DDN
Drink and Drugs News

14 January 2008
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NO HALF MEASURES
Alcohol policy moves into the 21st century

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"If you're going to keep your sanity here, you have to get one thing straight from the very start. Get it firmly into your head that none of these people are ever going to get better."

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Editor's letter

Leaping into recovery seems a fine way to start off this Leap Year – it's good to be back! I hope you're having a good 2008 so far. As it's the time when we traditionally hold ingrained habits up to the light in a spirit of willingness to change, you might find inspiration from Dr David McCartney's cover story. Why settle for an uninspiring culture when this field should be all about motivating clients?

His approach seems worth looking at. Not only has he looked at evidence of what's worked at both ends of the country; he has joined up with the local experts to form a hub of expertise in Edinburgh. We are always looking to load the word 'aftercare' with real meaning, and the four pillars of the LEAP model build a substantial programme to accompany the client's readiness to change.

Challenging ingrained attitudes is what we're gearing up to do through the rapidly approaching DDN/Alliance 'Nothing about us without us' conference at the end of the month – and I have to say we're very excited by the response from readers. The UK map on our office wall is studded with pins showing hundreds of delegates from all over the country – both service users and providers – and we're looking forward to a very lively day. We're determined to capture the thoughts, questions and issues raised at the event and follow them up in a DDN special issue, so the event will reflect the concerns and represent an evolving debate. If you have questions, or want answers, about any issues relating to service user involvement, come and join us! You have until 22 January to get in touch to secure your place.

The conference is as much for alcohol as well as drug users and services, and Don Shenker reveals a glimmer of hope that alcohol policy is limbering up to be taken seriously, on page 12. Local accountability through hard targets is surely the only way to make sure that commissioners take alcohol problems – and their prevention – seriously.

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In this issue

Abolish drug death penalty, says IHRA

An end to the use of the death penalty for drugs offences has been called for in a new report from the International Harm Reduction Association (IHRA).

Half of the 64 countries that retain capital punishment impose the death penalty for drug-related offences, in many cases for possession as well as trafficking, it says. Most of the countries are in the Asia Pacific, Middle East and North African regions and in some drug offenders make up a significant percentage of executions.

According to *The death penalty for drug offences – a violation of international human rights law*, more than 50 people were publicly executed for drugs offences at mass rallies in China in 2001, and the country still marks the UN's international anti-drug day by carrying out executions. More than 70 per cent of executions in Malaysia in 2004/05 were for drugs offences and, last month alone in Iran, five people were hanged for drug trafficking offences on a single day.

The UN's International Covenant on Civil and Political Rights stipulates that capital punishment should only apply to the 'most serious crimes' – however the UN Human Rights Committee has stated that drug offences should not be considered in this category, meaning that the executions are in violation of international human rights law. 'In contrast to the international trend towards the abolition of capital punishment, the number of countries applying the death penalty to drug offenders has increased over the past 20 years,' states the report. 'Punitive prohibitionist policies towards drugs are typically justified on both moral and utilitarian grounds – in many ways the application of the death penalty for drug offences is the ultimate expression of these perspectives.'

'Capital punishment for drug offences is but one illustration of how human rights have been sacrificed in the name of the 'war on drugs' said IHRA executive director Professor Gerry Stimson. 'Unfortunately, the death penalty is not the only example of such abuses worldwide. Repressive law enforcement practices, the denial of health services to drug users and the spread of HIV infection among people who inject drugs, due to lack of access to harm reduction programmes, are far too common in many countries across the globe.'

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

Death Watch International campaigns for the abolition of the death penalty worldwide. For more information, or to find out how you can help, visit their website at www.deathwatchinternational.org/

See the 11 February issue of DDN for a feature on the worldwide use of the death penalty for drugs offences.

Scots extend reach of treatment orders toward earlier intervention

Scottish courts will be offered the option of using a new model of drug treatment and testing orders (DTTOs), under a pilot scheme to begin in the spring.

DTTOs have mainly been used with high tariff offenders, but the new model will offer the courts an option to use them to deal with offenders at an earlier stage of their drug misuse problems. If the two-year pilot scheme in the Lothians and Borders Justice Authority area is successful, it could be applied across the whole of Scotland.

DTTOs, which require the consent of the offender, aim to reduce related criminal behaviour, such as burglary and street robbery, by addressing an offender's drug misuse. 'Reducing drug-related crime and re-offending is a key aim for the Scottish government,' said minister for community safety, Fergus Ewing. 'We want to build on the current success of DTTOs, which can help move problematic drug users into appropriate treatment and support services. Despite having extensive prior criminal histories, almost half of those who complete their orders have no further convictions within two years. Even non-completers demonstrated reduced reconviction rates.

'We are committed to ensuring that drugs misusing offenders are provided with every opportunity to access treatment in order to reduce the amount of acquisitive crime being carried out in our communities,' he continued. 'It's not simply a case of extending DTTOs in their present form – the cost, complexity of delivering the order and the fact that it has been targeted at more serious offenders means that a slightly different approach is needed. However, if we are successful in our aim it will mean that this group of offenders will not graduate to more serious offending careers.'

Scottish methadone prescriptions up 35 per cent

Methadone prescribing rates in Scotland have risen by 35 per cent in the last five years, from 71 per 1,000 population in 2002/03 to 96 per 1,000 in 2006/07, according to Drug Misuse Statistics Scotland 2007. Around 20,000 people in Scotland are now prescribed methadone.

More than 12,000 'new' people were added to the Scottish Drugs Misuse Database (SDMD) in 2006/07, of which 68 per cent had reported using heroin. Of these, 28 per cent reported having injected in the month prior to seeking treatment – 29 per cent of the injectors reported having shared needles in the same period. Nearly a quarter those reporting use of heroin, and almost half (44 per cent) reporting use of cocaine, lived in the Greater Glasgow and Clyde NHS region.

Scottish minister for community safety, Fergus Ewing, promised a renewed emphasis on both promoting recovery and prevention – 'from better drugs education, to more choices and chances for young people in substance misusing households'.

Report available at www.drugmisuse.isdscotland.org/publications/07dmss/07dmss-000.htm

Public services not meeting need, says Turning Point

The UK's public services are not meeting the needs of the people who need them the most, according to a new report by Turning Point and Dr Foster Intelligence.

According to *A personal approach to public services*, both significant extra resources and structural reform to place clients' needs at the centre of service delivery are needed to ensure effective provision.

The report urges service providers to involve service users in designing services to meet their needs, make partnerships work for the benefit of users rather than to 'create talking shops and further bureaucracy', and make sure data is used effectively to understand the profile of the communities they serve. Aimed at all in the health and social care field, it asks providers to prioritise questions such as whether clients are being consulted, what level of service user insight there is and whether clients' full range of complex needs – such as drug misuse and mental health issues – are being addressed in a joined-up way.

'This report is a call to action,' said Turning Point's chief executive Lord Victor Adebowale. 'To get world class public services we need a step change in the culture of those services. There are pockets of best practice but this has to be built upon by drawing on the passion of service providers across the country.'

