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Drink and Drugs News
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DDN
Drink and Drugs News

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Editorial - Claire Brown

Drink up, stay real

Can public health really come from the other side of the bar?

Effects of harmful drinking are all too plain in this issue, from the children suffering their parents' excesses to the man still reeling from the blow of his brother's painful death. We know too much too often is no good for us, yet we drink because if feels good and is part of life and socialising for many of us.

It's debatable whether we'd take note of unit counts on bottles from our seat at the bar, but consistent labelling would be a start. Alcohol Concern's chief executive Don Shenker demands much more on page 8: he highlights July's independent report on the drinks industry, which revealed widespread ignorance among licensees of their own code of practice. Far from being on top of self-regulation, as they have insisted they are, the industry was shown to be guilty of persistently targeting the most vulnerable; selling more drink to the drunk and serving underage teenagers. Don Shenker wants an end to this pretence through introducing a mandatory code – a public health objective in the Licensing Act; add your views through the consultation.

There's much evidence documenting our drinking culture – we don't expect to be surprised by it. Just yesterday I listened to a radio interview with Professor Norma Daykin from the University of the West of England, presenting findings of a government-funded study. It showed that many radio presenters mentioned alcohol and made light of it, wanting to connect with an audience that drank regularly to socialise – the booze banter was as natural a part of dialogue as any other subject. It demonstrated the size of the mountain – health risks happen to other people, a culture change is not just around the corner. What we can do is demand honesty and fair trading in an industry that thinks writing 'Please enjoy [brand name] responsibly', while peddling 'drink all you can' promotions is doing their bit for public health.

On a lighter note, welcome to our first issue after our summer publishing break – it's good to be back!

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News in Brief

Screening first

Wirral PCT has launched an alcohol screening programme and short treatment service through its local pharmacies, the first NHS organisation in the country to do so. The move follows a similar scheme in GP surgeries last year. Customers are encouraged to fill in a confidential questionnaire about their alcohol consumption – staff then offer advice and information, followed up with a telephone call. Almost 60 of Wirral's pharmacies have signed up to the programme and the service is already underway in 13. 'Because pharmacies are open for longer hours, including weekends and some late at night, it is a good opportunity to offer this service to customers during their short wait while prescriptions are being dispensed,' said pharmaceutical advisor for the PCT Tee Weinronk.

Ecstatic voices

Members of the public are invited to an evidence-gathering meeting as part of the Advisory Council on the Misuse of Drugs' MDMA review. Those attending will be able to put questions to the council relating to the harms of ecstasy use. The meeting will take place in central London on 26 September – to register visit *drugs.homeoffice.gov.uk/news-events/events/mdma-review* Places allocated on a first come first served basis.

Care credit

Nominations are invited for a new set of awards to recognise those working in the care sector in the north and north east of England. The Great North Care Awards have been launched by the Independent Care Group (ICG), supported by Skills for Care, North Yorkshire County Council and City of York Council. Awards will be made in 15 categories representing all areas of the care sector, with winners announced at a ceremony in November. 'We know there are many, many unsung heroes out there who go that extra mile to look after people and these awards are all about them,' said ICG chair Mike Padgham. For an entry form email *info@care-awards.co.uk* Deadline for nominations is 24 September.

Drug seizures 'have little impact' says UKDPC

Major drug seizures have relatively little impact in disrupting availability or levels of street level dealing, according to a report from the UK Drug Policy Commission (UKDPC). Resources would be far better targeted towards reducing the impact of drug markets on local communities, according to *Tackling drug markets and distribution in the UK: a review of the recent literature*.

The sheer scale of the UK's drug markets, and their adaptability, means that enforcement measures alone are unlikely to reduce the extent of drug sales, says the report – in times of short supply, for instance, dealers simply reduce the purity of their product. Even the largest seizures and most significant convictions have little effect, despite the hundreds of millions of pounds spent on enforcement, it maintains.

The best way for enforcement agencies to have a positive impact is by reducing the damage caused to communities, the report states. This could be done through disrupting open street level markets that blight neighbourhoods and damage community confidence, tackling emerging markets before they become established, forming effective local partnerships to channel users to treatment and support and tackling the markets which cause the most 'collateral damage' – those linked with the sex trade, human trafficking, gang violence and drug-related crime. Agencies also need to recognise and tackle unintended consequences of enforcement, such as moving dealers to other neighbourhoods.

The number of Class A drug seizures in England and Wales more than doubled between 1996 and 2005 and the broader criminal justice costs associated with class A drug use are estimated at more than £4bn. The UK illicit drug market is worth an estimated £5.3bn, making it one of the most lucrative in the world. It is thought that between 60-80 per cent of drugs would need to be regularly seized to put the major traffickers out of business, a rate no country has ever achieved. The report acknowledges however that the illegal status of drugs is likely to have contained their supply and use to some extent.

'We were struck by just how little evidence there is to show that the hundreds of millions of pounds spent on UK enforcement each year has made a sustainable impact and represents value for money,' said one of the review's authors, Tim McSweeney.

'All enforcement agencies aim to reduce drug harms and most have formed local partnerships to do this, but they still tend to be judged by measures of traditional supply-side activity such as seizure rates,' said commissioner for the UKDPC David Blakey. 'This is a pity as it is very difficult to show that increasing drug seizures actually leads to less drug-related harm. Of course drug dealers must be brought to justice, but we should recognise the wider role that the police and other law enforcement officials can play in reducing the impact of drug markets on our communities.'

Report available at www.ukdpc.org.uk/resources/Drug_Markets_Full_Report.pdf

Former UN rapporteur criticises international policy

A new report in which a former UN human rights monitor criticises international drug policy has been published by the International Harm Reduction Agency (IHRA). *Human rights, health and harm reduction: states' amnesia and parallel universes* is a transcript of the keynote address the then UN special rapporteur on the right to health Dr Paul Hunt made at IHRA's international conference in May.

The speech was seen as the strongest public statement on drug policy and human rights ever made by a UN human rights monitor. The report lists extensive human rights abuses suffered by people who use drugs and criticises the international policy framework for allowing them to happen. The situation in which several countries could acknowledge their human rights obligations on the one hand and then suffer 'amnesia' when it came to things such as the Commission on Narcotic Drugs was 'bizarre', he said.

The report emphasises the importance of the harm reduction approach, and states that it is essential that the drug control and human rights systems stop operating as though they existed in 'parallel universes'.

'A strong, accessible, integrated health system that is sensitive to the distinctive needs of all, including people who use drugs,' should be the overarching aim, it says. IHRA says it has taken the decision to publish the report to make it accessible to those unable to attend the conference, and make it available for research, reference and advocacy purposes.

Report available at *www.ihra.net/uploads/downloads/NewsItems/HumanRightsHealthAndHarmReduction.pdf*

Class C steroid list grows

The government is to add a further 24 anabolic steroids and two growth hormones to those classified as class C drugs. The move ties with the most up to date information on harm and availability and is aimed at those trafficking and supplying the substances, it says. Fifty-four anabolic steroids and five growth hormones have been controlled as class C substances since 1996.

Steroid use is associated with a wide range of physical and mental health problems including liver damage, high blood pressure, stroke, paranoia and increased aggression (*DDN*, 22 November 2007, page 8). 'With the London 2012 Olympics coming ever closer we must ensure that drug cheats and those supplying and trafficking banned substances have no place to hide,' said sports minister Gerry Sutcliffe.

Chief Nursing Officer for England, Dame Christine Beasley, talks to the reception and first night team at Wandsworth Prison. The staff are part of Secure Healthcare, the country's first social enterprise to be awarded a prison healthcare contract, providing all healthcare services in the UK's largest prison. Improved screening techniques and electronic medical records are among recent developments, and a new substance misuse service opened on E-Wing in May. Chief executive Peter Mason commented: 'Excellent nursing is key to the delivery of excellent healthcare... It's time to set standards in prison health to meet those found in the community. Good healthcare isn't a right anyone forfeits on entry to prison and we're going to be working hard to provide the sort of rehabilitative care that prisoners need to set them on the right track.'

Drug use down but poisonings up

Overall drug use in England has fallen in recent years among both adults and children, according to statistics from the NHS Information Centre. However, the number of men dying from drug poisonings is at its highest for five years, according to new figures from the Office for National Statistics.

The NHS Information Centre's *Statistics on drug misuse: England* draws together largely previously published data from the NTA, Department of Health, Home Office, Health Protection Agency and Office for National Statistics, as well as unpublished figures on drug-related hospital admissions. Among its other findings are that the number of people engaged in structured drug treatment has risen and the number of hospital admissions where the primary diagnosis is of a drug-related mental health or behavioural disorder has fallen. Admissions with a primary diagnosis of poisoning by drugs, however, have increased.

According to the ONS's Health statistics quarterly figures, meanwhile, male deaths from drug poisonings in England and Wales hit a five-year high in 2007 at 1,914, a 7 per cent increase on the previous year. Sixty seven per cent were attributable to drug misuse. The number of female deaths, however, was at its lowest level since records began in 1993 at 726, 8 per cent down on 2006.

Of the 2,640 drug poisoning deaths overall, there was a 16 per cent increase in fatalities involving heroin and morphine and a 35 per cent increase in deaths involving methadone on the previous year. Deaths involving cocaine and amphetamines also rose, and the DAT areas of Blackpool, Brighton and Hove and Camden have consistently had the highest drug misuse mortality rates.

According to figures from Scotland's General Register Office, the number of drug-related deaths in Scotland rose 8 per cent to 455 between 2006 and 2007. Heroin and/or morphine were involved in 64 per cent, and males accounted for 88 per cent of the drug-related deaths.

NHS Information Centre report at www.ic.nhs.uk/pubs/drugmisuse 08

ONS Health statistics quarterly 39 at www.statistics.gov.uk

Drug related deaths in Scotland 2007 at www.drugmisuse.isdscotland.org/publications/abstracts/drug_related_deaths_2007.htm

Train us on drugs issues say social workers

Frontline social work staff need more support and better training to deal with clients with alcohol and substance misuse issues, according to the British Association of Social Workers (BASW). Joint training with local drug and alcohol agencies was one of the things called for by social work staff at an event organised by BASW's special interest group on alcohol and drugs.

Staff also wanted training that would help them understand, assess and monitor substance use, supervision from managers knowledgeable about drug and alcohol issues and the introduction of specialist substance misuse modules for both pre- and post-qualification training. Many felt their qualifying training had left them poorly equipped to effectively deal with clients' alcohol and drug issues.

'Social work has not had a good reputation in terms of working with people with substance problems,' said associate professor at Warwick University and special interest group member Sarah Galvani. 'While drug and alcohol problems are increasingly recognised as stemming from, and leading to, social harms we seem to have ignored a whole group of professionals who are on the front line and picking up the pieces. It's about time employers, policymakers and social work academics took their own advice and started working together for the sake of their staff, but also for the sake of people at risk of harm from substance problems.'

'Service users with alcohol and drug problems need social workers who can understand the difficulties they and their families face, and how those difficulties are linked to substance use,' said BASW chief executive Ian Johnston. 'Social workers must be equipped with the knowledge to work with these issues confidently and competently. If we don't give social workers the right training and support we are setting them up to fail, as well as their service users. And that could end in tragedy.'

News in Brief

TOP marks

The treatment outcomes profile (TOP) – which measures the effectiveness of substance misuse treatment England – has been assessed as fit for purpose, as published in the peer review journal *Addiction*. Launched last year, TOP has become the largest outcomes database for drug treatment in the world, with the NTA receiving around 200,000 completed TOPs via the National Drug Treatment Monitoring System. The tool was validated through a sample of more than 1,000 service users from 63 different treatment organisations. 'The TOP is proving to be a valid and reliable measure of change,' said NTA treatment delivery manager Colin Bradbury. 'Its applied use will help drive up quality and standards of drug treatment in England.' Full abstract available at *www3.interscience.wiley.com/journal/117967480/home?CRETRY=1&SRETRY=0*

Instrumental help

DDN readers with unused or unwanted musical instruments lying around are invited to donate them for a music workshop planned by Wandsworth Drug Project, which is also looking to hear from anyone with experience of running anything similar. 'One of our objectives is to steer our clients away from drugs and crime by developing their unused talents in a variety of areas including artistic expression, writing, and music,' said open access team manager Dave Bouldin. Contact Jason Place on jplace@wdp-drugs.org.uk or 020 8875 4400.

