and age controls, and where drugs can be consumed. It then rationally explores options for different drugs and different using populations to suggest the regulatory models that will deliver the best outcomes on key health and wellbeing indicators.

Lessons are drawn from successes and failings with alcohol and tobacco regulation in the UK and beyond, as well as controls over pharmaceutical drugs and other risky products and activities that are regulated by government.

Five basic models are proposed: medical prescription and supervised using venues for the highest risk drugs and most problematic users; a specialist pharmacist sales model, combined with named/licensed user access and volume sales rationing for mid-risk drugs, such as amphetamines, powder cocaine, and ecstasy; various forms of licensed retail, and licensed premises for sale and consumption (familiar with pubs and Dutch-style cannabis coffee shops); and unlicensed sales for the least risky products, such as caffeine drinks or coca tea.

Of course, the devil is in the detail and inevitably different social environments will require different approaches in response to the specific challenges that are faced. The book does not seek to provide all the answers – but rather to move the debate beyond 'should we end the drug war?' to 'how will the post drug war world function'?

Steve Rolles is head of research at Transform Drug Policy Foundation
After the war on drugs: Blueprint for regulation' is available as a free pdf from www.tdpf.org.uk

Launching 'Blueprint'

Transform launched their blueprint for drug regulation at the House of Commons earlier this month. DDN **was there**

'Many of you are tired of the old polarised debate, but without a clear vision of an alternative the debate can't really move on,' Steve Rolles told a packed Grand Committee Room at the House of Commons.

As far as he – and anyone present – knew, the book was the first serious attempt to spell out how to legally regulate prohibited drugs. He wanted to demolish the fear of the unknown relating to drug law reform and get down to the nitty-gritty of examining specific models of regulation for each type of drug.

'Regulating groups of products is the norm,' Rolles pointed out. 'But we've chosen this group of drugs and prohibited them, which means we can't regulate them at all. They're in the hands of dealers. We're talking about bringing them back within the sphere of government so they can be controlled.'

'It has to move back into a normative public health policy framework,' he added. 'I hope you'll knuckle down and plough through the detail, because the devil is in the detail.

'This book is not the be all and end all, but it's a pretty good start.'

Audience reactions...

'We think all policy should be built on evidence-based approach. Health and wellbeing of people should be the highest law.'
Dr Paul Crawford Walker, Chair of Transform's board

'This is the best, most rational discussion of key issues to do with drugs I've seen in this country... When working with young people it's distressing the number that said they were using illicit substances to feel normal, not to feel high.'
Professor Rod Morgan, emeritus professor, University of Bristol

'We know that drug use drives the HIV epidemic... This is a very moral book – it talks about the ethics of effectiveness. If we can start to move forward with very practical recommendations, we will see a reversal of HIV.'
Robin Gorna, executive director, International AIDS Society

'This is an area that's policed by bullying. Anyone who questions prohibition is "pro drugs". This is a boring book and that's its strength. Transform are not fantasists and they respect the evidence. When you seek to change policy you have to have clear outcomes.'
Ben Goldacre, 'Bad Science' column

Word on the street is...

Newham substance misuse partnership wanted to know what people thought of the services they provided in the borough, and decided the best way was to ask them. DDN **reports from the consultation day**

'NEWHAM WANTS A BETTER UNDERSTANDING of what users want. We especially want to find out why so many people are not accessing services and what could encourage them to do so,' said Tony McCready, Newham's DIP programme manager, on behalf of the substance misuse partnership.

To try and answer this question, the partnership, working with Newham-based service user group ACOUNT, arranged a consultation day with drug and alcohol users and carers. The event was the first of its kind in Newham, and around 120 people gathered in the Town Hall to have their say.

What gave the consultation particular meaning was that they managed to include a significant number of people who were not engaged with services and involve some of the street drinking and drug using community.

'The participants were all offered lunch and £20 for their contribution to the day and we got the message out through word of mouth and text messaging,' explained McCready. Initially they had expected a group of around 40, but numbers swelled when the word went round.

The morning began with some background on why the event was being held and what it hoped to achieve. Then, with consultants Danny Morris and Erin O'Mara acting as facilitators, it was opened to the floor for questions and comments. There was no difficulty in finding people prepared to come forward.

The lack of knowledge about what services were available and what they offered were early points to be aired:

'Why don't services advertise themselves better? People only find out what's available through word of mouth, and a lot of this information is "old school" about the bad old days, and that puts people off.'

Many participants were critical of not being presented with the full range of options available.

'My doctor didn't know where to refer me when I reported my alcohol problem – all they recommended was AA. Why don't they know where the services are?' said one.

Other people wanted more general support services to help them move on from a life of using drugs or drinking:

'Coming off the drugs I was clean for six months but I didn't know how to socialise – I need support from Newham. Can't we get services that take people out, maybe to football matches and just generally socialising?'

Newham substance misuse partnership pointed out that the borough was already tackling this, with the ACOUNT service user group's bi-annual newsletter highlighting facilities available, and users in Newham having access to support groups like the local Air Football scheme (*DDN*, 13 July, page 6). But comments from the floor highlighted the need for more work.

One of the most emotive concerns voiced was by drug using parents who feared that interaction with drug treatment would lead to social services removing their children.

'Even if you're in treatment, you are often not honest with your keyworker, as they might tell social services,' said one participant. 'We need to know there won't be any repercussions.'

This theme was discussed further in the afternoon workshops, where users stressed that they wanted interaction with social services to be based on trust, openness and an honest approach.

Trevor Johnson: 'They need to be realistic that what children need is love, not just a house furnished from Ikea.'

'I want them to come round my house and talk to me as a person, not just a drinker,' said Trevor Johnson who had been separated from his son. 'They don't know how to listen. They think I'm a risk but they don't review the situation. They need to be realistic that what children need is love, not just a house furnished from Ikea.'

They day ended with users having the opportunity to question Newham's commissioners. The subjects tackled included waiting times, the perception that access to services was only possible through the criminal justice system, and the apparent lack of family support in the borough.