Report available at www.turningpoint.co.uk

Treatment budget remains static

The government has just announced its 2008/9 treatment budget. The figure of £398m will stay the same as last year. Paul Hayes, chief executive of the NTA said that current plans were for this amount to continue each year to 2010/11, 'by which time funding will be equitable and the drug treatment sector will have had time to plan for the new system of allocations'.

The new regime involves replacing the existing budget formula with a system of allocating money per person treated, which the Department of Health says will ensure that investment goes where it is most needed.

Public health minister, Dawn Primarolo, pointed to record levels of investment in recent years and said the continued funding demonstrated that tackling drug misuse was a key government priority.

Treatment agency Addaction were quick to voice concern over the lack of inflationary increase, which according to director of operations Shaun Huxley, would leave services facing an overall cut of 10 per cent over the next three years.

'There are more losers than winners under the new funding arrangements, with London boroughs particularly badly hit,' he said. 'This announcement is bad news not just for drug users, but the families and communities affected by drug addiction and the chaos it brings,' he added.

Hep C infections rise by 10 per cent

The number of newly diagnosed cases of hepatitis C infection in England rose by 10 per cent from 2005 to 2006, according to new figures from the Health Protection Agency (HPA).

According to *Hepatitis C in England – the Health Protection Agency annual report 2007*, the increase may partly be explained by raised awareness of the condition encouraging more people to come forward for testing, with calls to the NHS' hepatitis C information line almost doubling. Injecting drug use, however, remains the greatest risk factor for transmission.

The report estimates that more than 230,000 people aged 15-59 in England and Wales were exposed to the virus in 2003, and expects the number of people either dying or requiring hospital treatment or transplants as a result of hepatitis C-related end stage liver disease to reach nearly 2,700 by 2015. The UK is the only major developed nation showing an upward trend in the number of deaths from liver disease, it says.

'The improved public awareness we are seeing for hepatitis C represents a marked change to the position we were in just a few years ago,' said director of the HPA's Centre for Infections Professor Pete Borriello. 'The increase in testing and diagnosis of infection will enable more people to gain access to the appropriate treatment and help reduce some of the severe complications that can occur, such as liver cancer. However, there is no room for complacency. Despite the increase in awareness and diagnosis there is still some considerable way to go if the burden of this infection is to be reduced in the future.'

'Injecting drug use remains the single most important risk factor for acquisition of hepatitis C infection, estimated to be responsible for more than 90 per cent of all newly acquired infections,' said the HPA's Dr Helen Harris. 'If someone has ever shared equipment for injecting drugs – even if it was a long time ago and even if they only did it once – they can be at risk from hepatitis C.'

Report available at www.hpa.org.uk/publications/PublicationDisplay.asp?PublicationID=116

'Children's plan' commitment to drug education

The government has promised a renewed commitment to improving drug and alcohol education as part of its comprehensive 'children's plan', which promises a 'step change in the way parents and families are supported to deal with the new challenges faced by young people in the 21st century'. Up to £1bn has been allocated to fund the plan – which also focuses on improving schools and integrating services – over the next three years.

Ministers have promised to review the effectiveness and delivery of drug and alcohol education and strengthen them where necessary. Schools are in an ideal position to 'communicate the right messages and spot alcohol misuse problems early', says the plan.

A range of measures to tackle 'risky behaviours' will also include a youth alcohol plan to be published in the spring and a pledge to 'consider the case for further action on alcohol advertising'. 'Our job is to intervene early to prevent children engaging in risky behaviours like drug taking or binge drinking, disengaging form education or getting into crime,' said secretary of state for children, schools and families Ed Balls.

'We need drug education to be connected to wider strategies to reduce the number of young people taking drugs and the harm they do,' said chair of the Drug Education Forum, Eric Carlin. 'In our view it is critical that any profession that has contact with children and young people can provide useful advice and support around drug issues. This means that they need training at the beginnings of their careers and continuing professional development. We are very pleased that parents are to receive additional support too.'

News in Brief

Police response

DATs have been invited to respond to the Home Office's consultation into its new performance assessment framework for the police, APACS (Assessments of Policing and Community Safety). The framework is designed to cover areas where DAT partnerships work with the police on drug and alcohol issues. APACS will focus on the priorities set out in Public Service Agreement (PSA) 25 (alcohol and drugs). Consultation documents available to download at http://drugs.homeoffice.gov.uk/news-events/latest-news/apacs

Kenwards and upwards

The Kenward Trust – the independent Christian charity offering recovery programmes for people with drug and alcohol programmes – has a new chief executive. Angela Painter left her role as a senior NHS manager to take over from Godfrey Featherstone, who has held the position for all but two of the Trust's 40 year history. 'I am fully aware that it will be a huge challenge to be following in Godfrey's footsteps,' she said, 'but I am confident that together with Kenward's committed staff and volunteers we can continue the great achievements and tradition that make the Trust so very special.'

Peer praise

The Lighthouse Project's 'peer to peer' training programme has been recognised by the National Training Awards as a good example of effective training, after meeting the strict requirements of value for money, a positive impact on learner performance and a genuine business benefit. The programme was funded through Liverpool and Sefton DATs and aims to challenge misinformation and increase awareness of safe practice. 'We are thrilled that the Peer to Peer initiative has been recognised in this way and is a great achievement for all involved,' said Lighthouse Project chief executive Diane Bird.

Shirt shrift

Alcohol branding will no longer be allowed to appear on children's replica sports shirts, under the latest version of alcohol industry body The Portman Group's marketing code of practice. Alcohol marketing will also be prevented from urging consumers to drink rapidly or 'down in one'. 'Only consumers can determine how they drink but producers should not be promoting any potentially harmful drinking style,' said the group's chief executive David Poley. Code of practice available at www.portmangroup.org.uk

Jack steps down

The UK's oldest drugs worker, Jack Metcalfe, has retired from his post at Developing Initiatives Supporting Communities (DISC) after 17 years service. The 67-year-old former coal miner specialised in working with adult substance misusers in Peterlee, East Durham, helping those just beginning methadone treatment gain structure in their lives and stay in treatment. 'Jack has worked tirelessly to support people in trouble in the community,' said DISC chief executive Mark Weeding.

Leap into recovery

Addiction treatment is turning into a form of learned hopelessness, argues Dr David McCartney. Galvanised by the need to do something positive, he explains how he formed the LEAP team with colleagues in Edinburgh to give clients a springboard to recovery.

'If you're going to keep your sanity here, you have to get one thing straight from the very start. Get it firmly into your head that none of these people are ever going to get better.'

This was the advice of a medical colleague to me as I visited the service she worked in. She was talking about the clients in her care, mostly opiate addicts, in a large UK city. The service manager sat beside us nodding his head in agreement. He'd been showing me round some of the drug teams in the city as I contemplated applying for a job there.

At that moment and with utter conviction, I made two decisions almost instantaneously. The first was obvious: I could not work in a service where attitudes like that were embedded and accepted, albeit as a rationalisation for self-protection and preservation; it is after all, a challenging field. The second was 'I need to do something about this'.

I knew from my own practice in addictions that clients too often had the belief that nothing would ever change. It is a form of learned hopelessness. When professionals share the belief, inertia is inevitable. It was around this time that the concept for the Lothians & Edinburgh Abstinence Programme was born.