SWITCHED on

SWITCH, a new project to tackle the root causes of drug use, has been launched by Bristol drugs agencies CAAAD, IDEAL and Nilaari. Outreach workers will work alongside dealers and users to try and help get them out of the lifestyle, working in partnership with probation and housing departments among others, to offer advice, counselling, rehabilitation and education. 'Many of the dealers we speak to on a daily basis are desperate to get out,' said the scheme's outreach coordinator Lee Vaughan. 'There are many factors behind dealing. We've spoken to a lot of people to find out what the key issues are so we can offer a service that will work.'

Cast adrift

Hundreds of thousands of British children grow up with at least one alcoholic parent, and many will go on to reproduce that behaviour themselves. **David Gilliver** hears from the chief executive of an organisation that offers a place to turn

It is estimated that more than 900,000 children and young people under the age of 18 in the UK are living with at least one parent with an alcohol problem, while nearly 3m of the country's adults grew up with parental alcoholism.

Founded in 1990, the National Association for Children of Alcoholics (NACOA) provides support for the children of alcohol-dependent parents as well as working to raise awareness of the issues they face. Children of alcoholics are three times more likely than children of non-alcoholic parents to become alcoholics themselves, and twice as likely to have substance misuse problems. They are also far more likely to suffer from depression in later life.

Alongside the obvious problems like lack of money, alcohol is cited as a factor in 40 per cent of domestic violence incidents as well as three quarters of the child mistreatment cases handled by social services. Children in homes where there is a serious alcohol problem often grow up completely lacking in trust, as they don't know what to expect from their parents from one day to the next, and many find it hard to form relationships as a result.

For such a widespread issue, it's not one that often makes the headlines. 'It's such an enormous problem that people often don't want to look at it,' says NACOA's chief executive Hilary Henriques. 'Because they realise there is so much to do.'

As well as trying to make the public aware, NACOA functions as somewhere to turn for young people who need help. It does this via its website, which provides information, advice and personal stories and receives nearly 60,000 visits a year and, perhaps most importantly, its free confidential helpline. 'When we set up we didn't want to be a talking shop,' she says. 'All of us, by the time we came to launch this, were a little bit fed up of going to conferences and hearing the same things.'

While there are certainly other organisations doing very valuable work with families, they are primarily for the families of people who've sought help already. Many of the callers to NACOA's helpline are from those families who have become adept at presenting a positive outward image and who are often extremely reluctant to identify themselves, whether through fear or the powerful stigmas involved.

NACAO also promotes research into how best to prevent this vulnerable group from going on to become alcoholics themselves, as well as educating other professionals and running an extensive volunteering programme. It is these volunteers who are at the front line, staffing a helpline that received more than 17,000 calls in 2007. While many are from concerned adults, more than half were from 12- to 18-year-olds and a staggering 13 per cent were from seven-year-olds.

'That happened because we had a poster project where the people involved actually went further than they'd said and put posters up in younger age schools,' says Hilary Henriques. 'One little girl said she rang because she'd looked at the poster and realised other people were lonely too. She rang at least once a day, every day, last year.'

It's essential to the effective functioning of the service that callers can remain anonymous if they wish. 'What we want to do is to foster some trust – because very often they haven't had anyone they could trust – and also keep them engaged,' she says. 'It's not like a one-off incident where the person then has the problem of recovery from it – it's the day-to-day awfulness. They come to us with all sorts of things – often when they become regular callers, after the first few calls they don't talk about drinking any more. They talk about the things they lack, like attention.'

Many of the children are not even calling to ask for help for themselves, but rather for their younger siblings. 'It's heartbreaking. You're here on Christmas day and someone rings because they're worried that their younger brothers and sisters didn't get any presents. We're talking about 13- and 14-year-olds – usually girls.'

And, inevitably, it's not just siblings that many of the children end up playing the parental role for. 'They're often being the parent to the parent,' she says. 'Even with all the great work that's going on around young carers these days, this particular group remains hidden because that's how the families function, it's what they're set up to do. That makes it very, very hard to ask for help.'

The vast majority of callers to the helpline – almost 90 per cent – are girls. Is this because boys are traditionally more reluctant to seek help? 'Generally, boys are less likely to call any helpline,' she says. 'There's the 'big boys don't cry' stuff and we know

'One little girl said she rang because she'd looked at the poster and realised other people were lonely too. She rang at least once a day, every day, last year.'

from our research and the helpline that they're more likely to be acting out than acting in – which doesn't of course mean that they don't need help.'

In response NACOA has repeatedly used male images on its publicity to encourage boys to call, and is developing a specific area on the website aimed at boys for those not ready to go as far as contacting the helpline. It has also recruited a number of male volunteers as helpline counsellors. 'We're lucky in that respect because the majority of people who volunteer in this country are women, especially for these sort of projects,' she explains. 'Boys will often call not about themselves but to ask how they can stop their mum drinking, for example.'

Children identified as being at risk are referred to other agencies whenever possible, but obviously the necessary anonymity of the helpline can sometimes make this difficult. 'We don't keep records of callers but we keep records of calls, so we can pull all of a person's calls off the computer if we need to – it doesn't include identifying information.'

However, when staff feel that a child's best interests would be served by involving other agencies they work in unison to try and coax a name, address or school, all the time explaining that they just want the child to be safe, or will try and get the callers to contact social services themselves. Many children, however, no matter how bad the situation might get, are terrified of the consequences of identifying themselves.

'These kids are absolute geniuses at remaining hidden,' she says. 'The thing about a helpline is you're often dealing with people in the actual moment of crisis. Children will call from under their bed, whispering. The call is all about how they are going to get through that day.'

Many of those involved in the organisation have an inside understanding through experience of similar situations themselves, but even so it must be unendurably harrowing for the counsellors to take calls like this time after time. How do they cope? 'We provide the same service for all our helpline counsellors as they provide for the callers,' she says. 'Some of our volunteers are happy to be called if another volunteer wants to talk, and we always have a helpline supervisor here and other people they can call.

'Also, cards are filled out after every call – lots and lots of information that is a way really of getting the information out of yourself,' she continues. 'You go to the filing cabinet, lock it away and lock the door when you leave but you know you're handing it over to someone else – we work very closely together as volunteers.'

Crucially, all of the calls are taken in the office – the organisation has never asked volunteers to take calls at home. 'The sort of information they're hearing is often very distressing and we don't want it to be in their homes. It is difficult work – very, very challenging. If anyone ever tells me they don't get affected any more then they need to move on – we're not here to get people used to the fact that kids are frightened and abused.'

Not all of NACOA's volunteers end up being helpline counsellors, and there are other ways they can help out. 'Sometimes they come with the best will in the world and really believe they can do this work, but find they can't – it's just too distressing,' she says. 'But all the volunteers are contributing in some way to helping those callers.'

There are now almost 180 volunteers, all of whom receive ongoing training, which presumably doesn't come cheap. So how much of a problem is funding? 'A terrible one,' she says. 'It's the worst thing about the job because it really limits what you can do.

'We all knew we wanted to provide services – even though we didn't particularly consider ourselves experts we knew we could learn,' she continues. 'We've learned from the callers what they want and what we can do. It's about what can we do right now – listening and convincing children that they are worthwhile individuals rather than letting them sink into a pit of having no self-esteem at all.'

This lack of self-esteem often means the children not only grow up to replicate their parents' drinking and negative relationships, but compounds their suffering while still young, as they are far more likely to be bullied or suffer abuse from others.

'People recognise the vulnerable,' she says. 'These children's total experience of life is 'I'm worth nothing'. It just goes on and on and on. We're trying to show them that doesn't have to be case, show them how to make friends and how not to be friends with people who are cruel and unkind to them. You could say that's all part of growing up, but it's also part of what their parents aren't able to provide for them.'

For more information or to get involved contact NACOA on 0117-924 8005, email admin@nacoa.org.uk or visit the website at www.nacoa.org.uk

The helpline number is 0800 358 3456, helpline@nacoa.org.uk

It's NOW or never...!

New consultation on restricting the alcohol industry is our vital chance to save both lives and money, says **Don Shenker**

We've finally reached the crossroads – or that's how it feels anyway. With the release of the government's consultation document on options to tighten regulation on the alcohol industry, promotions and advertising; and on what more can be done to support problem drinkers, we have a unique chance to influence an outcome that could save thousands of lives over the next ten years.

This is no exaggeration – it really is all up for debate and ministers are clearly of the view that nothing more than a shake-up of the current regulatory framework is needed to save the exchequer wasted billions. In fact the Department of Health estimates that £3.5 billion could be saved if alcohol consumption reduced by just 2.4 per cent over the next ten years and that a one litre decrease in alcohol consumption every year per capita would decrease total male mortality by 1.1 per cent.

What's clear is that the reducing crime and improving health agendas have finally pushed the drinks industry off their previously imperious perch. Ministers seem to have finally twigged that the status quo cannot remain and have been thankfully pushing hard for change – the question is to what degree and at what cost. The consultation exercise released by both the Department of Health and Home Office in July puts forward a number of options and here lies a chance to influence the debate.

Fortunately, the costs of doing nothing have already been calculated. The revised estimate of the cost of alcohol harms comes to as high as £25 billion per year, including up to £15 billion in crime costs and £2.7 billion in health care costs. The technical documents supporting the consultation have already ruled out a 'do-nothing' approach, so the question is how far ministers will be prepared to go to reduce harm.

Regulating the drinks industry

The worst kept secret in the alcohol field eventually came out in July when the Home Office finally released the findings of the KPMG report into the drinks industry's adherence to its own voluntary code of standards. This found that even licensees who were signed up members of the drinks trade associations who helped write the code were unaware of it. So much for the trade association's claim that self-regulation worked best. In 38 per cent of cases observed, intoxicated people were served alcohol; only 15 per cent of off-trade premises had sensible drinking messages, 6 per cent in the on-trade; and in 18 per cent of cases underage drinkers were observed buying alcohol.

The authors concluded that industry standards were not consistently adopted, having negligible impact on reducing harm and were clearly secondary to the commercial imperative. Worse, the report found countless examples of inducements to encourage higher and faster levels of drinking and clear links between greater alcohol consumption and glamour and sexual imagery in flyers, drinks menus and in DJ announcements. Although the report did find examples of good practice, these were outweighed by some of the deeply irresponsible actions of many of the premises observed.

The options put forward to address the lack of good industry practice include a new revised voluntary code; allowing local authorities to impose mandatory restrictions on some or all venues; and legislation to create a new national mandatory code tied to the Licensing Act. The last option is seen as the most costly, but also as having the greatest enforcement impact and creating savings long term.

It is not clear which of the options the trade associations will argue for. They're unlikely to seriously expect ministers to favour a revised voluntary code as this is already discredited by the KPMG report and so the smart money must be on the industry pressing for greater local authority capacity to impose mandatory restrictions where needed. The problem with this approach is that it could still lead to inconsistencies within and between local areas, with drinkers choosing to frequent venues that manage to evade enforcement in poorly performing areas. Left up to local decisions, a postcode lottery could easily develop between areas keen to clamp down on irresponsible venues and those who put 'regeneration of the night time economy' before public health. With no-one to oversee the whole process at a national level, or to encourage areas to improve it's hard to see how this option will have a significant advantage.

Of all the options put forward, a new set of mandatory licensing conditions at a national level would at least create a level playing field, however even this will depend on the degree to which local areas impose the law and although a new statute should make it much clearer what authorities will expect of licensees, its not certain that they will all act consistently. Local authorities already face losses of £97 million from licensing, so the increase in licensing fees will have to be significant to encourage them to enforce the law fully.

Alcohol Concern argued in the *Unequal Partners* report that nothing short of a mandatory code with a new public health objective overseen by an independent watchdog body could bring about long-term benefits to both consumers and communities. The inclusion of a public health objective in the Licensing Act is vital if local authorities are to have the impetus needed to take action to reduce rising health harms as a result of irresponsible practice. The new code should include a ban on price promotions and this should be coupled with a minimum price strategy for the off-trade. This may even encourage the pub trade to sell more food and hot drinks, provide better environments and attract people back in as the shift from loss-leading supermarkets back to pubs creates the real 'continental culture' we've been waiting for!