At the end of the day's discussion, McCready explained that this was just the start of an ongoing interactive process: 'The feedback from today will be written into a report that is available to everyone, and the issues highlighted will be included as part of the adult needs assessment and used to shape services for the future.'

One participant commented: 'I only came today to get my lunch and 20 quid, but they do seem to want to know what I have to say, so I'm going to make sure they hear it.'

January
The year begins on a positive note with the second DDN/Alliance service user conference, *Voices for choices*, a vibrant day of debate in Birmingham. Meanwhile, the abstinence versus harm reduction argument rumbles on in our letters pages following a piece by Professor Neil McKeganey, and the government finally reclassifies cannabis to class B despite last-minute attempts to avert the move in the House of Lords.

February
In an ominous portent of things to come the government once again ignores the recommendations of the Advisory Council on the Misuse of Drugs (ACMD), this time on whether to downgrade MDMA to a class B substance, while American guru Bill White's rare UK appearances help kick-start the recovery debate once again.

March
'Strong drinks will no longer be sold for pocket money prices,' says the Scottish Government, as it announces that its strategy for tackling alcohol misuse will include a minimum price per unit of alcohol. The chief medical officer for England's call for a minimum price south of the border, however, falls on deaf ears as the government distances itself from his proposals.

April
The International Harm Reduction Association's (IHRA) annual conference in Bangkok hears harrowing accounts of the treatment of some drug users in south east Asia, alongside the truly inspiring stories of those trying to make a difference. Executive director of the Global Fund to Fight Aids, Tuberculosis and Malaria, Professor Michel Kazatchkine tells the conference that 'in too many countries, in too many police cells, in too many prisons, drug users are treated as less than human.'

May
The Sentencing Advisory Panel recommends an overhaul of sentencing for drugs offences, consultation begins on what should be included in the mandatory code on alcohol, and the NTA is driven to issue a statement refuting the claims made by the Centre for Policy Studies that the UK's drug problem is the 'worst in Europe' and its treatment strategy 'counter-productive.'

June
The government launches its consultation on controlling a range of 'legal highs' while rising cocaine use bucks an overall trend of declining drug use. Release is forced to pull its 'Nice people take drugs' adverts from London's buses, despite a lack of complaints from the public. 'We are astounded that the debate is even more stifled than we could ever have imagined,' says executive director Sebastian Saville.

July
Research by the Scottish Government reveals that alcohol-related deaths account for a fifth of all deaths in Scotland, rising to more than a quarter of deaths in men aged 35-43. As *DDN* reports from the Conference Consortium's *In somebody else's shoes* conference on the target culture's detrimental effect on the criminal justice system, the Local Government Information Unit states the system is failing and nothing short of 'radical' restructuring will save it. Meanwhile, ACMD chair Professor David Nutt delivers his Eve Saville lecture. No one pays much attention...

September
The government announces its intention to control a range of 'legal highs' as class C drugs, something that Release says demonstrates its 'complete incapacity to manage and reduce the harm caused by drugs in society'. The Home Office's 'booze asbos' launch to a less than enthusiastic response, while the BMA calls for all alcohol advertising to be banned. NTA chief executive Paul Hayes tells *DDN* that the agency is shifting its focus to long-term recovery, while the findings of King's Health Partners' Randomised Injectable Opioid Treatment Trial (RIOTT) – that medically supervised prescribed heroin could be the answer to retaining the most chronic drug users in treatment – generate a wearily predictable media response.

October
The alcohol industry goes on a charm offensive in the press, but researchers at the University of Sheffield claim that a minimum price of 40p per unit, coupled with a promotions ban, would save the Scottish government £950m over ten years and cut alcohol-related deaths by 19 per cent. Professor Pat O'Hare says the recovery agenda is a 'dishonest political agenda', lighting the touch paper on our letters pages, and a version of Prof Nutt's Eve Saville lecture from July is published as a briefing paper by the Centre for Crime and Justice Studies, urging an 'end to the artificial separation of alcohol and tobacco as non-drugs'. Alcohol would be in fifth place in an overall drug harm ranking, it says, below heroin, cocaine, barbiturates and methadone but above cannabis, ecstasy and LSD. Home secretary Alan Johnson duly sacks him, with the resulting row spilling across the media and, not for the first time, obscuring the real issues.

November
The Welfare Reform Bill is amended to make it clear that benefit claimants cannot be made to submit to drug treatment, a proposal which outraged much of the field last year, and our cover story on abuse survivors in 12-step starts another heated online debate.

December
DDN and the Alliance put the finishing touches to our joint conference *Right here, right now*, to be held in February. See you in Birmingham!

Taking issues

Advisors sacked, positions entrenched, campaigns banned and the seemingly ever-present howl of tabloid outrage – DDN looks back on an often-fractious year for the field

Family camping

Now in its third year, Turning Point's Base Camp service works with children living in homes where parental drinking is a serious issue. Launched as a national pilot in 2006, the service operates in Manchester, Wakefield and Barnet, and aims to provide relevant and flexible support as early as possible to stop problems from escalating.

Base Camp works with children and with their families using a range of approaches and, crucially, offers a chance to talk about their problems and meet others in a similar situation, which helps to break down the overwhelming sense of isolation. Anyone aged between eight and 18 is eligible for help. 'We're not absolutely firm on that,' says strategic manager Sue Winterburn. 'We wouldn't turn a child of seven away, or someone at the other end of the spectrum, but that's the group we aim to work with.'

Early support is critical in stopping associated problems from becoming compounded, she says. 'One example is that the parents of children who live day in, day out with parental alcohol misuse aren't always able to get up and send them to school so they're just not going – or if they are they don't have the correct equipment. Schools may not be impressed with them, and some are falling out of education, so where are they? They're not socialising with their peers – they can't bring them home because this adult may behave unpredictably and embarrass them. They can't go and stay over at friends because they can't reciprocate. "Normal childhood" as we know it isn't happening.'