Methadone, often our first choice for opiate addicts, makes a significant impact – more so for some than others. But it doesn't seem to help people achieve their goal of becoming drug free.

Part of my addictions training was a spell of working in an abstinence-oriented residential treatment centre. In this setting, there is plenty of corroboration that recovery is an attainable goal for many. There is evidence too from British studies that a drug-free state can be reached. NTORS (National Treatment Outcome Research Study) in England and DORIS (Drug Outcome Research in Scotland) found that residential treatment was the intervention most strongly associated with abstinence.

As Professor David Clark has pointed out in *DDN*, in his excellent series on Recovery and Communities of Recovery, treatment is a tool to help people resolve their substance abuse problems. The key is helping the individual gain self-efficacy

and behaviours which will maintain recovery in the longer term. Hooking people into recovery communities is an essential part of sustaining recovery. Promoting a recovery culture will help clients in our services achieve it.

Cost can be one limiting factor for accessing residential treatment with only a minority of those seeking treatment getting to residential centres. We know from surveys conducted by the NTA and from DORIS that between 56 and 80 per cent of those coming to treatment services want to become drug free. We also know that most don't achieve this and I wonder if one of the reasons for this is that we as treatment professionals set our sights far too low for our clients. If we believe that recovery is impossible and carry on doing what we have always done, then the chances of it happening are slim.

Helping people to abstinence is not about hosting a debate on whether harm reduction or abstinence is better. It is about accepting the part methadone can play on the recovery journey, but not losing the momentum of travel. When working in maintenance clinics, I was always asking clients, 'What next? Where are you going next?' The harder question is: 'How are you going to get there?'

If many clients want a drug free recovery and it looks like residential treatment is too expensive for most, then the question arose in my mind: could we offer the quality of residential treatment services but do it in the community at a fraction of the cost? That's the question LEAP is hoping to answer.

Rather than reinvent the wheel, we looked to the evidence base of what seemed to work, drew on the latest brain science to inform practice and visited Providence Projects in Bournemouth, the forerunner of quasi-residential treatment in the UK. Their CEO, Steve Spiegel freely shared their data, which I'd originally heard presented at a European conference, but also shared valuable experience and essential elements of their programme with us, which was hugely helpful.

What is LEAP?

LEAP is an intensive detoxification and rehabilitation treatment programme based in the heart of Edinburgh. It is funded by the Scottish Government through the DAAT to NHS Lothian. Further specialist funding comes from the Robertson Trust. The core programme lasts three months and is delivered from a day centre. The majority of clients in the project are housed in supported accommodation provided by the City of Edinburgh Council. We have a core team of ten, including myself as clinical lead; Eddy Conroy, head therapist; Gillian Fulton, admin manager and three further therapists (Robert, Tracey and Richard), two nurses (Jim and Helen), a pharmacist (Mandy) and administrative support (Jan). We're delighted to have recently appointed seven volunteers to the team. We started treating clients in September 2007.

There are four evidence-based pillars to the LEAP model. These are: medical and therapeutic; housing; vocational training; and self-help.

Medical and therapeutic

After a three-stage assessment process which looks, among other things, at motivation and readiness for change, but is just as much about developing a therapeutic relationship, suitable clients are admitted to the programme. They are given a physical examination, a mental state assessment and offered screening for blood borne viruses and immunisation against hepatitis B and A. If detoxification is required, the client is involved in planning this and is offered choice. We use opiate, alcohol and benzodiazepine withdrawal rating scales during the detoxification period. The therapeutic programme is structured and pretty full. From the outset, the emphasis is on personal responsibility, adopting self-caring behaviours and taking action on one's recovery. Group sessions, one to one working, presentations, workshops, alternative therapies and recreation are components. A rolling programme ensures no two weeks are the same.

Housing

We are working with partners, the City of Edinburgh Council, to provide supported accommodation to the majority of clients coming to the programme. Clients live together a short distance from Malta House, where the day programme is delivered. They share shopping, cleaning and cooking duties on a rota system they manage themselves. Housing staff do their own assessment and help clients meet their social needs. They support clients, particularly in the evenings and at the weekends when the day programme is not running. Planning for next stage housing starts from the outset and our goal is that nobody will complete the programme without satisfactory accommodation to move on to.

Vocational training

Sian Fiddimore manages 'Transition', a local agency geared up to help clients get back into training, education and the workplace. In association with Sian and her team, we have developed a working partnership, which has resulted in a two-hour session on 'personal effectiveness' delivered during our weekly programme, leading to a certified qualification if clients complete the rolling programme. There is published evidence that if services address vocational training needs outcomes are better for clients. The plan is that most clients will progress to complete the transition programme on leaving LEAP.

Self help

The new Orange Book National Guidelines, the NICE Guidelines on Psychosocial Interventions and on Detoxification all recommend referral to self-help groups as standard for those clients wanting to stop using. With the accumulation of evidence on the efficacy of such groups it is no longer justifiable to simply dismiss them. We know from British research that professionals are much less likely to have positive attitudes to 12-step groups than clients are, and this really needs to change. The psychosocial guidelines say; 'Staff should routinely provide people who misuse drugs with information about self-help groups. These groups should normally be based on 12-step principles; for example, Narcotics Anonymous and Cocaine Anonymous'. That's what we do at LEAP.

Helping clients find recovery communities where they have clean friends, new social networks and support systems, structure for the evenings and an ongoing recovery programme are fundamental tools in the recovery toolbox. This will complement our own aftercare programme. For some LEAP clients, their first experience of a group of clean addicts in the community is at a 12-step meeting. Role modelling is part of the recovery process. There are 1,000 self-help meetings weekly in Scotland; this resource is too good to miss.

At LEAP we offer family and couples therapy where appropriate. Families are suffering too and family members may be entrenched in negative or unhelpful beliefs and attitudes. We encourage family members to attend the graduation ceremony held at the end of the 12 weeks, to celebrate success in completing what is a rigorous and demanding programme. We had our first graduations in November at a ceremony which turned out to be emotional and joyful. The community room was packed with significant others, support workers, peers and children of clients. The graduates spoke movingly of their recovery journeys and their peers in treatment affirmed the achievements they'd made. Seeing clients recover from addiction is a wonderful thing. Evaluation is hugely important to us. We have appointed external evaluators to robustly monitor our processes and outcomes and we plan to publish the results. When I was researching what works in recovery focussed interventions, I discovered that few of us are looking at outcomes. We will at LEAP.

We had a visit recently by a senior official from one of our funding agencies. He spent some time with the clients and felt moved by listening to their experiences. He took away two key messages from his morning at LEAP. The first was that these addicts had lost hope that they would ever recover until they came into treatment and dared to believe that it might just happen for them. The second was that until they came to LEAP, they had the belief that they weren't worth very much.

This rebirth of hope and belief in one's own ability to recover is the first stage in recovery. It needs to happen not just in our clients, but in some of our colleagues as well. We're seeing it happen at LEAP.

Dr David McCartney is an addiction specialist, a tutor on the Royal College of General Practitioners Certificate Course and clinical lead at the Lothians & Edinburgh Abstinence Programme.