Advertising and labelling

Of course reducing alcohol harm must also include better public literacy with units, risks and safer drinking techniques. This can only come about with better information on alcohol containers and by having more advertising promoting safe drinking and raising awareness of risky drinking. While there is good awareness of what units are, around a third of frequent beer drinkers and a quarter of frequent wine drinkers are still unaware of the number of units they are drinking.

As part of the Department of Health's commitment to better labelling, an independent review was carried out to gauge the extent to which the voluntary agreement (agreed between DH and the drinks industry) for producers to label alcohol containers with standard unit messaging was holding up. It was bad news for the drinks industry as the independent review found that only 43 per cent of containers included unit information and 2.4 per cent of samples reviewed carried the agreed sensible drinking guidance information. There was widespread difference in the way the sensible drinking message was presented, with 'Please enjoy [brand name] responsibly' quite common, contrary to the agreement.

There will now be a second wave of labelling reviews at the end of the year to see if progress has been made. Government have made it clear that legislation could be used if the voluntary agreement has not been met. Some of the drinks trade associations have complained that not only was the research methodology flawed, but that newer containers with the agreed labelling are yet to come off the production line. Time will tell. In the meantime, government are also consulting on whether all alcohol advertising should carry health messages attached as a matter of course.

The research done on alcohol, price and promotions by the University of Sheffield has shown there is evidence of a 'small but consistent association' between advertising and consumption at a population level, including young people; and that point of sale information can affect the overall consumption of underage, binge and regular drinkers. An impact assessment has already been carried out showing that introducing 'end-frames' of alcohol health messages to the end of TV alcohol adverts would save £4.45 billion over the next ten years as consumption reduces. There is a proposal for one-sixth of all alcohol advertising time and printed space becoming dedicated to health and/or unit information, paid for by the industry.

Support for problem drinkers

The final area of consultation that government are seeking comments on is in how to support those who find it 'difficult to cut down their drinking'. Considering we are facing a rise of 80,000 hospital admissions a year unless 'industrial scale' action on alcohol is taken, as Lord Darzi has recommended, we need to step up the call for a 'whole systems' approach to alcohol. We still have no mention of alcohol in the Quality Outcomes Framework, or necessarily in the Common Assessment Framework, so unless local areas are working differently (and some are), young people and adults with alcohol issues are still slipping through the net. Likewise, although the Department of Health have stated that investing in treatment would be the quickest way to reduce hospital admissions (a point I stressed to all PCT Commissioners when I wrote to them last month), there are no further funds available for this, although certain areas have had significant increase to their treatment systems.

One approach to end the postcode lottery for alcohol treatment would be to introduce a minimum level of access for those requiring treatment, where rather than the national average of only one in 18 accessing services, each area had to ensure that at least one in seven did (the US standard). This should be argued for in the context of the health inequalities agenda. In addition, further levers are needed to ensure that all mainstream staff coming into contact with alcohol misusers are trained to refer on, and that adequate monitoring systems are in place.

Consultation process

Alcohol Concern will be submitting their consultation document based on these arguments by the beginning of October and I would like to encourage all stakeholders to get in touch with me to pass on their views and to submit a response in their own right. This may be our best chance yet to make significant changes to the sale and regulation of alcohol for quite some time.

Don Shenker is CEO of Alcohol Concern. Contact him by email, DShenker@alcoholconcern.org.uk or though the website www.alcoholconcern.org.uk

'...the vast majority of those I work with have nothing to "recover" to, if we interpret the word strictly accurately... Consequently, recovery is not the issue, reinvention is the issue: and for someone without an existing template for it, even to learn (perhaps for the first time) how to operate in a climate of emotional stability is a massive task.'

Views on recovery

I'm coming up to eight years working in this field, with much relevant previous experience. One of the things that concerns me is the very use of the word 'recovery'. The word evokes (perhaps only in my head?) a scenario of Mr Average Sorted Joe walking down the street, being tempted by a heroin dealer, and getting himself an addiction problem – from which he can 'recover'. It does not reflect what I see on the ground…

Demographically, the vast majority (90 per cent plus) of my clients would once have best been described as 'working class'. Given the findings of the Joseph Rowntree Trust concerning the widening gap between rich and poor over the last 20 years or so, some might even fall into the category of 'social underclass'. I am not being judgemental here – just discerning.

Of these, the vast majority spent their childhood years being quite (or even immensely) unhappy – often because of abuse of one kind or another, acrimonious family splits or relationships, or general negativity. Typically there was also a distinct lack of someone to talk through these problematic feelings with them. In many cases, such was their emotional suffering that they could not properly engage with, or be bothered with, school.

Emotional thinking suppressed rational thinking, and articulacy of expression was certainly not being learnt in the classroom, for the only place where recognition and acceptance seemed to occur was behind the bike sheds… Prospects, then, are somewhat bleak, in our competitive society. (Your magazine confirmed that this is not an outlandish perspective in another article in the current issue, which noted a high percentage of problematic families behind young offenders!)

So, my point? It is that the vast majority of those I work with have nothing to 'recover' to, if we interpret the word strictly accurately. (Unless we delude ourselves into thinking that a drug-free yet unskilled, emotionally immature and often angry person constitutes a success for our drug services!)

Consequently, recovery is not the issue, reinvention is the issue: and for someone without an existing template for it, even to learn (perhaps for the first time) how to operate in a climate of emotional stability is a massive task.

(These views concerning recovery are my own, and not necessarily those of the team in which I work.)

Mick Botten, drug worker (Criminal Justice), DASH, Hereford

Criminal record preclusion

I am writing to express my disappointment with regard to the recruitment policy of one of the UK's leading providers of care and rehabilitation services.

I applied earlier this year for a sessional job in the Scottish prison estate to further my personal development in the field of addictions, having already worked in voluntary and statutory sectors.

I am 'Up to the Job' (see Professor Neil McKeganey's article in *DDN*, March 10, page 13) and the interview went very well. I have over ten years' experience in addictions, combined with BA (Hons) Sociology and Social Policy (University of Stirling, 1999), COSCA certificate in Counselling Skills (2005), Pg Cert in Addictions (University of Glasgow, 2006) and Pg Cert in Counselling Skills (University of Strathclyde, 2007).

In addition to these qualifications I have attended many specialist workshops and I also intend to study for a recognised qualification in CBT at University of Dundee when finances allow. I was told at the interview that I was more than suitable for the position and that the organisation would be in touch when they carried out a disclosure check. I advised that I had three offences for possession of cannabis, the last being in 1995 and that the disposal on each occasion was a fine.

Some weeks later, I was advised that I would not be allowed to work with this service provider in a prison due to my 'criminal record'. I find this inconceivable when, as Professor McKeganey argues, organisations should ensure that the workforce is every bit as 'well educated and well trained' as other areas of professional work, seeing that £600m a year is spent on drug abuse treatment.

Ironically, I currently work as an addiction worker in Criminal Justice SW (Drug Court) that includes seeing clients in prison and regularly liaising with Sheriffs at DTTO reviews. My current employers are obviously aware of my cannabis offences. I am saddened that I have not been afforded an opportunity to work in a prison environment and I would be very interested in hearing readers' views on this blanket ban on potential prison drug workers with a criminal record.

Name and address supplied

Choose life

I was excited to find *DDN* online and would like to share a little of my own world of drug and alcohol addiction and my path to abstinence. Without going into some of the tragedies and bad choices that led me to a severe addiction to cocaine, other drugs and alcoholism, I can say that my recovery so far has been mainly down to learning and understanding as much about myself as possible.

I went through many attempts to kick both habits, lost my business, home and partner along the way but this did not teach me anything at the time and even after becoming a homeless thief I was still getting further out of control.

I took two overdoses that should have killed me and my alcohol intake could peak at 3 litres of vodka per day. It was no surprise then that eventually my liver gave up and I was taken into a specialised liver unit where my chances of survival were again still very slim – my liver was five times the normal size and I would glow in the dark with yellow body and orange eyes.

I started to suffer the indignity of not being able to get to the toilet, wash or even feed myself and at this point I decided I did not want to die this way. From somewhere I discovered self-respect and a determination to live and die another day when I would be in control, and although there were an average of three deaths per week in this ward and my chances of any recovery were about 30 per cent, I started to give it a go.

Three months later I was released as an outpatient and I have managed to turn my life around (so far – in case there are any cynics out there). Since making the decision to live I have spent the rest of my life looking for answers for myself and hopefully others – and that was two years ago.

I have so far completed a person-centred counselling course, gained a diploma in nutrition, work for an exclusion charity, England's anti-poverty network (EPAN) and in September start a degree in drug and alcohol counselling.

Lifestyle change has had to happen and I live with my dog in a flat proudly furnished from charity shops. I am beginning to feel self-worth once again through setting myself new goals and challenges.

Ian Pearson, by email

Professional envy

While Michael Linnell's attack on Ken Eckersley comes across as jealousy of Narconon's accelerating and continually expanding worldwide success, this is no excuse for resorting to the professional foul of kicking the other player rather than the ball.

Lifeline's dedication to the relief of 'poverty, sickness and distress amongst persons affected by addiction to drugs of any kind' is a noble cause which Narconon,

since its formation within the Arizona State Prison System in 1966, has championed across 43 countries and 150 public centres, as well as prison units, for 42 years. However, when it comes to 'educating the public on matters relating to drug misuse' it is a vital duty for a 'director of communications' like Michael to make honest enquiries and to get his facts right before committing himself to print.

The implication that Ken Eckersley tries to hide his 58 years of study of Scientology is obviously ridiculous in light of his numerous platform appearances and his four articles on that subject which were published in the *New Statesman* earlier this year. He is openly proud to be a Scientologist and to support the massively effective work of Ron Hubbard in the drug rehabilitation field.

Like Lifeline, Narconon is a not-for-profit organisation, and within a professionals' magazine like *DDN*, reference to Narconon's worldwide successes and fees are not consumer advertising. They are purely essential informative for workers in the addiction field, capable of proof statistically and by testimonials from hundreds of thousands of addicts who have successfully graduated from the Narconon programme – English language examples of which I would be happy to supply.

Furthermore, Narconon centres across the world welcome inspection by honestly interested drug rehabilitation professionals or members of the public, at which time they may speak directly with current students of the programme, as well as staff members.

What the drug rehabilitation field needs is honest recognition of what works to get addicts comfortably off drugs for life – plus co-operation on the delivery of such effective solutions – rather than Michael's self-confessed enjoyment of 'a good slanging match'.

Robert W. Thorburn, volunteer charity worker for UK Narconon

Where do we go from here?

I was so excited to get the UK guidelines (Orange Book) after many years – I felt at long last that the day had come for service users to have a voice.

Nearly ten months have gone by since the guidelines were published but I seem to be missing something, or it is just not happening? Service users are still not taking the treatment providers seriously and challenging the decisions that affect their lives.

In my own area of England I come across people who are using the drug services and are constantly in fear that their scripts will either not be at the collection point (chemists) or that they will be changed without the patient being consulted. This has to stop and stop now.

Did we not see the dawning of a new age, a new way of doing things where all are consulted whatever the decision, good or bad? My friends, you have to decide for yourselves how your treatment best suits you, the clients. So please be bold, challenge when you need to, but most of all decide how your treatment is affecting your life.

Bri Edwards, Cumbria

Reasons to be worried

When Mike Ashton presented his 'Great Debate' at the All Party Parliamentary Group on Drugs Misuse, the questions which followed his half hour of smoke-screening showed that he had left many of his listeners in a fog of disbelief, which was not helped by his UKDPC friends' attempt to reinvention-define recovery from addiction.

Now in his letter (*DDN*, 28 July, page 15) he continues his strategy of appearing to talk about our drugs problems without actually talking about them.

Instead he blithely and with consummate misdirection writes about the pilot testing of pessimistic and optimistic 'attitudes and beliefs' among 'addiction therapists from a range of theoretical orientations and agencies'. He makes no mention of long established and widely proven methods for helping to get off drugs the majority of current users who explicitly want to get off drugs. Nor does he offer any support for the provision of improved and more plentiful facilities for that purpose.

Instead, he puts in yet another plug for more resources for UK methadone services and their annual escalation of addictive and debilitating prescription drug-use for life – at taxpayer expense and with no real chance of eventual cessation of such usage.

This unreality and impracticality is unfortunately increasingly apparent among Mike's harm reductionist and habit management fellow travellers, who seem so intent on protecting the policy status quo and the jobs which that policy provides.