Turning Point estimates that around 1.3m children in the UK are living with parents with a serious alcohol problem. Does she get a sense that the problem is getting worse? 'I think it is, as alcohol has become cheaper,' she says. 'We're getting more and more children referred to us. A good example is a school in Manchester – a year ago we had very few referrals from them but they've referred over a dozen children in the last couple of months. It's extraordinary.

Families were made an explicit part of the 2008 drug strategy (*DDN*, 10 March 2008, page 4) but when it comes to actual services the money frequently isn't there. 'There's no commitment in real monetary terms,' she says. 'I don't know whether commissioners are using the money in other, existing projects – I'm not a commissioner. But it is a concern that projects like this, which is in line with all the government thinking, are being left by they wayside. The message we're being given by some commissioners is that Base Camp is "brilliant, but we don't have the money".'

In that case, what are its long-term prospects? 'I don't know, and that's a huge concern,' she says. 'It's funded by the National Lottery and that runs out in May 2010. We hope to get commissioners to pick it up as part of their mainstream

'Children tell us that they come to Base Camp because "we're not worried that we will be taken away from our families".'

Despite the government's stated commitment to making families a central part of treatment, specialist services remain thin on the ground. **David Gilliver** hears how Base Camp has helped the children of problem drinkers – often where other services have failed

delivery, but obviously at this time money for any project is thin on the ground, so getting commissioners to buy into it is not as straightforward as we would have hoped – even though the big push is for family interventions and Base Camp is first and foremost a family intervention.'

However, the long-term cost for a range of services if these children don't get the right support could be huge, and a small investment from health, education and criminal justice budgets now could pay huge dividends in terms of positive future impacts.

The value of Base Camp is demonstrated by the changing attitudes of schools towards children they may previously have written off, she says, as often assumptions are made instead of addressing the underlying problems. After working with Base Camp, however, staff start to ask the right questions. 'Our workers have gone into schools and spoken to pastoral care teams, teachers, and heads of years and have explained that the boy who couldn't get in to school for 9 o'clock wasn't being obstructive but is unable to meet school requirements because of his family situation and that he needs to have his phone in school because his mum passes out. We're highlighting what these children's issues are and some schools are taking this on board.'

Had that really been the attitude of school staff across the board – there was no one who was perceptive or sympathetic? 'Not in every case, but our evidence demonstrates a lack of empathy,' she says. 'I don't think they're being deliberately unsympathetic, it's just that they've had so much to do, so many targets to meet, so much going on. Many of the children who've switched off are the ones who live in families with daily neglect and yet schools and other adult services don't seem to know what's going on – and these are professionals who work with children every day.'

Once someone is referred, or self refers, to Base Camp a member of the team arranges a meeting at a venue that suits the child. If thought appropriate, Base Camp will then arrange to speak with the rest of the family and tell them what help they can offer. 'If the family aren't willing or able to engage at this stage we continue to support the young person individually in either one-to-one or group work sessions,' she says. 'In some cases we become aware that some of the children we are engaging with are indulging in risky drinking behaviours themselves.'

Evidence suggests that these are usually older children, she says. 'Younger children report to us that they hate this drink demon that's in the family and they're never going to do it, but with older age groups we're not sure if they're just going through normal experimental drinking that most teenagers go through, or whether they're drinking because they see it as the norm.'

Base Camp is well placed to help those children in a situation where they might otherwise fall through the net of other agencies, she stresses. 'Having a history of working in drug treatment it's been clear that referrals from statutory agencies are not always forthcoming. Some statutory agencies are reluctant to refer into any voluntary or third sector organisation, but more than 60 per cent of Base Camp's referrals are from statutory agencies like schools and social services. We believe this is because there's nothing else in place for children who aren't breaking the law, aren't in the criminal justice system and are not using any illegal substances themselves.'

This is backed up by evaluation carried out by the University of Bath's Mental Health Research and Development Unit (MHRDU), which has been ongoing since the project's launch, part of the conditions attached to Big Lottery funding. But what about the feedback from the children and the families themselves?

'It's been fantastic, and has also been a bit of a surprise – not to us but to other agencies and commissioners,' she says. 'Evidence tells us that children will come to us when they'll go nowhere else. When they've been referred to every other agency in their town, and they won't go, they're coming to Base Camp. An example is a girl in Manchester who's diabetic and refused to take her insulin to show her mum she was unhappy with her drinking. When she ended up in hospital seriously ill a couple of times she was referred to other agencies and eventually to Base Camp. She's now working with us, talking to us, telling us that her reason for not taking her insulin was deliberate, and she's actually accessing and enjoying Base Camp services.'

Why is that – what did Base Camp offer that these other services failed to? 'Children tell us that they come to Base Camp because "we're not worried that we will be taken away from our families" or "you speak on our behalf, you listen",' she says.

Despite the undoubted good work, Base Camp remains a small pilot service. Presumably – thorny issues of funding aside – she'd like to see it rolled out much more widely? 'If we had a magic wand we'd like to see this all over the country. It should be national. All children in England should be able to access services like Base Camp. There are services all over the country for drinkers, and substance misusers and the obvious thing would be – for any drinker that accesses treatment, or that we know about – asking those really crucial questions of "where are your children, or the children you're in regular contact with, and how are they coping?"

'Base Camp works. We know it works – the evaluation report supports this. Children are coming to us. We have waiting lists, and no matter how we do it, it is absolutely crucial that funding is found for this service to continue in some way.'

Contact Sue Winterburn on 07976 205 648 or her colleague Val Day on 07976 841 986.

A Bristol-based tier 4 service has responded to client needs by extending its available detox period from two weeks to two months. Could this represent the future shape of services, asks **Brendan Georgeson**

Community service

Walsingham House is a tier 4 service in Bristol. For many years now we've been working in partnership with the Bristol Specialist Drug and Alcohol Service (BSDAS) and Bristol Drugs Project (BDP), providing support for drug and/or alcohol dependant service users who've requested abstinence to detox in our Walsingham House community. However, we identified a need within drug treatment in Bristol for a longer residential community detox time, as drug users were presenting to our service on much higher doses of medication than before.