'...research highlights that many services aimed at the majority population alienate black and minority ethnic drug users, presenting language and cultural barriers in terms of treatment, as well as causing concerns over confidentiality. Recommended solutions include enhancing community engagement, working closely with families and offering targeted literature.'

Drugsline 'Joining the loop'

Roseanne Sweeney writes about the recently published findings about the needs of black and minority ethnic drug users, following research by the National Treatment Agency (*DDN*, 3 December 2007, page 10).

The research highlights that many services aimed at the majority population alienate black and minority ethnic drug users, presenting language and cultural barriers in terms of treatment, as well as causing concerns over confidentiality. Recommended solutions include enhancing community engagement, working closely with families and offering targeted literature – all of which have been addressed by Drugsline this year through the unique 'Joining the Loop' partnership.

In November, Drugsline launched the first UK crisis line run by dedicated, fully trained volunteers trained to cater for the specific needs of both Jewish and Muslim communities simultaneously.

Although Drugsline has always offered a non-denominational crisis support line, its director, Rabbi Aryeh Sufrin, is an Orthodox Jew. After the report *Combating stigma, drug use among the Muslim communities in London Borough of Redbridge* Rabbi Sufrin recognised that the Jewish and Muslim communities share many of the same cultural taboos about drugs and promptly set about establishing the Joining the Loop partnership with local Muslim community groups.

Thanks to a grant from the London Borough of Redbridge, Drugsline has been able to train new volunteers who can now offer specialist support in Gujarati, Bengali, Urdu, Hebrew and Yiddish. Volunteers include those from religious Jewish and Muslim backgrounds, two Rabbis (including Rabbi Sufrin) and an Imam. Following calls to the freephone crisis line (0808 1 606 606), appointments have already been made for families to visit the Drugsline centre to take part in sessions with the counsellors. Drugsline fully understands the importance of appropriate support being available for all those affected by drug abuse – not only the addict but also their family and friends. Over the coming year, Drugsline plans to extend this unique service to reach other 'excluded' and minority communities by training more volunteers who will be able to provide support in even more languages.

Further, Drugsline has designed and produced a range of literature in the relevant languages, aimed at increasing awareness amongst minority communities and thus widening the help that Drugsline already provides.

The NTA research is an important step towards ensuring every borough has a service such as Joining the Loop, and it is comforting to read of the effort being put into understanding the need. I hope the government will extend support for such essential services.

Christina Ball, operations director, Drugsline (www.drugsline.org)

Anything less is incompetent

Our council members were pleased to see the headline 'NTA Wants Competence Proof' in the last issue of *DDN* (3 December 2007, page 5), but disappointed to discover that it was talking about 'professional qualifications' rather than about results achieved in bringing addicts to abstinence.

Any truly competent method of drug recovery must start with an unambiguous definition of an effective result, and proof rests in the only logical and compassionate goal for treatment, which is 'lifelong comfortable abstinence'. Practical experience over 41 years has shown the best working definition to be:

A fully employable former addict or user who:

- since completing a recovery programme has not used his or her original addictive substance(s) for a period significantly in excess of twelve months,
- who remains fully convinced that he or she will comfortably abstain for life,
- who has not replaced such earlier usage with another addictive substance, (eg methadone),
- who is now taking responsibility for his or her own life and family,
- who no longer needs or wants further rehabilitative support, and,
- who is now also taking responsibility for, and is contributing to, his or her community.

A result which falls short of achieving relaxed abstinence for life is hardly effective treatment, and irrespective of the number of paper qualifications set by DANOS and held by adult drug treatment workers, anything less than comfortable abstinence for life – as defined above – is essentially proof of some lack of competence.

Elisabeth Reichert, secretary to the council, The Campaign for Effective Prevention and Treatment of Addiction (CEPTA)

Anything less is propaganda

How can a researcher in social services (*DDN*, 3 December 2007, page 8) say that methadone maintenance is effective in reducing drug use and crime?

Does he not know that taking methadone is usage of a highly addictive drug? Does he not know that 80 per cent of those on methadone use another drug once a week and that 44 per cent use heroin once a day? (*Drugs at the Sharp End – The Big Issue in the North* study). Does he not know that to support illicit drug usage methadone users continually commit crimes which, police say, are better planned because methadone gives them time to organise?

The psycho-pharmaceutical mantra, which goes 'If we can't cure addiction – then it can't be cured', is what they have sold to politicians, civil servants, media and the public as a way of protecting their market from rehabilitation programmes which steal their best customers by curing them. An addict is a goose which daily lays golden eggs, and the last thing a methadone manufacturer wants is to lose hundreds of thousands of customers whose supplies are paid for by the taxpayer.

Rehabilitation programmes which deliver stress-free abstinence for life are available in 42 countries – for the public and also in many prisons.

Every PLC must strive to increase drug turnover and profit if the directors don't want the sack. And the reason why abstinence versus harm reduction has become boring is because it has been made so by psycho-pharm PR lobbyists and the front organisations they have developed to give apparent public support to their psycho-pharm clients' products, resulting in ad-nauseum pushing of so-called harm reduction.

It is fortunately clear that the Conservatives have seen through such propaganda and investigated how countries like Sweden and others manage to do far, far better than we do in the handling of both prevention and cure of drug addiction.

The pretence of so-called harm reduction must therefore be swept aside and replaced with truly effective rehabilitation which provenly delivers lifelong abstinence in anything from 69 to 84 per cent of cases both in prison and outside, and has done for 41 years.

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

Everything else is personal

Alex Stevens, (*DDN*, 3 December 2007, page 8) urges us to look at the evidence relating to drug and treatment protocols. He also rightly calls for an end to the argument between harm reduction and abstinence-focused recovery.

Theoretically, given that both seek to reduce the devastating harms suffered by

those who are unfortunate enough to be addicted, there should not be an argument. The acrimony that arises can often be traced to personal prejudices, together with a lack of respect for opposing views and the use of selective evidence by both sides to bolster both their egos and arguments (mea culpa!).

The writer suggests that the essential philosophical difference between harm reduction and abstinence-focused recovery are that the former treats the addiction, while the latter seeks to treat the addict.

A lack of a universal monitoring service, limitations on space, together with lack of independent statistical information prevent comparing how both approaches fare in the UK in reducing drug related mental, physical, and spiritual harms, as well as crime. Nor for the same reasons is it possible to objectively compare how either help to achieve social reintegration, including employment.

However since the preferred model of treatment in the public sector in the UK is harm reduction with substitution drugs, we can examine, with statistical information and facts, from official sources, how successful it is in addressing mutual objectives.

Treatment: In 2005 there were 135,000 in substitution treatment. 109,000 of whom were on methadone maintenance treatment (EMCDDA).

Physical health: Between 1998 and 2005, hepatitis C among drug users has increased from 4,476 to 55,000 (Health Protection Agency).

Drug-related deaths for 2004 are recorded at 5,867, a 6 per cent increase on 2003 (National Statistics website).