The 'reasons to be worried' are about our continuance as Europe's worst drink and drug nation, because prescription drug producers and prescribers, as well as the 'self-regulated' alcoholic drinks industry, are still intent on dictating UK policies.

Kenneth Eckersley, CEO Addiction Recovery Training Services (ARTS).

Dreams can be worked at!

I felt very moved and a lot of emotions came flooding back reading 'Lydia's journey into and out of heroin addiction' ('Background Briefings', *DDN* 30 June, 14 July and 28 July).

I would like to congratulate both Lucie James and Kevin Manley for a well-presented journey. While fictitious, it reflected the reality of what most if not all addicts go through mentally, emotionally and physically to overcome and become in control of their lives, and to be able to make choices without any mind altering drug.

It's a scary and often terrifying place to be, yet as stated in the last instalment of her journey, the whole process of recovery is an ongoing learning process. Lydia's story demonstrates recovery can be achieved, yet with many obstacles to overcome, our thinking process as addicts changes as we are willing to fight hard for what we so desperately want and need to live and hold our heads high.

We need to be able to pass on the message both to the professionals in the field and those in the addiction, that change can take place, recovery far outweighs the hell of when we were in the addiction and our journey is ongoing learning all the time – as stated in the last seven words: 'I can now work towards my dreams'. Well done Lucie and Kevin – I hope this will give a further insight to all, lay person or professional, yet most importantly those so desperate in seeking recovery and coming out of their own world of addiction.

Sean Rendell, by email

Mike gets it right

I agree with Mike Trace's letter on 'Less Division, More Reform' (*DDN*, 28 July, page 16). He hits the nail on the head when he says it is not an appropriate situation where more than half of the addicted population are not primary opiate users and eventually want to get off drugs, but are stopped because too many referral and placement decisions are made on the basis of what is available rather than on the needs and wishes of the user.

And his point that in most parts of the UK it is far easier for drug users seeking treatment to access substitute prescribing services than it is for them to get into drug-free abstinence goal programmes, is the crux of the problem. It is therefore essential that the government press, the NTA and the DATS move much of their attention and support away from habit management and onto effective rehabilitation where the user's recovery is focused on a return to the natural abstinence with which he was born.

In terms of government financing, this is not a problem, because it is indisputable that the long-term cost of supporting the average methadone user is many magnitudes higher than getting them through a truly effective residential rehabilitation programme, even though this may take some four to six months. And the improvements in the individual's lifestyle, for their family and their community when compared to MMT are as different as chalk and cheese.

I am no politician, but it looks as if the Conservatives are getting this right, and if the NTA wants to survive beyond the next election, it is time for them to put their attention on those Tier 4a programmes which on a worldwide basis have proven their ability to help addicts achieve comfortable lifelong abstinence in a majority of cases. Global success statistics show that this is definitely going to mean moving away from some status quo UK treatment modalities and adopting well-proven recovery processes which deliver the goods, even if based on religious or other philosophies we may not all hold.

Elisabeth Reichert, school head.

Eating obsession?

We are researching a documentary for BBC Learning about men and their often complex relationship with food. We are specifically looking for men who suffer from eating disorders or body image issues and who are prepared to speak out about this often neglected area of men's health.

The documentary will be a character based, educationally driven film that creates awareness around what seems to be an ever increasing problem for the male population. In programme terms, it will similar to that of the award winning Stephen Fry documentary about manic depression. We have the backing of the main eating disorder charities in the UK and leading members of the medical community who specialise in this area.

If you have anorexia, bulimia, binge eating, bigorexia or excessively exercise to such an extent that your personal, professional or everyday life is affected, it would be extremely helpful if you felt able to get in touch and speak with one of our researchers. The exposure of this subject matter on national television will undoubtedly help a huge number of 'secret sufferers' to come forward and seek professional help. Your contribution to the programme will encourage more men to speak up.

Please contact Amber at amber@terntv.com
0141 241 6075 / 07909 904 669

We welcome your letters... Please email them to the editor, claire@cjwellings.com or post them to the address on page 3.

Changing horizons

As he leaves FDAP's helm, **Simon Shepherd** reflects on a decade of change in drug and alcohol treatment – and throws a challenge to a dynamic workforce to build on the positives

After 11 years in the drugs and alcohol field I am finally returning to the criminal justice system, whence I came – this time as director of The Butler Trust, which runs an annual award scheme for prison and probation staff. While some will, I am sure, be glad to see me go, I have been overwhelmed by the messages of support which I have received since my move became public. And though there are things and people I will be glad to finally be able to get away from, there is much more that I shall miss.

I first joined the field as part of a consultancy with my old friend Alex Georgakis (for those who do not know him, among his many achievements, Alex did some of the earliest and most important research in to the effectiveness of residential treatment in general, and 12 step treatment in particular).

From there I spent three years as director of EATA – the umbrella body of treatment providers – before setting up FDAP in 2003.

During that time I have seen quite a few changes in the field – many of them very much for the better.

The first drug strategy was published in 1998, and has now been replaced by the second ten-year plan – and we've seen the launch of an Alcohol Harm Reduction Strategy in 2004 and update last summer.

As part of the original drug strategy, the NTA was set up in 2001, along with the ring-fenced 'pooled' treatment budget. Since then spending on drug treatment has increased many times over, to top more than £500 million a year. Around twice as many drug users get treatment each year than ten years ago. And service users have a far broader range of treatment options open to them now than they did before.

Added to that, people are staying longer in treatment and waiting times have been significantly reduced – while staff are better trained and more highly qualified than they were, and there is far greater understanding and preparedness to work together across the different parts of the treatment sector.

So, much has been achieved over the last decade, but real problems still remain.

Drug treatment is more readily and widely available than it used to be – but those who want it still often struggle to get in to residential treatment, and many residential providers struggle to stay afloat.

The quality of drug treatment still varies considerably across the country – from excellent to, frankly, unacceptable.

Many more GPs are prepared to prescribe nowadays – but under-prescribing remains rife in spite of the publication of two 'Orange books' guides on clinical care of drug users.

The quality of care for drug users in prisons has improved beyond measure over recent years – yet still there are no needle exchange services in spite of a government commitment to ensure that prisoners get access to the same range and quality of healthcare as people in the community.

And we still can't answer the 'basic' question of what works best for whom, under what circumstances.

And while there is a lot more money now available, is it really spent as efficiently and effectively as it might be? Are services using the money they get most effectively? Are commissioners buying the most cost-effective services? And are the right people being referred to the right services?

Though they have yet to publish figures for this year, the NTA budget for 2007-08 was £15 million – including £8 million in salaries for its team of 150 staff. On top of that, some back-of-a-fag-packet calculations suggest that DATs and local commissioning groups probably cost more than twice that much (£30+ million a year). And that's to say nothing of the cost of prison and DIP managers and commissioners, or the civil servants in the Home Office and Department of Health. Of course that may all be money well spent – but you have to ask the question…

Then there's the depressing spectre of the age old 'debate' on harm reduction and abstinence raising its ugly head again.

When I first joined the field, it was difficult to get people providing harm reduction services and those working in abstinence based treatment to sit in the same room as one another, let alone work together. But gradually the barriers came down – in large measure, I believe, following publication of the *Models of Care*, which made clear to everyone the complementary roles that each group has to play within the overall treatment system. Sadly, a few people who should know a lot better have wilfully misrepresented the recent 'consensus' statement on recovery, published by the UK Drug Policy Commission, to try to make political capital and stir up trouble all over again.

And if the recent increasingly hysterical pronouncements about the threat to abstinence-based services supposedly presented by the consensus statement succeed in producing a renewed schism within the field, it is service users who will ultimately suffer. You know who you are – grow up and stop it.

And then, of course, there's alcohol. Pretty well all the focus of politicians and policymakers over the last few years has been on drugs. And while we may have two AHRS-es (Alcohol Harm reduction Strategies) now, alcohol is still the Cinderella sector, and there has been little if any improvement in the range, quality or accessibility of alcohol treatment in recent years.

Finally, there's the issue of DANOS and workforce development. There really is no doubt that the competence, knowledge, skills and understanding of people across the drugs and alcohol workforce has improved immeasurably – in particular because of the training and qualification targets set by the NTA. It's a shame therefore, that NTA chose not to actually enforce those targets – leaving many of those who have invested considerable amounts of effort and money on workforce development to question whether it was all worth it – and that neither NTA nor the Home Office have kept their workforce development leads in post. FDAP will continue to champion workforce development across the sector – but it is a shame that others have rather taken their eyes off this particular ball of late.

So while much has been achieved in the last decade or so – there is, to paraphrase Labour's 2001 campaign slogan – much still to do. But I don't believe that I am a rat deserting a sinking ship – if only because I don't believe the ship is sinking. There may still be a lot to do, and there may be troubled times ahead on the funding front – but there's something about the people in this field which means they will rise to the challenge, and ensure the gains of recent years are not only maintained, but built upon over the coming years. ◆

Taking the tiller

DDN talks to new FDAP chief executive Carole Sharma

Carole Sharma's career in the substance misuse field spans a quarter of a century and includes both the health service and voluntary sector. A registered psychiatric nurse, she has also been involved in providing education and training to a wide range of professionals. So what are her goals for her new role as chief executive of FDAP?

'My main aim is to carry on the good work,' she says. 'Simon Shepherd will be a hard act to follow – he's done amazing things for the drug and alcohol workforce. So my vision is about more of the same – increasing and broadening the membership, and providing an appropriate platform for drug and alcohol professionals to influence policy and have a real, loud voice in treatment in this country. Because I'm not sure they are always listened to in the way they should be.'

As well as several NHS organisations, Sharma has held senior positions at both Addaction and City Roads, and before her most recent role as an independent consultant she spent five years as workforce development manager at the NTA. Does she see the new role as a logical extension of her work there? 'It's certainly part of it – I've been involved with FDAP for a long time as a result of that.'

What made her go for the job? 'It ties in with what my dreams and aspirations are,' she says. 'I've been in this field a long time and I have a deep commitment to the workforce. I see this as a way to use my clinical skills, my commitment and my knowledge of workforce development and competency development for the good of my large colleague group – the drug and alcohol workers of Britain. It was always going to appeal to me.'

And what are the most significant developments she's seen over those 25 years in the field? 'The link with criminal justice from a funding point of view has been a major change,' she says. 'But I suppose really it's the amount of money that's in the sector. I know it doesn't feel like it, but when I started there was nothing. There were no drug services outside of the huge metropolitan areas. So it is about money, and that has led us to this increased professionalism, which is a very good thing.'

Is she optimistic that these levels of funding are likely to continue? 'I can't see it going down, but I don't think it will keep rising exponentially either – we might be at the end of that so we've got to use it smartly and look at innovative ways of helping drug and alcohol users. Some of the stuff we're doing works, but we need to be able to work better.'

There's no doubt that it is an amazingly committed workforce though. 'I think that's one of the things that's great about the sector,' she says. 'In all of those 25 plus years I don't think I've had a day's boredom – it's always been challenging and exciting and often quite humourous. It's a great workforce of committed people.'

So what are her priorities in the short term? 'I'm just trying to get my name spelled right on my pass and find out where to make a cup of tea!'

'Alanon is based on anonymity, letting people share and discuss their feelings and find a well-trodden pathway to some semblance of sanity. They helped me see that there is no situation that cannot be made better in some way.'

Artur Achtelik

Back on track

My brother Edward 'Eddy' Ashby, afflicted by alcoholism for many years, died aged 37 in January 2006 after a lengthy abstinence and a short relapse. His heart and liver had finally given in and he died while he was in Kingston hospital trying to sort himself out.

The shock was appalling, coming nearly a year to the day of the death of our much-loved mother, Anne. Earlier that day I was preparing to celebrate her life, buying food and drink for our guests due that evening. It's funny how one moment all can be relatively well with the world – and the next it seems you've slipped into an abyss. I couldn't believe the doctor when he told me – like something out of a movie – that they had done all they could. I thought it would stop if I told them they couldn't tell me that.

I wailed like a spectre in the grounds of that hospital, the pain and frustration coming out of me involuntarily, atavistically, my terrible sorrow reverberating across those grounds. It was the first time in my life I was virtually uncontrollable, literally out of myself with grief.