This caused problems for Bristol residents accessing Walsingham House as we only supported a two-week community detox, so we took the decision to extend the period to two months. Working in partnership with GPs, BDP and local statutory detox provider the Acer Unit, we can now offer far more community detox options.

We don't require prospective service users to be stable in the community before starting community detox but we do require a desire for abstinence – for example, by clearly stating it as their goal. Similarly we don't see 'on top use' as lack of motivation, only as a lack of control, and we don't recognise hard to reach service users, just hard to access services.

While a community detox schedule needs to be drawn up and agreed in advance with the service user, their shared care or community detox worker and Walsingham House, it can be adjusted with agreement by all parties, as the detox is reviewed on an ongoing basis. Clinical governance of the medical aspect of the community detox is held by the client's GP and the psychosocial aspect by Walsingham House, but funding still requires a community care assessment (CCA) from BSDAS.

The community detox always involves commitment to Walsingham House's 12-week programme of psychosocial treatment in order to develop the necessary resilience and skills to sustain long-term abstinence, and the support we provide is informed by NICE guidelines. We provide emotional and psychological support alongside daily structure, regular physical exercise, healthy eating and nutrition advice, a balanced diet and adequate hydration. We also offer help with GP and other clinical appointments, reminders of medication times and monitoring of medication taken as well as 24-hour, 365-days-a-year staffing and on-call support.

Walsingham House is not a hospital and has no medical staff other than first aiders, so the service only works with people who have been assessed as suitable for community detox by a doctor. The doctor is responsible for clinical governance and we work in partnership – alongside any shared care workers or community detox workers – to support this. Over the last five years our statistics show that the vast majority of our BSDAS-referred service users have completed their detox and are among our best outcomes – one of the key findings for opiate detoxification in an inpatient setting is that, in general, they report higher rates of successful completion of treatment than outpatient.

But that's enough of the official language. Here's what two of our recent users of the service have to say.

Tracy

'Prior to coming to Walsingham House I was using about £60 worth of crack a day and a gram of gear. My life was chaotic – my day consisted of going and scoring and using on my own in my flat. My using cost me my dignity and my family, who I value a lot. I found out about Walsingham House through a friend I used to use with. Before that I'd tried methadone for a few weeks a few years ago but I couldn't keep up with going to the chemist every day – it was easier to score than to go down the chemist. I'd also tried a couple of CA meetings but couldn't get motivated. It was easier to use.

'I had heard a lot of good stuff about Walsingham House so I decided to give it a try. Before being admitted I met with my GP and Brendan at the surgery to agree a detox plan. I started on 24mg of Subutex, which I had difficulty keeping down. My sleeping was all over the place, as well as my emotions and brain chemistry, and I was very paranoid. I remember wanting to get off of it quickly so that I would be clean the same as everyone else here, and I found it difficult to fit in to the culture of the rehab at first. I thought everyone else was ahead of me and I felt a bit inadequate around issues from the past, but once I got into it I found the structure was good for me.

'One significant event was the return of my periods, as I had thought I couldn't have children. My detox lasted about five weeks and involved seeing the doctor with Brendan and another worker as it progressed. I've been clean now for six weeks and I feel good – hopeful about the future and positive. My confidence is back and, most importantly, I have my family back in my life. Before detoxing it had been about six years since I'd seen my mum. Now we meet most weeks.'

Richard

'When I first discovered recovery in 2002 I was blessed with DRP (Drug Recovery Project), a three to six month detox/rehab prep in a five-bedroom house in central Oxford – comfortable, steady and supportive and a great intro to recovery and rehab. I did this programme three times until I dropped my defensiveness enough for rehab in 2006, which I completed but then relapsed. Since then I've day-programmed, used, been on methadone, home-detoxed and done a couple of two-week detoxes, the most recent of which was this year. It was unsuccessful – I couldn't hack it due to age, health and pace.

'Thankfully five weeks ago I got accepted into Walsingham House on 35mls of meth. Now I'm on 1.2 mgs of Subutex and will detox in a week's time – I had up to two months. I'm working with the detox support team at BDP alongside the therapeutic, 12-step based programme here.

'Being around the fellowships – predominantly CA, because it's working for those I care for – it's all about detoxing, then working the steps. If you have that strength, doing primary and detoxing is possible, albeit challenging to an extent, and I would only recommend it if you're 100 per cent. Insomnia has been a regular visitor, but with all the work sleep now comes quite regularly. The programme here is progressive, illuminating and full of energy and emotion. I think detoxing in primary has saved my life and so far has been an amazing, spiritual experience, unclouded by Subutex.

'At last someone has had the wisdom to realise it takes something more than a holiday of suffering to prepare for the soul searching needed as a base for recovery.'

Brendan Georgeson is treatment coordinator at Walsingham House.

Recipes for recovery

HEALTHY PICKINGS

Christmas needn't leave you with your head in the Quality Street, says Helen Sandwell

THE FESTIVE SEASON IS NEARLY UPON US AGAIN, but I have no intention of going all 'bah humbug!' on you. A disadvantage of being a nutritionist is that people do expect me to be critical of the food and drink excesses many experience over the Christmas period, but I think that excess in moderation is fine. For individuals who don't normally cook a meal or eat as a group, the Christmas lunch provides an important social function. For those who are homeless, provision of Christmas lunch by voluntary agencies is vital.

However, studies show that rates of heart attacks rise at Christmas, and increased alcohol, salt and saturated fat consumption is likely to be a contributory factor.

Despite this, there is a lot about Christmas (or other midwinter celebratory) food that really is quite healthy.

Turkey is one of the leanest meats around, particularly since chicken meat got fattier, and it's also one of the cheapest too. Nuts are great sources of vitamins, minerals and essential fatty acids – the fresher the better as the fats go off with time – but Christmas tends to be the only week of the year that most people will buy unsalted nuts in shells. Admittedly, that's when they are in season, but few people choose to have a bowl on their tables outside of Christmas week. An obvious advantage of nuts in shells is that, with all the effort of cracking and eating a single nut, we're likely to eat far fewer than if there was a bowl of shelled nuts sitting beside us.