Mental Health: Mental health organisations, the Department of Health, National Statistics, and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), fail to offer any statistics relating to the numbers of drug users who suffer co-occurring mental disorders. Nor for that matter do they inform what provisions and facilities, if any, there are for the specialised, long-term treatment necessary for such cases. However it is widely believed that many of those who suffer are in prison, which given the lack of facilities for suitable treatment, is unlikely to alleviate their condition.

Peter O'Loughlin,
The Eden Lodge Practice

Our hero

As a recovering addict I have had the privilege to read every issue of *DDN* throughout 2007. I sincerely believe it is the leader in the field for both the private and public sector and has gone from strength to strength.

The one thing that always seems to stare me in the face is how huge and complex addiction is, at whatever angle you approach it. I read with true amazement the columns written by Dr Chris Ford, GP at Lonsdale Medical Centre and clinical lead for SMMGP. Every article she has written shows her true colours, professionalism, commitment and total and utter understanding of addiction – summed up by her final paragraph in last issue's column (*DDN*, 3 December, page 16).

Recovery is an individual journey and for many, time is the main factor alongside professionals who understand and never give up on the client, and put in all the resources that are in their power to support the individual. There are doctors, and there are caring understanding doctors, and I sure wish I had had the chance of having Dr Chris Ford or someone similar at the start of my journey.

Keep up the wonderful work you do, Dr Chris Ford, you truly are an inspiration and an asset to the field.

S Rendell, Hertfordshire

Write in anger and repent at leisure

In clarification of my letter (*DDN*, 3 December, page 8) I would like to be clear that I believe abstinent ex drug users do have an important role in informing drug treatment but policy should not be based entirely on the opinions of the percentage of users who both desire and achieve abstinence.

I would echo Stephen's call for both quality prescribing and residential rehab.

Richie Moore, Bristol

We welcome your letters

Please email letters to the editor, claire@cjwellings.com or post them to the DDN address on page 3. Letters may be edited for reasons of space or clarity – please limit length to 350 words.

Notes from the Alliance

Is this a fair fight?

Sometimes life throws out a brutal reminder of why we need to fight the user's corner so hard, says Daren Garratt.

The DDN/Alliance 'Nothing about us without us' user conference is almost upon us, and all indications are that this could be a watershed event – the day that users become regarded as human beings with exceptional health needs, and when their desire for quality and equality in all aspects of their treatment (be that medical treatment or basic common courtesy) is finally heard and respected.

And then I step out of my safe, drug worker activist bubble into the outside world and the cold, harsh dawn of reality hits me right between the eyes.

My best friend's been in intensive care since New Year's Eve. A lot of that time has been spent on life support, as he can't breathe for himself so he's had to have a tracheotomy to help him. He's been fully sedated for the whole duration and we've been told to prepare ourselves for him having serious brain damage when/if he pulls through. He's 34 years old, a dad and the funniest, kindest, loveliest bloke you could ever wish to meet.

He's also been a problematic drug user and drinker for over 20 years, and because he was found in an alley in the foetal position, comments have ranged from, 'Gone over hasn't he?' through 'Couldn't bloody stand by 10 o'clock again could he?' to 'Well, what do you expect? You always knew something like this'd happen before he was 35' (said to his sister in the shop she works in). When I then say we don't know what happened but he had grazes on both cheeks, a swollen right cheek, a bloodied and swollen upper lip, caked blood in both nostrils, caked blood between his eyelids, a blackened cauliflower right ear, and huge bruises covering both shoulders, leading my eyes to believe he's been the victim of an attack, the response has invariably been, 'Oh shit! Sorry Daz. I didn't know. I just assumed... God, that's terrible.'

That's terrible?!! What, so him being on life support facing an uncertain future wasn't terrible when you assumed it was because he was pissed/gauching and had 'just' fallen? So we should just have accepted his fate and the terrible tragedy that's befallen him and those who love him because it was a result of who he is and what he chooses to do? It's sickened me. I've cried a lot this past week or so, and it's only been compounded by the attitudes and reactions of people (many of them 'friends' or workers in the field) to this heartbreaking situation.

I thought that a regular *DDN* correspondent's recent claim that drug users have no human rights was a uniquely extremist viewpoint. I have since had to acknowledge that he is far from alone and the dignity and equality we are working so tirelessly to achieve is as far away now as it ever was.

So let's all enjoy the conference and make it a success, but probably best not to get too carried away yet, eh?

Daren Garratt is executive director of the Alliance

'I believe in people helping people and the power of empathy. And this client group has got that – they can engage with other people in recovery better than anyone else.' Linda Sawyer is talking about the service users whom she not only helps get back into the job market through her day job as progress2work consultant for social exclusion agency Working Links, but also sees as a huge and untapped labour resource for the substance misuse field itself.

'There are many, many clients I've met who – when they get into recovery – want to give something back by working in the field,' she says. 'But it's very hard for them to know where to start – where to access training, whether that training meets DANOS standards or simply how to begin trying to achieve what they want to achieve.'

That's why for the past six years she has been dedicating all of her spare time to working towards setting up Clean Break, a scheme designed to help those previously trapped in a cycle of addiction to build a career in the substance misuse field and help meet the growing need for properly trained and qualified staff. Her efforts were recognised when she was named East Midlands Drug Worker of the Year award in the Home Office's 2007 Tackling Drugs, Saving Lives awards.

Moreover, she is approaching the situation from a slightly different angle to many people in the field. 'I haven't spent years working in this sector,' she says. 'I've worked in social exclusion for a long time but basically I come from a recruitment and training background, so what I have is that ability to see supply and demand.'

The original impetus came from witnessing a dramatic increase in the number of people sleeping rough on the streets of Nottingham. 'Every time I stopped to talk to them and ask them how they found themselves in this situation they always told me that they had problems with drugs,' she says. 'I felt I had to find out what I could do to help this particular client group.'

She is now co-ordinating a range of organisations with links to the substance misuse sector in Nottingham to build a supported programme of learning to help those in recovery build careers in the field. 'When I started investigating what was in place to help them move from a place of recovery – however tentative those steps might be – into a place of self actualisation and working in the field to help other people, I realised that there really wasn't anything available.'

Working Links itself has helped around 90,000 people such as the long-term unemployed, lone parents and people receiving incapacity benefits to overcome barriers to returning to work since its inception eight years ago. Her managers there have been very supportive, giving her two days a week off to develop Clean Break, and a major milestone on the road to setting it up was an event she organised at the Nottingham Ice Arena last October. The aim was to encourage people to come forward to form a steering group, and more than 60 people attended, including two chief inspectors from the Nottinghamshire constabulary as well as service providers and people from the education, training, prison and probation sectors.

'The key thing was that they were all working with this client group,' she says. 'This project is about collaborative working, and all of them signed up to give their commitment – whether it was to supply clients, training, premises or help with things like feasibility studies. It was a phenomenal response.'

Perhaps the biggest coup, however – and where the award will undoubtedly have played its part – was getting Home Office Minister Vernon Coaker to attend. 'The timing couldn't have been better,' she says. 'Winning the award has validated what I do. All of a sudden I've got this credibility. It meant that Vernon Coaker listened to me when I went to see him and said "this is the model that I want to create" – he understood it absolutely. The award has been phenomenal in terms of raising awareness for the project – I've been on TV, on the radio and in the press. I couldn't have bought a better publicity campaign.'