It was a groundhog day for my sister Louise and me – what we had done precisely a year before, we had to do again. The coroners, the organising of the funeral, the arrangements, the receiving of the cards, the explaining to people. What songs to be played? Whether to see the body again? What to do with the ashes? It is said that God only gives you as much pressure as you can handle. Sometimes I wasn't too sure of that. It seemed so bitterly unfair.

But we carry on living, putting on a brave face, philosophising, bracing ourselves, taking the tablets, reading the books – but it is indeed a process, the process of grief, and sometimes I find myself still going through it, blocked by pain, stuck in what has been. That time never seems that far away, never seems to lessen in some ways. But it does and it has.

And of course there were the upsides, the sheer magic of being here, the comedy, intentional and unintentional, the love; and all the exceptional people who pass through our lives. At one point I had two lots of ashes in my flat, which I kept coming across. Jokes were made in the vein of not being able to move for ashes and the need for a wheelbarrow when we came to scatter them.

Cruise, the bereavement charity, proved a real help at the time, actually coming to my sister's home and mine to talk it all through. One thing this next bereavement did was to crystallise a sense of purpose in me: what I should do, could do; where I should head. Suddenly all was clear – schemes grandiose and practical, down to earth and deluded, sprang up like daisies.

I was going to set up a rehab for adolescents and researched till sparks came out of my ears. That's still an ongoing possibility. I went to an Addiction Symposium in Cape Cod, meeting some good, good people, making many contacts, and being helped by that community at a time when I needed it the most. I made good friends with one, Nick Gully, who actually worked about 20 minutes away from where I lived in London.

And it reminded me of all the things my brother and I didn't do and never will. It was like I had lost all the different elements of my brother, my brother as a toddler, a young boy – even my brother as a middle-aged man. The

closeness that was lost, the pain that we all endured, the madness. There was the futility of it all – and the institutions that didn't really seem to care, the filling out of endless forms, the relapses, the thwarted happiness.

Maybe this will change when people that are indeed ill are looked at as more than a case number. We should always remember that it could be our mothers, our brothers, our sons and our daughters, young and old, that may be afflicted by this invidious disease. Looking back on my brother, it really does look like a disease.

I'd also noticed a lack of compassion on occasion in his treatment, by no doubt overworked nurses and other hospital staff. Of course I also saw extraordinary dedication and kindness; overwhelming in its way, this selflessness. Sometime these hospitals seemed like places of magic.

The process of coping with addiction for family members (let alone the addict) is a magisterially difficult one – alcoholism is a deceitful disease. But there is help out there if you know where to look and persevere, some basic rules that are well worth following. Giving money to an addict is obviously a massive no-no. Looking after yourself is a real prerequisite. You can be of no use to others if you are not strong on every level. Distancing yourself with love is a step in the right direction. As for manipulating and cajoling the addicted person – forget it. Laying out clear concise options and boundaries are a must. They say every addict affects about ten or so people around them. I've seen that since the death of Ed, like a pebble in a pond; the ripple in his case reaching far, far away.

Co-dependency is where an addict's carer, family member, friend or partner enables them to carry on their behaviour because of their own need for the situation to continue. The carer finds self-worth and a purpose in their role, however negative it is in reality. When I started attending Alanon, for families of alcoholics, I found essential support as well as explanations for behaviour, that really helped me. With some counselling, and the passing of time, I'm beginning to see the wood from the trees. It touches me now to see family members coming in and saying things we all said years ago.

Alanon is based on anonymity, letting people share and discuss their feelings and find a well-trodden pathway to some semblance of sanity. They helped me see that there is no situation that cannot be made better in some way. Realising that alcoholism is a chronic, recurring disease was the beginning of a deeper understanding of why we do what we do. I learnt how the disease alters the pathways and structures of the brain, making the addict compulsively want the next drink or drug or whatever – and understood how this could become more important than health, self, family, work and love.

I also learnt that there's no quick fix. There are many resources out there to aid us, but you have to know how to access them, like finding a key to a door. Out of our tragedy has come a great humanising experience for me and I've learnt that whatever we are going through, we are not alone.

Mark Ashby is a writer, researcher and a director of the Addiction Support and Care Agency (ASCA)

When alcohol claimed the life **Mark Ashby**'s younger brother, he was derailed by grief. Nearly three years later he reflects on how compassionate support and shared knowledge have been a vital part of his healing process

Post-its from Practice

Morality check

A valued colleague's leaving do reminds **Dr Chris Ford** that humanity is the essential qualification for drugs workers

Last week I went to the best leaving party ever. Until you have seen the whole of the Lonsdale staff singing karaoke to 'I don't want to go to rehab', and 'I will survive' with the words changed to 'I will prescribe', you haven't lived!

But there was sadness as James, our specialist drugs counsellor, was leaving to continue his psychotherapy training. Interestingly the course organisers insisted on him doing more generic counselling to complete his studies. Yet, the range of people he had worked with in general practice was large and wide, from 17-year-olds smoking cannabis, but struggling really to find themselves, to 75-year-olds using benzodiazepines to sleep, but really coming to terms with their Parkinson's disease.

It was testimony to James' character and work that everyone from the practice who was in the country (even those that said they wouldn't ever be seen singing karaoke, yet on the night wouldn't leave the platform!), came to the party. It was a celebration of James, a man who came quietly into our lives and taught us so much. In five years, a bad word was never said about him from either patients or staff. Patients who had previously resisted using 'talking therapies', worked with James and made change. Many services say they practise patient-centred care, but James showed us that is what we do. He reinforced our philosophy of caring – and that in caring it was OK to get cross, if behaviour was unacceptable (which is rare) or if boundaries had been breached. This was not being punitive, it was being caring enough to challenge people.

He reinforced our philosophy that it is the person who should be the focus, not the taking of drugs. We need to understand the context and meaning of drugs in people's lives, look at the person behind the drug and not make the people who take them the problem. The belief that people who have drug problems can never be trusted is pervasive. This often sets up a punitive dynamic when users of the service are punished for taking drugs – the very reason they are presenting. They are seen too often as 'bad', and less often as individual people with complex needs who are asking for help. The label of 'drug user' or 'addict' is very negative, and can overshadow everything else that a person is.

Personally, he helped me see I was OK and that the service we ran was sound and healthy. So often in this 'tick-box' culture we can forget that the only important issue in drug treatment is care and supporting people to be who they want to be and where they want to get to. We can be the facilitators or the inhibitors of people's journeys. What is it about the drugs field that can so often make us lose our humanity?

To quote a wonderful friend Bill Nelles, creator of the Alliance, 'We must take the moralising out of drug treatment and put the humanity back in.' James sees the person, whether they are patients or staff and I will miss him.

Dr Chris Ford is a GP at Lonsdale Medical Centre and clinical lead for SMMGP

My favourite reads (part 4)

Professor Clark returns from his jaunts down-under and peruses his bookshelf to provide another insight into his favourite books relating to substance use.

I normally read very fast, but I found I just could not do that with this book. There was so much thought-provoking information that I found myself having to stop every few pages to reflect. After a while, I just had to stop reading and take a rest as I had become so overloaded with information.

I hope you enjoyed Background Briefings 'Lydia's story' from recent issues of DDN, the last three parts of which were written by my Wired In colleagues Lucie James and Kevin Manley.

It's good to start a 'new season' of Background Briefings, although I am having to take stock to plan the next series of articles. I'm writing content for the new recovery community website we will shortly be launching at www.wiredin.org.uk. As some of you will know, I also publish a Blog. I want to be able to better organise and co-ordinate my writings.

Life will become even busier when we launch the new website, particularly as we will be encouraging people to join and participate in our community. Then there is the little question of raising funding to run the website and continue our efforts centred around the new Recovery Movement in the UK. And to feed ourselves.

It still surprises people that Lucie, Kevin and I are not funded. We survived on my personal money for some time, but that situation has to end. Obviously, if we don't raise ourselves some money, then it's goodbye to this field. One has to face realities and there are other things to do in life – like sit on a beach! I wish!!

But for now there is a website to prepare content for and, more immediately, a Background Briefing to write.

Two selections of book today, from my favourite writer in this field, William L White. These two books rank among two of the most enjoyable books I have ever read. They are essential reading for everyone working in the treatment field.

***Slaying the Dragon: The History of Addiction Treatment and Recovery in America* by William L White**

This quite remarkable book tells the story of America's personal and institutional responses to alcoholism and drug addiction over the past 250 years. It relates the story of mutual aid societies, addiction treatment institutions, and evolving treatment interventions. The latter range from water cures and mandatory sterilisation, to aversion therapies and methadone maintenance.

The fascinating last chapter 'Some Closing Reflections on the Lessons of History' contains some very important material and thoughts, some of which I have quoted in my own writings.

To sum up, I take a quote from Bill White: 'This book provides a context through which professional helpers can better understand and respond to the myriad faces of addiction and recovery in America [and beyond, DC]. To those who get up each meaning and seek meaning in trying to touch the lives of alcoholics and addicts, here are the stories of those who came before you. Here is a heritage that can be trapped for knowledge, courage, strength, humility, and, perhaps in the end, wisdom.'

The book can be ordered direct from the publishers, Chestnut Health Systems (www.chestnut.org) and is $19.95 plus shipping and handling.

***Pathways from the Culture of Addiction to the Culture of Recovery* by William L White** (same publisher as above, $29.95, or via Amazon, £22.50 plus postage)

I normally read very fast, but I found I just could not do that with this book. There was so much thought-provoking information that I found myself having to stop every few pages to reflect. After a while, I just had to stop reading and take a rest as I had become so overloaded with information.

I cannot emphasise enough how important it is for workers in the field to read this book. It will change the way you think and the way you work. Unless you are very stubborn! The book was first written in 1990 and republished in 1996, but it is still so relevant to treatment today.

In this book, Bill White explores two social worlds – one which promotes excessive use of psychoactive drugs, the other which promotes radical abstinence from these substances – and how people can move from one culture to the other. He addresses some fascinating questions:

- What etiological pathways lead to addiction and engagement in the culture of addiction?
- How are people transformed through this process of cultural affiliation?
- What strategies and techniques can help disengage people from the culture of addiction and provide an alternative 'career' path?
- What strategies and techniques can help bond the addict to an alternative culture of recovery?
- What pathways of long-term recovery exist for the addict and what roles can the treatment professional play in supporting this development process?

The postal van has driven up and I've just opened up a new parcel of books. For those of you who are inquisitive my future reading will comprise:

- *The Alcoholic Family in Recovery: A Developmental Model* by Stephanie Brown and Virginia Lewis
- *Mindful Recovery: A Spiritual Path to Healing from Addiction* By Thomas Bien and Beverley Bien
- *The Zen of Recovery* by Mel Ash

This will keep me busy. And I am still re-reading White's history book!

You can read 'the prof speaks out' blog at: www.davidclarkwired@blogspot.com

Concateno plc

global drug testing services

Concateno

Concateno is a global provider of drug, alcohol and blood borne virus testing and represents the combined expertise and product portfolios of Altrix Healthcare, Cozart, Euromed, Medscreen and TrichoTech.

Having expertise in all drug testing methodologies enables us to offer impartial, best fit solutions backed by unrivalled service and the highest levels of audited standards in the industry.

Altrix Healthcare

The largest provider of oral fluid lab-based drugs testing to the UK healthcare market. Complemented with the fast growing offering of a blood borne virus screening service and range of support services focused on client treatment needs.

Cozart

Long established experts in oral fluid rapid testing and the manufacture of laboratory products, Cozart have supplied the Home Office with the drug testing equipment used in the Drugs Intervention Programme since its initial pilot in 2001.

Euromed

Supplies a comprehensive range of point of collection testing devices with a proven track record in quality assurance and technical support, underscored by its longstanding contract with HM Prison Service.

Medscreen

Europe's most experienced workplace testing company providing legally defensible urine testing to employees for 20 years, including Governments, worldwide shipping and petro-chemical industries.

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C7134 Ed: 001

DBT for Substance Misusers

2-3 October 2008, Penta Hotel, Oxford Road, READING

Co-sponsored by Behavioral Tech LLC, Seattle, WA

Course Description

This 2-day training presents an overview of DBT for substance misusers. Participants will learn how cognitive-behavioural strategies are blended with acceptance and mindfulness approaches to help clients who have multiple serious, chronic mental health problems in addition to substance abuse. Research summaries published by the National Treatment Agency (NTA, August 2004) indicate that almost 30% of service users in drug treatment, and over 50% of those in alcohol treatment, experience psychiatric co-morbidity, for which DBT is designed.