I've made my own Christmas pud and mincemeat this year. Actually, our teenage boy made them, which proves how easy it is, and they really are quite healthy too. Light vegetable suet reduces the saturated fat and total fat content and, sugar aside, the remainder is mainly just a mix of fresh and dried fruit.

In fact, a quick tot up of a Christmas lunch, perhaps with a pumpkin soup starter, suggests it is likely to fulfil, if not exceed, the recommended minimum daily intake of five portions of fruit and veg. This is all in a single meal, without including the grapes and satsumas that will be picked at throughout the day.

What isn't good for us is the seemingly endless supplies of sugary fatty snacks – chocolate, salted nuts and crisps. Usually we all end up eating them out of boredom and just because they are there, so providing healthier picking food (fruit, unsalted nuts, vegetable sticks with dips) might even be a welcome alternative for many. Likewise the bottles of liqueurs and spirits bought in for Christmas are often emptied because they are there, but should be treated with respect – they won't go off!

Finally, it is important to fit in the Boxing Day stroll, no matter what TV sporting distractions or host duties are calling. Physically and psychologically, exercise makes us feel good and will jerk us out of the consumption-induced stupor we often find ourselves in at that point.

As with all healthy eating, planning is the key – menus, shopping lists and cooking as much from scratch as possible. So with that in mind, I wish you a very happy and healthy festive season.

Helen Sandwell is a freelance nutritionist. Her website is at www.goodfoodandhealth.co.uk Helen's nutrition toolkit, giving healthy eating advice relating to substance use, is published by DDN on CD-rom – email charlotte@cjwellings.com for details.

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www.connectionsproject.eu/conference2010

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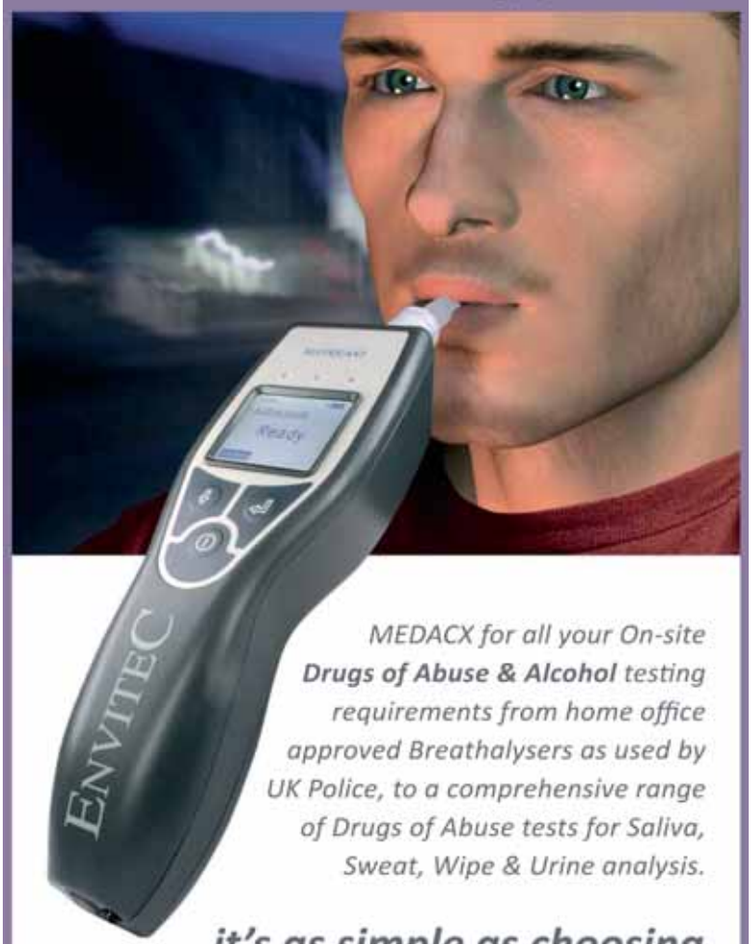

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NEW Residential Detoxification and Stabilisation Service opening April 2010

NURSES AND SOCIAL CARE STAFF

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Join a new service in a stunning purpose built building, in a beautiful West Cornwall setting, with a well established and respected charity.

We are recruiting team members:

Nurses *(both NMC Registered RGNs and RMNs)*

Social Care staff

You will be delivering assessment, detoxification and stabilisation services with short term psycho-social interventions in small multi-disciplinary teams on a shift rota providing 24 hour staffing.

Some experience of drug/alcohol treatment is essential and experience of delivering residential detoxification and stabilisation will be an advantage.

Combine an exciting challenge with a Cornish lifestyle!

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

Closing Date: 6th January, 2010

Interviews: W/C 18th January 2010

Bexley NHS Care Trust

Service User and Carer Involvement Co-ordinator – (Substance Misuse)

and

Data and Information Manager (Substance Misuse)

Band 6

£24,831 - £33,436 per annum (pro rata)
plus HCAS Min £3,339 - max £4,256 per annum (pro rata)

Bexley Care Trust is responsible for commissioning and delivering a range of treatment services to adults who misuse drugs and alcohol. We are seeking to recruit two new posts to further this work and support the delivery of effective treatment.

Service User and Carer Involvement Coordinator (Substance Misuse) (Ref: B 785)

30 hours per week (o.8wte) – flexible working arrangements will be considered. Fixed-term post to 31st March 2011 (extension subject to confirmation of future funding).

Data and Information Manager (Substance Misuse) (Ref: B 786)

37.5 hours per week (full-time post). Fixed-term post to 31st March 2011 (extension subject to confirmation of future funding).