The idea now is that the project moves forward as a social enterprise, with sustainable and democratic principles at its core. 'My job is to facilitate the steering committee, and draw on their expertise of dealing with this client group from different angles,' she says. 'Everyone will still have

Many people in recovery from a substance misuse problem feel the need to put something back and so are ideally placed to help others in a similar situation. **David Gilliver** talks to a Nottingham-based drug worker whose recognition of this vast untapped resource helped win her the East Midlands Drug Worker of the Year award for 2007.

A virtuous circle

their real jobs out there, but we'll form a social enterprise that can bid for money to do what we want to do – we'll go to the European Social Fund, the Learning and Skills Council, Job Centre Plus.'

Clean Break will then act as a vehicle to deliver contracts and training, and as a specialist recruitment service. 'It means we'll train our own labour pool for the substance misuse sector and help the sector by providing staff. It will be an organisation borne out of other organisations with a common purpose – we'll not only provide a unique path of training, learning and support for people to get into this kind of work, but we'll provide all these other things on top, so we'll become something in our own right, a multi-faceted model. It will cater for the needs of both the individual and the industry – there are agencies who are doing the recruitment service for this sector, or doing the training or working with this client group, but I don't know of any organisation that does all three.'

Having the proper support in place for those in recovery, however, will be central to the project. 'Obviously what we could never do is put someone who's in recovery straight into a rigorous programme of training, because we'd be setting them up to fail,' she says. 'If they go into something that's difficult and demanding and calls on all their time management skills and ability to manage all of the other issues in their lives, it could send them into a relapse. So the project is based around a supported pathway in recognition of their vulnerability and the fact that they bring a lot of issues to the table. Instead of throwing them in at the deep end they'll have a mentor to support them and engage with, and they'll study at a manageable level with advice and guidance at their fingertips at all times.'

Phase one of the training process will focus on personal development, and if the clients choose to, they can then go on to phase two, which is the nine DANOS core competencies. If they want to go further, phase three focuses on the 14 specialist competencies. The clients are fully mentored throughout the process and are then able to become mentors themselves. The aim is that those taking part see themselves not as victims but as agents of change, able to embrace social responsibility rather than evade it and integrate life skills and professional training with a change in the attitudes and behaviours that may have contributed to their previous problems.

'Let's say someone comes out of prison and has been clean for two years,' she says. 'Phase one is all about building them up – things like emotional intelligence, citizenship, connecting with people and being true to themselves. In phase two they then become a mentor for the phase one people, so they're living and breathing the whole peer mentoring programme from day one. If they go to phase three, they then mentor the phase two people.

'The idea of using that wonderful, amazing human resource was the kernel for me,' she continues. 'Supporting, encouraging and developing it, and creating an opportunity for that resource to then help address the problem, which is people coming out of substance misuse into recovery. It's people helping people helping people – people who actually know what it's like to be homeless, who know what it's like to be in prison. For quite a lot of them helping others is their dearest wish.'

Although it does not directly provide funding, Working Links will continue to incubate Clean Break until it can stand on its own two feet financially. 'We're still a long way away from launching,' she says. 'The need and the desire are clearly both there but the question is how we make it work in practical terms.'

So aside from the undoubted help it has been in getting the project up and running, what has winning the award meant to her? 'I was delighted to win it,' she says. 'My boss nominated me, my friends nominated me and so did the clients. They'd all seen me working with clients day after day – going into prisons, hostels and outreach projects, but also doing all this development work in my spare time. And ultimately it's all about the clients. Some of them have come from being almost dead with pancreatitis to full recovery and fulfilling work. It's a joy to see that.'

For more information on Clean Break or to get involved contact Linda Sawyer on Linda.Sawyer@workinglinks.co.uk

No half measures?

Alcohol policy is moving into the 21st Century at last, says **Don Shenker**

Government is getting smarter about tackling alcohol misuse. The current national and local framework to address both health and community safety issues in relation to alcohol harms has never been tighter or more accountable.

We seem finally to be making some headway in ensuring local and national accountability in addressing the country's third largest burden of disease. There have been major shifts in policy and detail following the publication of *Safe, Sensible, Social* and the recent announcement of the alcohol and drug public service agreement.

This public service agreement – No. 25, *Reducing the Harms caused by Alcohol and Drugs* – will aim to reduce alcohol and drug harms to the community as a result of associated crime, disorder and anti-social behaviour. It will address the health and wellbeing of those who use drugs or drink harmfully, and look at the development and wellbeing of young people and families.

One of its key objectives, to reduce the harms caused by drinking too much alcohol too frequently, will be measured by a reduction in the rate of alcohol-related hospital admissions.

A further measure will be the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area. Measuring the rate of alcohol-related violent crime and assault with injury, PSA 25 will link into PSA 23 to 'make communities safer', by aiming to reduce alcohol-related disorder.

The number of young people frequently using drugs, alcohol or volatile substances is measured by PSA 14, which aims to 'increase the number of children and young people on the path to success'.

Action on crime

Safe, Sensible, Social has already established that Crime and Disorder Reduction Partnerships (CDRPs) must have alcohol harm reduction strategies in place by April 2008, to tackle alcohol-related crime and disorder. The CDRP strategies will be performance managed by their regional Government Offices (GOs) who will be looking to see how communities are being better protected.

Alcohol Concern was commissioned by the Home Office to update the original Local Alcohol Strategies Toolkit, developed with LDAN in 2004 (see www.localalcoholstrategies.org.uk). The new version advises local partners on how to deliver the outcomes of *Safe, Sensible, Social* locally through co-ordinating strategies to focus on crime, health and young people. The fact that the Home Office have proactively sought to develop this toolkit shows their genuine commitment to helping local CDRPs meet alcohol harm reduction targets, and it has had input from the Department of Health, Department for Culture Media and Sport and Department for Children, Schools and Families.

Local needs assessments

At a local level all areas must now carry out a Joint Strategic Needs Assessment (JSNA) between the Primary Care Trust (PCT) and local authority, which should include alcohol misuse. The DH is expected to issue guidance shortly on measuring alcohol-related needs, so that assessments will shape Local Area Agreements (LAAs) and three-year local plans for PCTs for April 2008. The new Local Alcohol Profiles for England, supplied by the North West Public Health Observatory will assist local areas in determining prevalence levels for both health and crime issues and these should also crucially include local alcohol dependency levels soon.

Health and Wellbeing Commissioning Guidelines will be issued this year to assist PCTs to commission alcohol services in line with the NHS's new Health and Wellbeing framework, together with guidance for carrying out JSNAs to measure alcohol-related needs. These will help PCTs to understand how to measure what types of needs exist in relation to alcohol misuse, as well as the most effective way to commission interventions to reduce these harms.

Focus for PCTs

A further lever for PCTs will be added when the NHS Health and Social Care Outcomes and Accountability Framework is announced later on this year. The framework is expected to provide PCTs with around 45 indicators from which they will be expected to select their own local priorities. One of these indicators is expected to be a reduction in the rate of alcohol-related hospital admissions as with the PSA commitment.