The workshop will be led by **Prof Tom Lynch** and **Dr Janet Feigenbaum** from the **British Isles DBT Training** team.

Course Objectives

Following this training, the participant will be able to:

- Describe how DBT for substance abusers is similar to and different from other major substance misuse treatments.
- Describe outcomes from two randomized controlled trials of DBT for substance misusers.
- Demonstrate understanding of the concept of Dialectical Abstinence – a synthesis of absolute abstinence and harm reduction.
- Apply specific treatment targets for substance misusers with BPD.
- Apply specific attachment strategies to "hook" reluctant clients to treatment.
- Demonstrate understanding of specific DBT skills added and modified for use with substance misusers with BPD.

Group rate : £250 pp for groups of 4 or more*

Price £275 (excl VAT).
Organisations who also register for the DBT Skills Training Workshop 6-7 Oct 2008 in Maynooth (nr Dublin) receive £75 pp discount *for that event.*
To book accommodation locally, contact Reading Visitor & Tourist Centre on 0118 956 6226 or www.readingtourism.org.uk
* booked and paid for together (prices exclude VAT)

Telephone registration with official PO: 01978 350073. Or register on-line at:

http://www.dbt.uk.net

More about the evidence base for DBT adapted for substance misusers with BPD ...

Dialectical Behaviour Therapy (DBT) is an innovative method of treatment that has been developed specifically to treat patients who meet the criteria for Borderline Personality Disorder and in particular patients with a history of chronic suicidal behaviour, in a way that is optimistic and which preserves the morale of the therapist.

Its popularity has grown rapidly in the US and increasingly in Europe, chiefly due to its success in effectively treating client groups whose emotional problems are particularly difficult to manage within a therapeutic relationship or an institutional setting.

Controlled pilot studies in the USA have demonstrated 63% retention in treatment and significantly better maintenance of treatment gains compared to a control condition (over 12+ months).

If you would like to attend, please complete this section and faxback to us on +44 1978 358974 at once

Name _____ Tel _____ email _____

Telephone assistance : +44 1978 350073 between 9:30am and 4:30pm, Monday to Friday

email **biDBT.Training@extra-ibs.com**

Registration deadline 26 Sep 2008. British Isles DBT Training reserves the right to alter aspects of the training programme. Prices exclude VAT.

Change through People

Open access training programme

All courses closely mapped to DANOS
Bristol venues

the TRAINING exchange

One day courses (£125 + VAT)

Addiction, dependency & change	*25 Sept or 29 Jan 2009*
Alcohol & poly drug use	*2 Oct or 29 April 2009*
Engagement & assessment	*7 Oct or 13 May 2009*
Appraisals	*12 Nov*
Steroids	*13 Nov*
Difficult & aggressive behaviour	*17 Nov*
Service user involvement	*18 Nov*
Lone working	*25 March 2009*

Two day courses (£210 + VAT)

Training for trainers	*30 Sept & 1 Oct*
Supervision skills	*22 & 23 Oct*
Motivational interviewing	*16 & 17 Oct*
Brief solution focused therapy	*5 & 6 Nov*
Relapse prevention	*25 & 26 Nov*
How do I manage?	*2 & 3 Dec (* £250)*
Dual diagnosis	*9 & 10 Dec*
Mental health first aid	*2 & 3 Feb 2009*
Groupwork skills	*26 & 27 Feb 2009*

Bring out the best in your organisation

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The Training Exchange has over 10 years experience in drugs, alcohol, supported housing & criminal justice sectors.

Our courses cover:
- People skills
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- Specialist topics – *Drugs, Alcohol and Mental Health*

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

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

Visit our website

www.trainingexchange.org.uk

Lewisham www.lewisham.gov.uk

Lewisham Drug and Alcohol Training programme

Crystal Meth: Is it all it's Cranked up to be?

Evidence-based methamphetamine training – 1st and 2nd October 2008, London.

This course covers the following topics:
- **A brief history of methamphetamine**
- **Methamphetamine: A picture from the United States**
- **Exploration of methamphetamine the drug in scientific detail**
- **Signs and symptoms of methamphetamine use**
- **Methamphetamine addiction**
- **Treatment options**

Course costs £200 for two days, includes lunch and refreshments.
To book phone 0208 314 8226
Email: nike.begbaaji@lewisham.gov.uk
For all other enquiries call Eva Harvey, Training and Workforce Development Manager: 0208 314 8078
Email: eva.harvey@lewisham.gov.uk

CONFERENCE FIRST NOTICE

2nd National Day Programme Conference: *Lessons from home and abroad*

Wednesday, 3rd December 2008
Royal College of Physicians, 11 St Andrews Place, Regent's Park, London , NW1 4LE

The conference aims to:

- Compare experiences of delivering day programmes to meet the diverse needs of substance users in different European countries.
- Provide opportunities for the exchange of ideas and good practice that relate to the day to day provision of day programme services.
- Enable participants to network with other practitioners providing day programme services in the UK and continental Europe.

Call for workshop proposals:

Proposals are invited for workshop sessions that will share skills and knowledge about the practice of providing day programme services. In order to provide as varied a programme as possible within a one day conference the workshop sessions will only last for 35 minutes. Proposals should bear this constraint in mind.

Proposals should be no more than 250 words and detail a) the lead presenter and their institutional affiliation b) the workshop title.

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

K·C·A Training and Professional Development

UK Drug Workers Forum
Annual National Conference 2008

'Tackling the Drugs Strategy'

14-15 October 2008
Park Inn Hotel, York

Aimed at all drug service practitioners with focus on the new 10-Year Drug Strategy and effective working practices in achieving its objectives, the event offers interactive workshops and presentations on hot topics, all designed to educate, inform, share and disseminate best practice in this field, including:

An Integrated Offender Management Model for Drug Misusing Offenders, Family Inclusion, A European Perspective, Working with Families, Service Users Back into Work, Rights for Drug Users, DIP: How Can We Make it Work Better, The Frankfurt Experience, Prison/CJIT Intervace, Drugs and Young People, Workforce Development and Drug Related Deaths in Custody

Discounts available for group bookings and early payment.
Certificates of Attendance provided for CPD purposes.

Full programme and registration details from:

UK Drug Workers Forum
Tel: 01904 898069
Email: info@ukdrugworkersforum.org
Website: www.ukdrugworkersforum.org

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E: response@surescreen.com

ANSA Association of Nurses in Substance Abuse

Birmingham and Solihull NHS Mental Health NHS Foundation Trust

Alcohol and Drug Issues in the Acute Medical Setting

Friday 24 October 2008

Postgraduate Medical Centre
University Hospital Birmingham NHS Foundation Trust

A one day conference organised by the Association of Nurses in Substance Abuse in conjunction with Birmingham and Solihull Mental Health NHS Foundation Trust to examine alcohol and drug issues in the acute medical setting. The aims of the conference are:

- *to highlight some of the issues, problems and opportunities in managing the drug or alcohol using patient attending an acute medical facility*
- *to raise some of the challenges in commissioning and delivering effective interventions at a local level*

The conference will be of relevance to hospital nurses and midwives, drug and alcohol liaison nurses, other hospital clinicians, tier 2 workers, service managers and commissioners, liaison psychiatry services, harm reduction and blood-borne virus teams.

Further details are available from www.ansauk.org or contact Professional Briefings, telephone 01920 487672, email london@profbriefings.co.uk

Substance Misuse Practitioners – Fens/East Anglia

Experience carrying a caseload of substance misuse clients including assessing and designing care plans essential. Any experience with substitute prescribing would be a benefit.

The applicants will be tasked with working in one of a number of services across the area. The successful applicants will be delivering a range of interventions which will include key working and case management.

These posts are available on a temporary or permanent basis offering competitive salaries.

For more information please contact:

Ben Heys 0800 311 20 20 or 01772 889722
ben.heys@servicecare.org.uk
www.servicecare.org.uk

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Safer Trafford Joint Commissioner – Treatment Effectiveness

TRAFFORD COUNCIL

PO 10 £34,140 - £36,657 (subject to job evaluation)
36.26 hours per week

The Safer Trafford Partnership commissions services for drug and alcohol treatment and manages data and performance to inform best value for money principles.

We require a Commissioner to support and advise the commissioning team for the delivery of effective drug and alcohol treatment. This role will ensure clinical governance compliance as well as support treatment providers to ensure their services meet with the guidelines.

You will be educated up to degree level or equivalent in substance misuse or relevant field. This is a fantastic opportunity to shape a long term service delivery success that will impact on service user experience.

For an application pack please call 0161 912 3431

Closing date 22 September 2008

STILL NO.1 FOR RECRUITMENT AND CONSULTANCY

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SUBSTANCE MISUSE PERSONNEL

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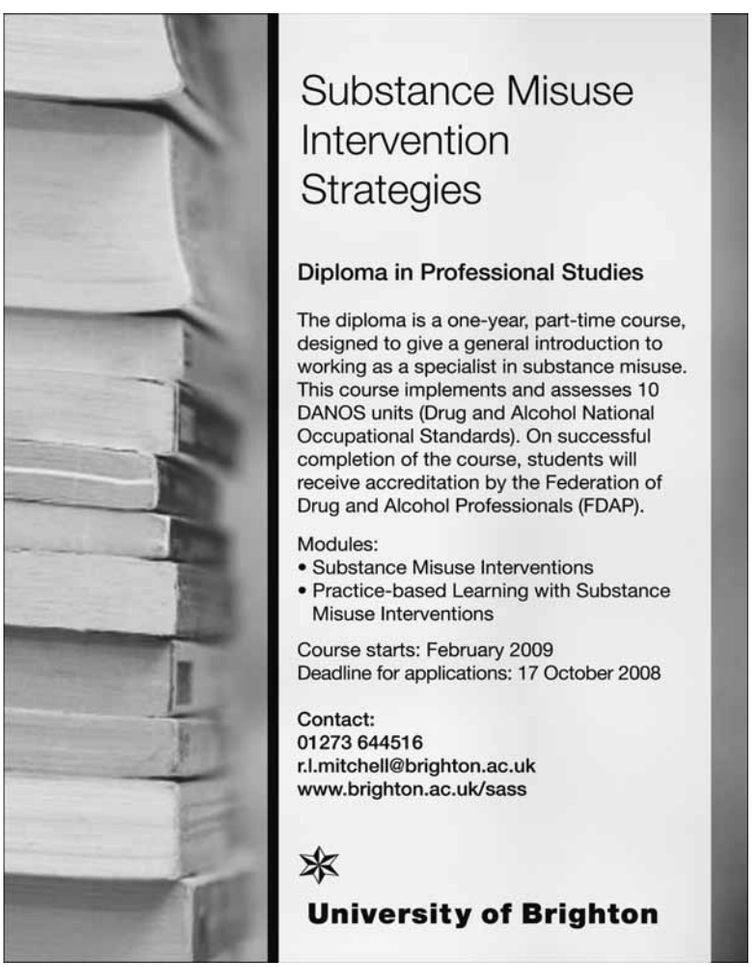
Supplying experienced, trained staff:

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

NOW REGISTERING AND SUPPLYING NURSES

Register online **www.SamRecruitment.org.uk**



Substance Misuse Intervention Strategies

Diploma in Professional Studies

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

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

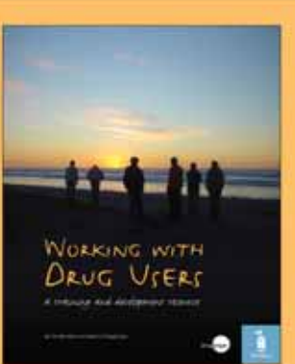
Course starts: February 2009
Deadline for applications: 17 October 2008

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

University of Brighton

WORKING WITH DRUG USERS

a training and development resource



Format:
ringbound resource including OHP and handout masters and CD-rom containing supporting resources

Price: £155
Order code: BE5
ISBN: 978 1 84196 234 4

by Tim Morrison on behalf of DrugScope

DrugScope

The resource offers a training course that will help all drug workers to identify problematic drug and alcohol use and to effectively assess and refer users to appropriate treatment. The material in this pack will provide a trainer with up-to-date information and a variety of training techniques to educate and inform people who work with drug and alcohol users.