Closing date: 13 December 2009

For further details and to apply, go to nhs jobs, at

www.jobs.nhs.uk

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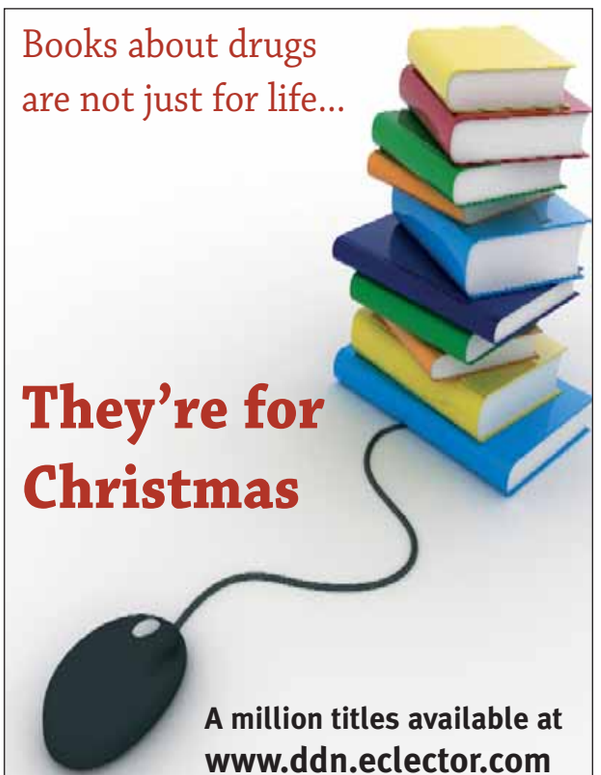

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WARRINGTON BOROUGH COUNCIL

TENDER OPPORTUNITY

Warrington Borough Council on behalf of Warrington Drug Action Team, are redesigning their drug services focusing on the treatment effectiveness and recovery agendas for its service users in the Borough.

We are seeking expressions of interest from suitably qualified and experienced providers (including NHS, independent, social enterprise and third sector providers) to deliver the following services with effect from 1st October 2010:

- Tier 2 and 3 Services
- Integrated Drug Treatment Services

The contract will be for both services and separate bids will not be accepted.

The contract will be initially for 3 years renewable annually for a further two periods of one year.

The procurement will have TUPE implications

Interested applicants will be required to complete a Pre Qualification Questionnaire. Shortlisted organisations/providers will then be invited to submit a tender.

Expressions of interest must be made by 16th December 2009 and completed PQQs submitted by 17.00 on 22nd December 2009

For further information please contact:

Email centralprocurement@warrington.gov.uk

Warrington Borough Council

EXPRESSIONS OF INTEREST
SUBSTANCE MISUSE RESIDENTIAL PLACEMENT FRAMEWORK

The Wiltshire Community Safety Partnership would like to offer potential providers an exciting opportunity to be involved in the commissioning of a Framework for Substance Misuse Residential Placements.

Following implementation of the Framework it is intended to hold an open day for all providers accepted onto the Framework to outline the services they provide to service users and referring providers.

Expressions of interest must be submitted in writing or by e-mail by **5pm on 21 December 2009** to Tracy Dimitrio, Contracts Assistant, Wiltshire Council, County Hall, Trowbridge, Wiltshire BA14 8LE, email: tracy.dimitrio@wiltshire.gov.uk

Wiltshire Council
Where everybody matters

Wiltshire Assembly Community Safety Partnership

Kent Drug and Alcohol Action Team (DAAT) and the West Kent NHS invite expressions of interest to tender for the Tier 3 structured Alcohol service.

Kent DAAT and the West Kent NHS are seeking expressions of interest from suitably experienced and qualified organisations to provide the Tier 3 structured alcohol service within the geographical boundaries of the West Kent NHS area. The service will be delivered from the 1st April 2010 until the 31st March 2013.

Expressions of interest should be made only by visiting www.businessportal.sece.gov.uk and following the link to the South East Business Portal.

Closing date for the expressions of interest: 11th December 2009.
Tenders will be issued to applicants on: 14th December 2009.
Closing date for receipt of tenders: 8th January 2010.

Please note the above service will be delivered within one contract.

Kent Drug & Alcohol Action Team

CRI

Assertive Outreach Service – Middlesbrough

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.

CRI deliver the Assertive Outreach service in Middlesbrough.
This in an innovative service that targets substance misusing clients, supporting them to remain in treatment services, also outreaching clients that may have disengaged from services and supporting them to reengage.
The services provide tailored support for individuals by delivering effective, high quality interventions working with both Criminal Justice and voluntary clients. CRI are looking to recruit the following position for the delivery of the Assertive Outreach Service in Middlesbrough:

Assertive Outreach Worker x 2 *(Ref NM327)*

£21,197 to £24,089 per annum
Permanent – 37.5 hours per week

The post holder, under the direction of the Manager and team leader, will work within the Assertive Outreach Service to provide a number of innovative bespoke packages of support. You will be given the opportunity to target hard to reach groups and support them to access treatment and other support services. This innovative project also works with clients that may require extra support to ensure they remain in treatment. Additional to this, you will work with a varied source of referrals to target clients that have disengaged from services and require your commitment and support to return to treatment. This role is pivotal to the Middlesbrough treatment model and CRI are looking for passionate committed and innovative staff to fulfil these roles.

Closing date: 16th December 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).

INVESTOR IN PEOPLE

Safer communities, healthier lives

TENDER FOR THE PROVISION OF A SUBSTANCE MISUSE OPEN ACCESS SERVICE AND A SUBSTANCE MISUSE COMMUNITY PRESCRIBING SERVICE WITHIN NEWPORT

Newport City Council invites tenders for the provision of the following contracts :-

Part 1. Open Access Substance Misuse Service
This Service will deliver psychological, social and crisis support, care co-ordination and high intensity case management for clients with drug or drug and alcohol issues. The Service will also act as the gateway to other Tier 3 services as well as providing on-going care planning for those clients engaged with the Part 2 Community Prescribing Contract in the locality.

Part 2. Substance Misuse Community Prescribing Service
This Tier 3 Service will provide titration, stabilisation, maintenance and community detoxification prescribing within Newport.