Where PCTs prioritise action against this indicator they will be expected to outline their plans publicly and will be performance-managed on their progress by Strategic Health Authorities. It is also possible that PCT performance on improving the rate of alcohol-related hospital admissions will be considered as part of the Healthcare Commission's independent annual assessment of PCT performance.

The hope is that PCTs will begin to introduce further screening and brief interventions measures helping to prevent hazardous and harmful drinkers from developing more serious alcohol problems and also encourage PCTs to develop improved pathways into specialist treatment.

PCTs that prioritise action against the alcohol indicator will be performance-managed by Strategic Health Authorities who will be measuring PCT performance against local plans.

So that PCTs and local areas know exactly how much money is being spent on dealing with alcohol misuse, the National Audit Office (NAO) is considering carrying out a national study of the health spend on alcohol misuse across each PCT and NHS organisation. This would provide a unique and accurate insight into local alcohol misuse expenditure levels for the first time. If, as it is hoped, the NAO were to go ahead with this study it would undoubtedly provide ample ammunition for those who want to invest in prevention and treatment measures to save further costs.

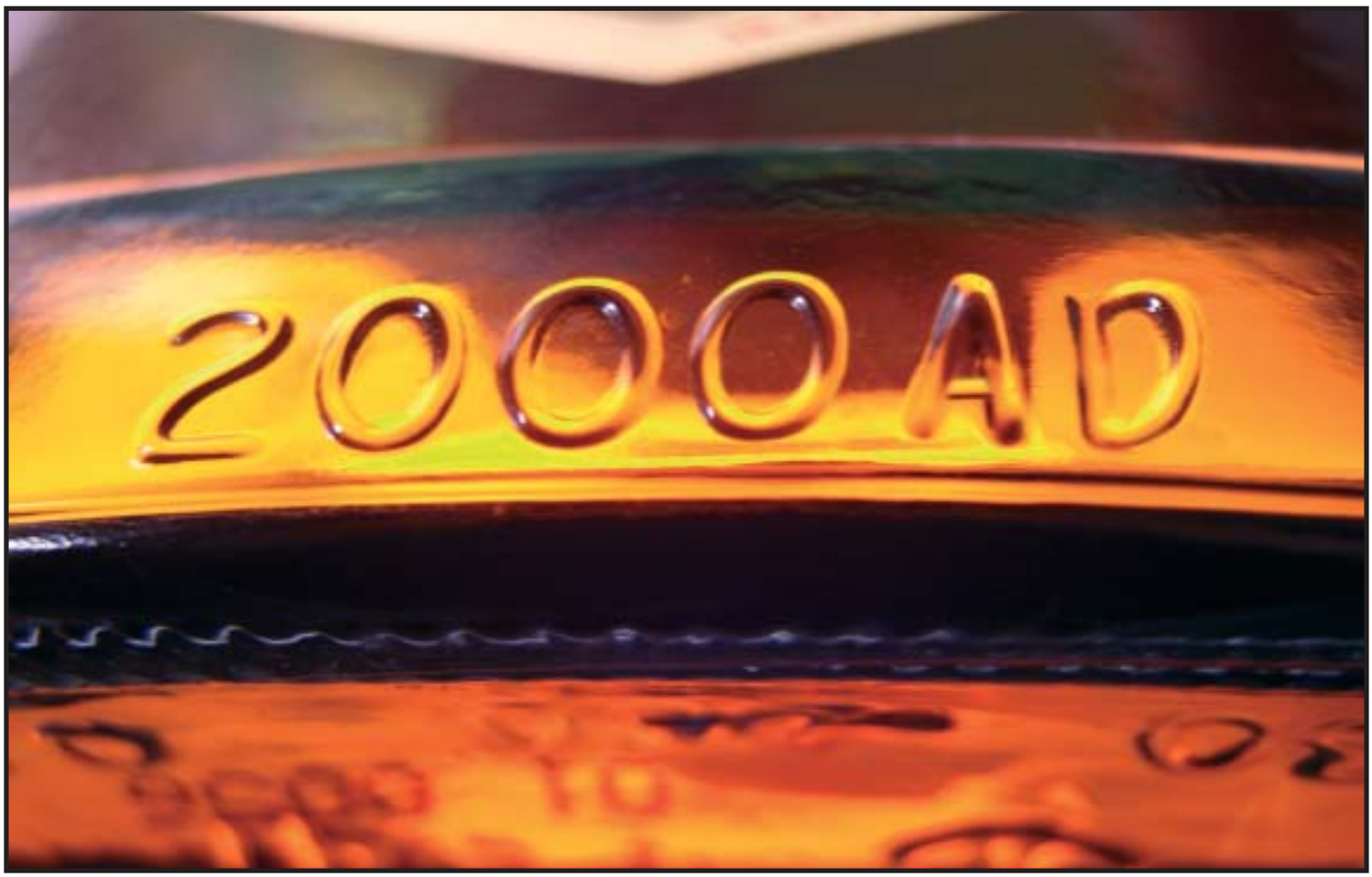
Local accountability

Local councils have also been provided with new opportunities to tackle alcohol misuse. Local Area Agreements will now have to choose a prescribed set of local indicators to track, choosing 35 indicators out of a possible 198. One of the possible health and social care indicators for LAAs is the same as that expected to be included within the Health and Social Care Outcomes and Accountability Framework – a reduction in the rate of alcohol-related hospital admissions. If JSNAs show this as an area of concern, it will make sense to choose this particular indicator to target action to prevent further increases in alcohol-related harm.

Where local areas choose not to focus on alcohol misuse, they will still be accountable to new measures introduced under the Strong and Prosperous Communities White Paper. These will include community calls for action and strengthened powers for overview and scrutiny committees. Local charters are also available as a mechanism for residents, service providers and local authorities to agree priorities for action.

New momentum

Alcohol Concern has always called for national targets to tackle alcohol misuse largely as a result



of seeing the patchy service provision and disjointed strategies that have resulted from local decision-making on alcohol misuse. The current framework is a significant step-change and will ensure commissioners begin to think about how to meet prescribed central priorities.

PCTs and CDRPs are now far more accountable to their local populations for the action they will be taking to meet the priorities contained within the PSA and Health and Social Care Outcomes and Accountability Framework on alcohol-related hospital admissions, youth drinking and drunken and rowdy behaviour. However, although SHAs and GOs will performance manage in this respect, LAAs could still choose not to respond to local alcohol issues and this could still mean that local plans become disjointed.

Furthermore JSNAs and CDRP alcohol strategies are in danger of being rushed through with April 2008 looming and there is a risk that local areas will be forced to undertake a tick-box approach which may not best capture the extent and complexity of local issues. That said, the PSA is the overriding driver which will push through and ensure local activity and the Home Office has shown signs of keenly supporting and monitoring CDRPs in alcohol strategy development.

Alcohol Concern is helping the Government Office for the East Midlands develop a local audit tool which will enable GOs to monitor how local areas are responding to policies set out in *Safe, Sensible, Social*. If this is rolled out nationally it will make sure that local plans to reduce alcohol harms are prioritised.