This training also provides support for the following awards:
- Level 3 and Level 4 awards in working with substance misuse
- Level 3 and Level 4 certificates in working with substance misuse
- Federation of Drug and Alcohol Professionals (FDAP) professional certification scheme
- cross-linked to Danos units AF1 and AB5.

Vital information for:
trainers, managers, drug and alcohol teams, the police and social workers.

To order call **Pavilion Publishing** on **0870 890 1080** or visit **www.pavpub.com**

Pavilion

Dudley Council on behalf of safe & sound, Dudley's Community Safety Partnership, invites expressions of interest to tender for the provision of drug services in the borough.

Dudley's Community Safety Partnership is seeking expressions of interest from suitably experienced and qualified organisations to deliver the following services in the borough:

1. **Young People's Tier 3 Substance Misuse Service**
2. **Drug Intervention Programme**
3. **Adult Tier 2 Services**
4. **Adult Tier 3 Services**

The services will be delivered from July 1 2009 until March 31 2011.

Prospective providers are invited to tender for all four services, a single service or combination of services. Commissioners will also welcome consortium tenders from interested providers.

Expressions of interest are sought from suitably qualified organisations who can demonstrate knowledge and ability to deliver substance misuse services.

The successful applicant will be required to work with other providers and partners in the borough as part of a commissioned, integrated treatment system and contribute to the continued development of this system.

A briefing event to outline plans for the above services will be held at 10am on Tuesday 23 September 2008 at Dudley College Conference Centre.

To receive further details, register a place at the briefing event or to request a tender pack contact Charlotte Bridgens on 01384 811559 or mail charlotte.bridgens@dudley.gov.uk

Closing date for tender requests is November 14 2008
Closing date for completed tenders is 12 noon on November 21 2008

safe & sound
Dudley's Community Safety Partnership

Safer Middlesbrough

SAFER MIDDLESBROUGH PARTNERSHIP
Needs Analysis

16-25 age group drugs and alcohol

Introduction

As part of their own needs analysis the Safer Middlesbrough Partnership and Middlesbrough Childrens Partnership have identified various issues related to the 16-25 age group of young people:

- *That this age group are responsibility for a disproportionate number of crimes locally*
- *That they do not seem to be accessing drug and alcohol services locally*
- *That there may be issues in relation to the transitional stage between young persons and adult services.*
- *That the data regarding trends/usage regarding substance does not give a consistent picture when comparing Young Persons and Adult data sets.*

A piece of work is required that will look at these issues and others, and that can inform the commissioning processes in relation to the future of substance misuse services.

For this work to fit into the local planning cycles it is essential that it can be completed by 7th January 2009.

Budget £20,000 excluding VAT.

Closing date for applications 22nd September 2008

For further details and to receive a full specification please contact David Jackson, d_Jackson@middlesbrough.gov.uk, 01642 354040

St Mungo's
Vacancy Bulletin

St Mungo's
Opening doors for London's homeless

Substance Use Worker – Ref No: 28114
Location: Camden – Endell St
Camden – Endsleigh Gardens

Substance Use Worker – Complex Needs – Ref No: 28114/1
Location: Hackney – Mare St

Salary: £25,302-£28,500

St Mungo's Substance Use Team provide a specialist drug and alcohol service to clients across St Mungo's accommodation projects and provide additional services in partnership with other providers both accommodation based and community based.

We commonly work with continuing substance use initially employing harm reduction interventions but also work with care planned intervention towards more independent living, assisting abstinence or further treatment wherever appropriate.

We provide and are recognised for both tier 2 and tier 3 treatment and have pioneered a range of support from enhanced needle exchange, low-threshold prescribing, group based intervention, right through to a unique Naloxone prescribing partnership.

The work is varied, interesting and differs from many other existing treatment settings.

We have vacancies currently working in three of our busy 1st stage hostels for single homeless people.

(In addition to the role of substance use worker, it would be useful if the applicant for this post has experience of MIND panels and CPA's.)

For an application pack, please contact People Media quoting the relevant reference:
Tel: 0845 055 0261 E-mail: stmungos@peoplemedia.co.uk

Closing date: 17th September 2008

St Mungo's strives to be an equal opportunities employer

East Sussex Downs & Weald Primary Care Trust
Hastings & Rother Primary Care Trust
NHS

Substance Misuse Worker

Band 6 £24,103 - £32,653 p.a.
37.5 hours per week
Ref: 770-VF1018

Based in the delightful coastal location of Eastbourne, this role will focus solely on reducing alcohol harm across the county in line with the objectives as set out under the Choosing Health agenda.

You will need to demonstrate an in-depth understanding of issues in relation to alcohol harm across age ranges and consumption levels. Also, you'll deliver Brief Intervention and Health Promotion training of a high standard to professional colleagues across multiple disciplines and demonstrate the ability to develop services in partnership with colleagues and partner agencies.

If you feel you have the experience and enthusiasm to meet and deliver on this challenging role please contact Nigel Hussey, Health Improvement Manager (Urban) on 01323 418997.

To apply online visit www.jobs.nhs.uk quoting appropriate reference number.

Closing date: 26th September 2008.

positive about disabled people

www.eastsussexdownswealdpct.nhs.uk
www.hastingsandrotherpct.nhs.uk

Trevi

EXPERIENCED KEY WORKER

£18,300 pa

We require an experienced Key Worker, with a strong background working with individuals experiencing issues of substance mis-use in a residential setting.

Holding relevant qualifications the ideal candidate will be able to support theTeam Leader to develop and maintain the Therapeutic Programme. Understand the issues and needs of Service Users participating in a residential rehabilitation programme. Have experience of engaging in and delivering programmes to enhance motivation, seek positive change and maintain stability. Deliver group and invidiual-based interventions to a client group that can be both challenging and demanding. Develop and promote good working relationships with agencies nationwide.

Please call 01752 255758 for an informal discussion
or email claire@trevihouse.org for an application pack.

Closing date: 24th September 08
Interviews: 3rd October 08

looking for new opportunities?

bdp

Bristol Drugs Project is an experienced, energetic and resourceful service delivering effective harm reduction and treatment services to over 3,000 individuals a year.

HARM REDUCTION WORKER – (Full-time) – ref DD01

This is an exciting opportunity to be part of a 6 day harm reduction service for drug users where reducing risk is the goal. Why do injectors share? If you understand why and can work imaginatively to do something about it, we are keen to hear from you. Some out of hours work will be involved. A full UK driving licence is essential.

For an informal discussion contact John Maliphant, Harm Reduction Services Coordinator on (0117) 987 6003

Salary scale: £16,617 - £24,980 (pro rata based on 35 hours a week), starting salary for suitably qualified candidates: £22,156. A pay award is pending.

You will need experience of working with drug users & we welcome past personal experience of problematic drug use.

Funded by Safer Bristol - Bristol Community Safety & Drugs Partnership

Closing date: Thursday 18th September at noon

Please fax, e-mail or write to Angelo Curtis, quoting the job reference, for an application pack:
BDP, 11 Brunswick Square, Bristol BS2 8PE
Fax: (0117) 987 1900, E-mail: recruitment@bdp.org.uk

We are committed to anti-discriminatory practice in employment and service provision; we especially welcome applicants from Black and minority ethnic groups, as they are under-represented within our organisation.

No CV's agencies or publications.

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Shropshire County Council

Shropshire County NHS
Primary Care Trust

EXPRESSIONS OF INTEREST TO PARTICIPATE IN THE TENDERING PROCESS TO SECURE THE INTEGRATED DRUG TREATMENT SERVICE CLINICAL MANAGEMENT MODEL AT HMP SHREWSBURY AND HMYOI STOKE HEATH

Shropshire County Drug and Alcohol Action Team are seeking expressions of interest from suitably qualified organisations wishing to participate in the tendering process for the provision of the integrated drug treatment service clinical management model at HMP Shrewsbury and HMYOI Stoke Heath.

The contract will commence for a three year period from April 2009.

The tender process will be undertaken in two stages. Firstly the submission of a prequalification questionnaire, secondly, suitably qualified organisations will be invited to submit full tender documents. Interested parties are asked to note the following timetable:

- Week commencing 3rd of November 2008 - Send out full tender documents, to be returned by 28th of November 2008.
- Week commencing 5th of January 2009 - Selected providers will be invited to attend a formal selection interview.

Expressions of interest should be made verbally or by email to Laura Keiher, Joint Commissioner on 01743 261300 or laura.keiher@shropshirepct.nhs.uk. The date for return of the pre-qualification questionnaire will be 3pm 3rd of October 2008. For further information please contact Laura Keiher.

APPLICANTS ARE SOUGHT TO CONDUCT A SERVICE REVIEW OF DRUG TREATMENT SERVICES IN SHROPSHIRE

Shropshire County Drug and Alcohol Action Team are seeking applications from suitably qualified individuals and organisations wishing to carry out a Service Review of Shropshire Drug Treatment Services.

The review should commence by the 3rd of November with a final report required by the 12th of January 2009.

To request an application pack please contact Jayne Randall, DAAT Team Leader Jayne.Randall@shropshire.gov.uk on 01743 252735. The date for return of the application is Monday 6th of October at 5pm. For further information please contact Jayne Randall.

Fulcrum Medical Practice LLP

GP practice specialising in addictions

We are looking for an enthusiastic and motivated Nurse to join our well established clinical team:

SPECIALIST ADDICTIONS NURSE

Full-time or Part-time considered
Salary – depending on experience

- You will be responsible for the care management and care delivery of patients with opiate dependency in a Nurse & Clinical Support Worker team.
- Independent and Supplementary Nurse Prescriber qualification and knowledge of addictions is desirable.
- Hours of work will include late nights and Saturday working at both the main site and satellite sites.

Please telephone (01642) 354550 for an application form
Closing date 19th September 2008
Only short-listed candidates will be notified

Fulcrum Medical Practice LLP, Acklam Road,
Middlesbrough, Cleveland, TS5 4EQ
Email contact – tina.pinkney@nhs.net

Fulcrum welcomes applications regardless of race, colour, nationality, ethnicity, gender, sexual orientation, marital status, disability, religion or age. Applicants are considered on the basis of their merits and abilities for the job.

INVITATION TO TENDER

The Buckinghamshire Drug and Alcohol Action Team (DAAT) invite tenders for the provision of:

YOUNG PERSONS' SUBSTANCE MISUSE SERVICE TIERS 2 AND 3 IN BUCKINGHAMSHIRE

The contract is expected to be awarded for the period 1st April 2009 – 31st March 2012, subject to annual review and ongoing funding. Requests for tender packs should be sent to:

Helen Bold, Procurement and Commissioning, Buckinghamshire County Council, County Hall, Aylesbury, Bucks HP20 1YG
or by email to: procurement@buckscc.gov.uk

Requests for packs must be received by 5pm, 3rd October 2008. The closing date for the receipt of tenders is 12 noon 24th November 2008.

For further enquiries please contact: Clare Price, Bucks DAAT Young Persons Co-ordinator Commissioner, 01296 387750 or email:cprice@buckscc.gov.uk

NHS
West Midlands

Expressions of Interest Required for Tier 1 & 2 Alcohol Provision

Birmingham Drug and Alcohol Action Team would like to invite expressions of interest for the development and management of additional Tier 1 and 2 alcohol services within the city of Birmingham.

Specification 1: Provision of a range of tier 1 interventions:
Contract period: 3 years (April 2009 – March 2012)
Total contract value for the 3 Lots: circa £900K

Lot 1: To expand on the existing provision of alcohol self help opportunities throughout the city

Lot 2: To increase the opportunity for people to both access appropriate information about sensible drinking and brief support for their own or others alcohol issues within local community setting

Lot 3: To develop and deliver a consistent and high standard of training to the Tier 1 community, increasing the delivery of screening and brief interventions within the Tier 1 settings

Contractors can tender for one or more of the above Lots for Specification 1.

Specification 2: Provision of a range of tier 2 interventions:
Contract period: 3 years (April 2009 – March 2012)
Total contract value for the 3 Lots: circa £3,600K

Lot 1: To provide a consistent intervention service across all 4 District General Hospital sites and to augment this approach by including a dedicated community provision with the liaison teams

Lot 2: To enhance the existing outreach provision, thus securing increased engagement with individuals and communities experiencing high levels of alcohol related harm

Lot 3: To increase the provision of alcohol services within the primary care setting

Lots 2 & 3 are to complement the existing provision of community and primary care alcohol interventions

Contractors can tender for one or more of the above Lots for Specification 2.