Part 3. Joint Substance Misuse Community Prescribing and Open Access Service
The Council may wish to award a single contract covering Part 1 and Part 2 as detailed above. Organisations wishing to bid for both Parts may wish to propose an alternative configuration of resources.

Note – The Council will not award all 3 Parts. The Council will award on the basis of the Most Economically Advantageous Tender and this will either result in the award of Part 1 and Part 2 as separate contracts, or Part 3 as a single contract for both services.

The contracts are expected to be awarded for the period 1st April 2010 – 31st March 2013, subject to continued Welsh Assembly Government funding and may be extended, subject to performance, for a period of up to two years. Parties will be expected to act and negotiate in good faith with any changes of service provision which may arise from the establishment of the Gwent Area Planning Board and the implementation of Integrated Family Support Services and any other legislative changes which may occur during the lifetime of the contract.

The indicative budget for the provision of both services is approximately £0.6 million (full year) with a split between each Part expected to be in the region of 50% for the Open Access and 50% for Community Prescribing.

Organisations interested in wishing to tender for one or both of these services should apply in writing to Ian Price-Jones, Substance Misuse Lead Officer, Community Safety Team, Newport City Council, Civic Centre, Newport NP20 4UR. The closing date for expressions of interest 18th December 2009, with the receipt of final tenders no later than 12 noon on 14th January 2010.

Newport City Council / Cyngor Dinas Casnewydd

Northamptonshire County Council

YOUNG PEOPLE'S SPECIALIST & TARGETED SUBSTANCE MISUSE TREATMENT SERVICES IN NORTHAMPTONSHIRE

Northamptonshire County Council, on behalf of the Northamptonshire Drug & Alcohol Action Team (DAAT), is seeking to procure a Young People's Specialist & Targeted Substance Misuse Treatment Service, and is seeking expressions of interest from suitably experienced and qualified organisations with a proven track record of delivering specialist and targeted substance misuse treatment services to children and young people.

This will be an open access service closely linked to universal and targeted children and young people's services. The service will be required to provide early intervention, psychosocial, pharmacological, harm reduction and family interventions. The successful applicant will need to work with other children and young people service providers in the county.

It is anticipated that the contract will be operational from 1st April 2010, and will be for a period of three years duration, with a possible option to extend for a further two years. This is subject to evidence of need, performance and recurrent funding.

Please go to the following website for further details:

WWW.SOURCENORTHAMPTONSHIRE.CO.UK

This tender is being managed through an electronic process. To request documentation, and apply for the ITT (Invitation To Tender), you will need to register on the Bravo Solution portal:

https://ncc.bravosolution.co.uk/web/login.shtml
Project Reference number: Project_17054 (ITT_28262)

If you have any problems registering on the Bravo website please contact the Bravo support desk on 0800-368-4850.

Please note that questions will only be accepted and responded to via the Bravo Solution portal.

Bidders wishing to submit a response to the tender must do so by 12.00 noon on Friday 11th December 2009.

addaction

Interim Residential Project Manager

Based in Truro, Cornwall • £32,328 pa
Ref: ADDSW 935 • Fixed term, until November 2010

A vacancy has arisen for an interim Residential Project Manager at Addaction's Drug and Alcohol Rehabilitation Centre, Chy Colom, in Truro.

To fulfil this exciting role, you will be an experienced manager, committed to ensuring that Chy Colom is integrated with local treatment provision and ensuring that the service is fully compliant with new regulatory legislation. A key task will be maintaining and enhancing the financial health and stability of the project and managing the changes necessary for continued excellence in service provision.

Your experience in the substance misuse field, preferably in a residential setting and knowledge of treatment options will be considerable, as will be your IT and communication skills.

For an application pack, please visit www.addactionjobs.org.uk and follow the links.

Closing date: Friday 18th December 2009.

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Charity no. 1001957

www.addactionjobs.org.uk

Norfolk Drug & Alcohol Action Team,
Phoenix House, White Lodge Business Estate, Hall Road, Norwich NR4 6DG
Tel: 01603 677577
Fax: 01603 677566

TACKLING DRUGS CHANGING LIVES

ADVANCE NOTICE OF FORTHCOMING TENDER OPPORTUNITY

Young People's Criminal Justice Service

The Young People's Joint Commissioning Group of Norfolk Drug and Alcohol Partnership will invite tenders for a Young People's Criminal Justice Service on January 4th, 2010.

An integrated service ensuring access to targeted and specialist substance misuse interventions for young people in contact with Norfolk Youth Offending Team (YOT). This will include the provision of: consultancy and support for Norfolk YOT staff; substance misuse education (informal) and prevention; advice and information; psychosocial interventions; harm reduction; and family work. The service will be delivered by named YOT substance misuse workers.

For further information please visit:

www.nordat.org.uk

TENDER FOR THE PROVISION OF A COMPREHENSIVE RANGE OF TIER 2 & TIER 3 SERVICES FOR ADULTS WITH A SUBSTANCE MISUSE PROBLEM

SAFER POOLE Drug & Alcohol Action Team

TACKLING DRUGS CHANGING LIVES

Poole Drug and Alcohol Action Team is seeking expressions of interest from a suitably skilled and experienced Provider who would be able to deliver a comprehensive range of Tier 2 and Tier 3 Services to clients in Poole including:

- Structured psychosocial interventions (cognitive and motivational therapy) in group and one to one settings
- Day Programme
- Aftercare and Throughcare Programmes
- Delivery of treatment programmes under DRR and ATR
- Criminal Justice Helpline
- Drug & Alcohol Awareness Training
- Support Services for Carers

Poole DAAT intends to contract with an experienced provider who submits the most economically advantageous tender. Potential providers must have comprehensive knowledge of the needs of substance misuse clients, their families, carers and the wider community and have at least 3 years experience of providing services of this kind.

During 2008/09 there were in excess of 1500 new clients referred to the Poole Treatment System. The current provider received over 600 of these referrals. There is an expectation that the successful tenderer will have a flexible approach to the provision of services and respond accordingly to the increase in the number of referrals.

The contract is due to commence at the beginning of April 2010 for a period of three years with an option to extend for a further two years subject to annual review, satisfactory performance and recurrent funding.

Poole DAAT does not bind itself to accept the lowest or any tender.

TUPE may apply to certain employees of the current service provider.

Expressions of interest should be made in writing and received no later than close of business Friday 18 December 2009 to: s.knifton@poole.gov.uk or by post to Sue Knifton, Poole Drug & Alcohol Action Team, Borough of Poole, Civic Centre, Poole, BH15 2RU

Tender packs will be issued week commencing 21 December 2009 with a return date of Friday 22 January 2010 (2pm).

See more vacancies on drinkanddrugsnews.com

addiction recovery agency
treatment, support, recovery

The Addiction Recovery Agency provides abstinence-based and harm reduction services to people with drug and alcohol misuse problems.

The Drug Intervention Programme involves working with individuals affected by drug and alcohol misuse, referred by the criminal justice system.

Senior Criminal Justice Drug & Alcohol Worker

£24,449 - £27,050 per annum | Full-time, 35 hours per week | Ref: 1101

Leading and managing a small team, you will be quality and client focussed, able to achieve targets, promote performance and be ready to make a mark as a leader in a challenging role.

Closing date: 9:00am on Monday, 7th December 2009.

Criminal Justice Drug & Alcohol Worker

£21,848 - £24,449 per annum | Full-time, 35 hours per week | Ref: 1103

Your knowledge of interface between treatment services and the criminal justice system will be matched by your experience of working within the drug and alcohol field. Working as part of a team, you will key work clients whilst being quality and client focussed in order to achieve targets.

Closing date: 9:00am on Tuesday, 15th December 2009.

Drug & Alcohol Counsellor

£21,848 - £24,449 per annum | Full-time, 35 hours per week | Ref: 1104

Joining our team providing Counselling, Brief Interventions and Needle Exchange to individuals with substance misuse problems, you will be Diploma qualified and be client focussed. Your high level of commitment and motivation will be complemented by relevant experience within the Drug and Alcohol field.

Closing date: 9:00am on Tuesday, 15th December 2009.

All posts are based at ARA North Somerset, Weston Super Mare.

To apply, please visit www.addictionrecovery.org.uk or call 0117 934 0844 quoting the relevant job reference.

In return, we offer 25 days' leave per annum and bank holidays, plus one day per year up to 30 days and pension.

ARA is working towards equal opportunities. Registered charity no.: 1002224.

LONDON BOROUGH OF MERTON

EXPRESSIONS OF INTEREST FOR PROVISION OF YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICE FOR YOUNG PEOPLE AGED 24 AND UNDER AND THEIR FAMILIES.

Merton council is seeking to invite suitably experienced providers of young people's substance misuse services to bid to deliver specialist support services for local young people. The required service will provide a full range of support and therapeutic interventions for young people using substances at a level that affects their functioning.

The council is looking for an organisation with a proven track record in delivering services for young people and achieving positive outcomes for young people and their families.

The tender is being conducted using the Council's Alito Procurement e-tendering system. The closing date for expressions of interest will be Noon on 16th December 2009.

For further information and application details please write to:

Contracts and Procurement Manager
Children, Schools and Families
London Borough of Merton
10th Floor Civic Centre
London Road
Morden
Surrey SM4 5DX

merton

NHS
National Treatment Agency for Substance Misuse

Tender for a new website for the National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) is calling for tender submissions from suitably experienced and qualified providers to design and implement its new website.

To express your interest and to download the brief and instructions on how to submit your response, please go to www.nta.nhs.uk

COMPLETED TENDER SUBMISSIONS MUST BE RECEIVED BY NOON ON 16 DECEMBER 2009

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www.nta.nhs.uk

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4 February 2010

Holiday Inn, Birmingham City Centre

DDN Drink and Drugs News

The Alliance

Supported by:

Concateno global drug testing services

NHS National Treatment Agency for Substance Misuse

This is the place

to talk, listen, debate and think about service user involvement. We'll be looking at what's working and what's not, and invite you to share ideas for a brighter and better future.

Featuring the service user group exhibition, video vox pops, push button voting and service user feedback for the **DDN** special report.

Make your voice heard 'Right here, right now!' by joining us for this special day.

Registration: 9.30 – 10.30am

Opening session: 10.30 – 11.35am

- Introduction and welcome – Daren Garratt, The Alliance
- The future of service user involvement, an international perspective – Theo Van Dam, LSD Holland
- The recovery movement in the UK – Jacqui Johnston Lynch

Coffee break: 11.35 – 11.50am

Presentations: 11.50 – 1.00pm

Regional service user led presentations:

- Iain Cameron (NI) – Introducing harm reduction in an hostile environment
- Peter Jones, Avow (Wales) – Volunteer mentoring
- Supporting clients back to work (Scotland) (tbc)
- Specific involvement for alcohol service users (England) (tbc)

Lunch and workshops: 1.00 – 2.20pm

During lunch there will be the option of attending the following 30 minute workshops:

- Setting up an advocacy service – how to, why you need one, what your expectations should be (The Alliance)
- Naloxone – The challenges and the tools to overcome them (Danny Morris, Independent consultant)
- Running a user magazine, website, and member communications (tbc)
- Healthy eating advice from Helen Sandwell, DDN nutrition columnist

Presentation: 2.20 – 2.40pm

- The NTA – Working with service users
- Rosanna O'Connor, NTA Director of Delivery – How the NTA works with service users, families and carers to improve drug treatment

Debate: 2.40 – 3.40pm

Interactive panel debate. This is a chance to question speakers on the issues raised during the day. Using the latest push button voting technology, delegates thoughts and views will be recorded for the special issue of DDN magazine

Post conference: 3.45 – 4.30pm

Optional workshop re-runs, coffee and networking

Plus special guest slot from the new Alliance patron and Britain's 41st best stand-up, TV's STEWART LEE !

Full details and online booking at

www.drinkanddrugsnews.com

or email ian@cjwellings.com for more information