For further information on the service required, please contact Mike Quinn on 0121 465 4980. Expressions of interest must be e-mailed to David Addington at david.addington@bpcssa.nhs.uk by 17th September 2008.

A Pre-Qualification Questionnaire will be sent to all the organisations that express an interest by this date. Subject to concluding a satisfactory contract, the services are expected to commence no later than 1st April 2009.

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

The Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust is the major provider of mental health services across both counties. The Trust also provides more specialised treatments, both locally and nationwide. It is a leading Trust for teaching, training and research, with close links to both Oxford and Oxford Brookes Universities.

Alcohol Addictions Specialist

Ref: DW-SPEC-AAN-6

Specialist Addictions Service, Oxford
Salary: Band 6, £24,103 - £32,653 per annum
Hours: Full time, 37.5 per week
Contract: Fixed term for one year

We are looking for a healthcare professional with the skills to deliver a new service to alcohol users with concurrent vascular disease, in the primary health care setting. The role involves face to face client work, assessing alcohol consumption, making treatment plans with clients, management of own case load, provision of alcohol brief interventions and education, to both clients and primary health care staff.

You will be part of the Oxfordshire Specialist Addiction service which is a multi disciplinary service with many years of experience of working with primary health. You will have a good deal of autonomy to develop this service but will have support from line management to meet the expectations of this service.

For an informal discussion please contact: Sam Clarke, Addictions Manager, on 07788 754345.

Benefits we can offer include:
■ Single staff accommodation ■ Optional Pension Scheme
■ Flexible working arrangements ■ Key Worker Housing Scheme
■ Child care vouchers ■ Home Ownership Plan

Closing date: 23 September 2008.

You can apply for this post by visiting www.obmh.nhs.uk following the link for working for us.

Please quote the appropriate reference number.

Please note that if this post involves the post holder having direct contact with, or unsupervised responsibility for, children or vulnerable adults then, they will be required to undertake a Criminal Records Bureau check before they can take up the position.

We are committed to equal opportunities.

www.obmh.nhs.uk

University of Brighton

Lecturer in Substance Misuse

(0.2 full-time equivalent)

from £30,013 to £35,858 pro rata

The School of Applied Social Science (SASS) is a dynamic centre for multidisciplinary social science scholarship. Our diverse portfolio of courses includes a Professional Diploma in Substance Misuse Intervention Strategies. You will become a core member of this course team and also make some contribution to learning and teaching in the SASS undergraduate and postgraduate programmes where you will provide specialist input on substance misuse related topics. You will have relevant experience and ideally hold a relevant professional qualification and/or a relevant academic qualification. Secondments are welcomed. Informal enquires can be made to Phil Haynes, Head of School, on 01273 643465, or by email to P.Haynes@brighton.ac.uk. The post is fixed-term for two years as funding is limited.

Call (01273) 642849 (24 hours) or visit www.brighton.ac.uk/vacancies

Please quote the reference number HA3065.

Closing date: 23 September 2008

Working for equality of opportunity

Alcohol Concern
Making Sense of Alcohol

Alcohol Concern is seeking experiencedfreelance alcohol professionals to join our expanding Consultancy and Training Unit

Specifically:

Consultants

Experts in the alcohol field with a proven consultancy track record (experts new to consultancy will also be considered)

Trainers

Experienced in delivering Alcohol Brief Interventions training

Please send CVs to Catherine Johnson cjohnson@alcoholconcern.org.uk by 19th September 2008.

Maple Access Partnership

Drugs Worker

(working with Female Sex Workers)

Hours: 37 per week *(flexible inc evenings/weekends & outreach)*

Based in Northampton Town Centre Maple Access Partnership is an innovative Personal Medical Service Plus (PMS+) providing primary healthcare to people who have difficulty in accessing treatment.

This post is commissioned by Northamptonshire PCT on behalf of the SWAN Partnership to provide drug worker support to female sex workers in the county and to support our work providing holistic care to this client group.

We are looking for an enthusiastic person to work in our truly multi-disciplinary team. You will be a self-starter who can empathise and build good working relationships with patients but also maintain objectivity with what can be a demanding client group.

It is essential that you are a Registered Nurse or have a recognised Drug Worker qualification and have an understanding of the issues associated with female sex workers and substance misuse, particularly those relating to harm minimisation and sexual health.

This post will suit someone who thrives on challenges, can work as part of a very lively team and wants to make a real difference to these patients.

For an informal discussion contact **Jill Pettitt** on **01604 250969**

For an application pack please contact:

Claire Copple, Maple Access Partnership, Hazelwood Road, Northampton NN1 1LG Tel: 01604 250969 Fax: 01604 631009 email: claire.copple@gp-k83621.nhs.uk Closing date: 19.09.08

Leeds Community Drugs Partnership

Drug Treatment in Leeds is taking a new direction....

Exciting new opportunities to join a dynamic and highly motivated team who are committed to enabling real life changes for substance misusers in Leeds.

Substance Misuse Workers

Drug Treatment is a Stepping Stone to Social Inclusion....

Leeds Community Drugs Partnership (LCDP) sees the collaboration of three key organisations, BARCA, DISC and St Anne's, which together share a commitment to ensuring that the people of Leeds are able to access the drug services they want, when they need them.

Our approach is to create a flexible person centred service providing interventions that range from offering information about drugs to complex and intensive support programmes. These will fit within our shared ethos, to respect and value the people we work with and place them at the centre of our services whilst taking an holistic approach to tackling the wide range of issues precipitated by drug use.

All of our vacancies involve keyworking and as such your role will take you into a range of settings where you can use your skills at delivering structured interventions to enable people to tackle their drug use, whilst ensuring they work towards achieving their care plan. In addition to keyworking, Senior Drug Workers and Senior Drug Therapists will support and inspire small teams, whilst taking the opportunity to help shape and develop this exciting new service.

Senior Drug Workers - £20,895 - £26,928 + Benefits
Drug Workers - £16,137 - £20,235 + Benefits

As a real team player you will thrive on the support and drive you get from being part of this exciting new service. Your motivation to support people to achieve their goals will ensure success in this role as you address the range of issues associated with drug use and enable people to accomplish their care plan.

Senior Drug Therapists - £20,895 - £26,928 + Benefits
Drug Therapists - £16,137 - £20,235 + Benefits

We can offer you the job satisfaction you need through the variety of new challenges and people that you will come into contact with every day. Your working knowledge of psycho social interventions and ability to ensure support remains creative and innovative will guarantee our place as a pioneering drugs programme.

Trainee Drug Workers/Therapists - Leeds
£14,787 - £15,825 + Benefits

Offering support to those who need it most is the direction you want your career to take - but it can be hard to get on the first rung of the ladder. As part of our innovative service we could offer you that start, that first step up that will set you on your chosen path. Qualifications or a similar background aren't important here, the desire to help people in your community whilst developing your skills is more important.

We offer employees • exceptional supervision and support • team working • extensive training & development • 25 days Annual Leave per year.

To be part of this exciting new service please contact our Recruitment Line on **01388 - 744 224** or email us at **info@disc-vol.org.uk** quoting the reference number 08/ds/052 or visit us online at **www.jobs.disc-vol.org.uk**

Should you wish to apply for any of the above posts you may specify a preference or apply for a number of posts using one form.

We shall be recruiting for the posts on a rolling basis and as such will not issue a closing date, we would however ask that completed applications are returned to us within two weeks - queries regarding this can be directed to info@disc-vol.org.uk

BarcaLeeds

DISC

St Anne's Community Services

DISC genuinely values diversity and recognises that people are different but equal.

DISC, Mennigton House, Mennigton Lane Ind Estate, Spennymoor DL16 7UT.

www.jobs.disc-vol.org.uk

Registered Charity No 515 755

Phoenix Futures
Ending dependency, transforming lives

INVESTOR IN PEOPLE

TRANSFORMING LIVES

Helping people overcome their dependence on drugs and alcohol is both challenging and rewarding. Our pioneering work with individuals, families and communities has made us one of the UK's leading providers of social care services in this complex area. We also deliver extensive prison based drug treatment in the UK – and with your help we aim to become even more effective in the future.

HMP PENTONVILLE OR HMP BRIXTON

PASRO DRUG TREATMENT FACILITATORS

£24,269 – £27,454 PA inc London Weighting

Working as part of the drug rehabilitation Prisons Addressing Substance Related Offending (PASRO) team, you will carry a challenging personal caseload working directly with offenders, both individually and in groups. You will deliver the programme in accordance with HMPS directives whilst drawing on your own skills, knowledge and experience to get the best out of the client group. Previous experience of facilitating, working within rehabilitation, treatment and re-offending prevention services would be beneficial.

Our dynamic environment will focus on your professional learning and development and you will benefit from all the peer support and opportunities available within a leading national organisation.

For an application pack please visit **www.phoenix-futures.org.uk** email **recruit@phoenix-futures.org.uk** or telephone 020 7234 9772. Please quote Ref: 08/09/456/5412311 (HMP Pentonville), or 08/09/455/54414 (HMP Brixton).

Closing date: 19th September 2008. Interview date: TBA.

Registered charity in England & Wales 284880 and Scotland SC039008.
Committed to a policy of equality and diversity.

Stabilisation Services – Vale House & Passmores House

We are a provider of substance misuse services established in Hertfordshire and opening soon in Essex. Our multidisciplinary team of substance misuse treatment professionals provide individualised treatment to our clients. We are opening our new service in April 2009 in Harlow, Essex and are recruiting for this service.

Specialist Substance Misuse Nurses

Salary: £24,000 - £32,000 per year Hours: Rota system

Stabilisation Services is opening this new location to develop our highly successful substance misuse services. To help us build a cutting-edge service we are looking for either nurses who are experienced in the treatment of substance misuse or nurses willing to put the time and effort into becoming experienced in the treatment of clients with substance misuse issues.

We want individuals with: A broad mind and a long view; a flexible attitude based on sound clinical judgement; proven time-management skills; a record of doing rather than cogitating; the self-confidence to make informed decisions; the common-sense to try new things; a caring attitude.

We will give you: A place within a lively, skilled and forthright team; a minimum of bureaucracy; coherent supervision; intelligent management; solid training and development opportunities; enthusiastic encouragement to develop your clinical skills.

Please visit our website

www.valehouse.org

for further information on our services

To apply for these posts please send your C.V. to enquiries@valehouse.org
Closing date for applications is 23rd September 2008

The Huntercombe Group
www.huntercombe.com

UNIT MANAGER

Huntercombe Centre – Sunderland. FULL TIME £40,000 PLUS PRP

For an application pack, contact 0191 5235516 (9-5pm Mon-Fri).

Closing date: 26th Sept 2008

want to join a successful, dynamic, expanding team?

IMMEDIATE START

Due to our continued growth TTP Counselling is looking to recruit the following member:

COUNSELLOR (Luton)

Salary £14k to £24k

An exciting opportunity exists for an experienced and enthusiastic Counsellor to join the multi-disciplinary treatment team at our abstinence based twelve step residential treatment centre. This is a full-time position and working hours may also include Bank holidays and one Sunday afternoon every five or six weeks. The role will involve structured group work facilitation, liaising with statutory referrers, workshops and the care of clients during their detox period. Those with personal experience of addiction or dependency on drugs/alcohol and who are at least two years drug free/sober are encouraged to apply, but it is not essential. Successful candidates will demonstrate computer literacy and a caring, creative and enthusiastic approach.

Please email your CV, with covering letter, to Jef.Mullins@ttpcc.org.uk

ttp counselling

alcohol and drug rehab

www.ttpcc.org

VOICES FOR CHOICES

The second national service user conference

Political, practical and interactive

Building on the success of last year's event, the second national service user involvement conference will bring together policymakers, DAATs, treatment providers and service users to bring about meaningful service user involvement.

Delegate places for this unique one-day event are strictly limited.

Service user delegate place £80 + vat
Professional place £130 + vat

Book online at www.drinkanddrugs.net
Email ian@cjwellings.com
Telephone 020 7463 2081

DDN Drink and Drugs News

29 January 2009
Holiday Inn, Birmingham

The Alliance
Taking treatment forward