Both public health and community safety commissioners will have a plethora of guidance with which to enact alcohol harm reduction interventions and the first real measurement of this will be in April 2009 when the PSA is first measured.

This is a time of great interest and change in working at local level to address alcohol harms, and as long as the performance management structures are robust, they will inevitably lead to many improvements on the ground. Where the picture is less clear is for heavy and dependent drinkers and alcohol services. Although Models of Care described the gold standard of a local stepped care approach, the infrastructure that is created locally to attend to all problem drinkers is still a matter for local decisions. The hope is that the new measures described above will also help to ensure that adequate support is provided comprehensively and intelligently, where it is truly needed.

If I were a local commissioner responsible for alcohol misuse, I'd start picking up the phone now....

'This is a time of great interest and change in working at local level to address alcohol harms, and as long as the performance management structures are robust, they will inevitably lead to many improvements on the ground. Where the picture is less clear is for heavy and dependent drinkers and alcohol services.'

Don Shenker is director of policy and services at Alcohol Concern.

The 'four minute rule' could play an important role in improving drug and alcohol services. You never get a second chance to make a good impression, says **John Jolly**.

Four minute **warning**

First impressions are important. Research with juries, for example, found that people usually made a decision on someone's guilt or innocence within four minutes. There is some evidence to suggest that people form an impression of strangers within seven to 17 seconds and that you have only four minutes to recover from any negative impression before it becomes lasting. In other words, people will take one look at you or your organisation and decide whether you or it are for them – then the filters will go up and they will only hear or see things that confirm their initial impression. For this reason, top organisations and top people are 're-engineering' the first four minutes of every interaction to make it a more positive experience for the person on the receiving end.

The four minute rule will have the same impact on drugs and alcohol agencies as it does on the commercial sector. I choose to pay for a relatively expensive mortgage with the Chelsea Building Society because the staff team is just wonderful – they all remember my name and give me a genuinely warm welcome when I arrive, and respond to every request promptly. They make mistakes but because of my initial impressions, I readily forgive them and still sing their praises.

How would you feel if you turned up at the drugs agency for the first time, soaking wet from the rain and when you rang the buzzer it took two minutes to attract their attention – two minutes is a lifetime when you don't want to be seen going into a drugs treatment agency. No one is at reception to greet you, and posters on the wall list all the things you must not do. Even if the agency turns out to be the best it is likely that you will still remember how you felt during that first four minutes, and that may colour any interaction you have with the agency afterwards. You will also tell others how hacked off you were.

Some hotels have totally re-engineered the first four minutes of the customer's experience – they have got rid of the doorman, the receptionist and the person who carries your bag (even when you don't want them to) and replaced them with someone called a 'greeter'. Now when you show up you are asked your name and taken straight to your room, rather than standing in line to fill in forms at reception. Imagine turning up to the drugs agency and being met by a greeter who takes you straight into a private room and asks how they can help. Improving the first four minutes of someone's first and every visit may turn out to be one of the best things we can do to improve retention.

So, how do you make the first four minutes of service users' interaction with you as positive as possible? Check your mood and spend a few seconds clearing distractions from your mind before meeting and greeting them. Get yourself in the right frame of mind by asking yourself how the best worker in the world would treat this person, and how the service user would like to be treated. The good news is that you only have to keep it up for the first four minutes to create a lasting good impression – so remember make those first four minutes count.

Retailers and hospitality companies regularly send mystery shoppers to check up on customer experience and offer feedback on individual staff and their performance. I wonder what the feedback on many drugs and alcohol agencies and staff would be – including my own.

John Jolly is chief executive of Blenheim CDP and a qualified executive and leadership coach.

Cream of the crop

Now in its second year, the Home Office's annual Tackling Drugs, Saving Lives awards aim to recognise the people who are willing to go the extra mile in helping service users and their families. **DDN** talks to this year's winners.

Outreach worker Vicky Ward and the Essex Young People's Drug and Alcohol Service Team were the individual and team winners of the Home Office's 2007 Tackling Drugs, Saving Lives awards. Both will receive a £10,000 cheque to spend on treatment and prevention services after being selected from more than 400 nominees.

Vicky Ward works with the Turning Point Adult Treatment Service in Sheffield, and was nominated for her work in getting homeless people with substance misuse problems the treatment they need. 'It's great to be recognised for the work that goes on in Sheffield, and also to highlight some of the issues around drug misuse and homelessness,' she said.

She has been a street-based outreach worker for Turning Point for the past three years, visiting squats, homeless projects and rough sleeping areas. 'We work very closely with other agencies to try and fast-track vulnerable people into treatment to stabilise them,' she says. 'A lot of my clients are long-term rough sleepers who have been caught in the system – they can be very disillusioned, frustrated and suspicious and tell me they don't really trust anyone else. Homeless people are often judged when they approach mainstream services because of their appearance and things like that, so they appreciate the fact that I'm more flexible – they trust me. One client with quite a few healthcare issues says I'm the only one who can persuade him to go into hospital.'

The Essex Young People's Drug and Alcohol Service (EYPDAS), a Children's Society project, offers support to both young people affected by substance misuse and parents, working to raise awareness and improve parenting skills. The confidential service operates a helpline as well as an outreach project in care homes, hospitals and rural areas where services can be hard to access.

'Winning the award was a huge shock,' said acting project manager Kerry Clancy-Horner. 'We knew we'd won in the Eastern category and that was a real boost, but we didn't expect to win the national award – it was great for morale. To be recognised at this kind of level is amazing and a really positive thing to go into the new year with. It's that recognition and acknowledgement that what we're doing is working well, because it's easy to find yourself working in a bit of a bubble sometimes.'

The team of 20 covers the whole of Essex, and also has a drug worker based in all of the county's youth offending teams. 'We see young people where they feel most comfortable, whether that's in McDonald's or their home,' she says. 'We go to them, we don't expect them to come to us. We're dealing with people who are struggling emotionally as well as physically, and the workers are very good at engaging them and retaining them in the service. We also engage with the families, even if it's just mediating to make sure they're talking to each other so it doesn't become a stand-off – it's far more beneficial to work with the family holistically than to work in isolation. The award helps us recognise that we're doing the right things and, in terms of the commissioning process, it also helps when someone else says that what you're doing is the right way to do it.'

The Essex Young People's Drug and Alcohol Service Team (above) with children and young people's minister, Kevin Brennan (front); and Vicky Ward (left) with Home Office minister Vernon Coaker.

This was the second year of the awards, which were established to reward drug workers and teams who are proactively working to improve the lives of service users and their families. The regional individual finalists were: Theresa Boden of the North East Council on Addictions, Gateshead (North West); Helen Forster of Basildon and Thurrock University Hospital Foundation Trust (East of England); Jan Hooper of ENDAS in Exeter (South West); Alison Lawrence of Edgware PCT (London); Bernadette Oldbury of the Welcome Centre in Solihull (West Midlands); Linda Sawyer of Working Links in Nottingham (East Midlands) (see feature page 10); Hossein Sharifi of the Buckinghamshire DAAT (South East); Peter Sharratt of Wrexham (Wales) and Hasan Sidat of the Lancashire Council of Mosques in Blackburn (North West).

The regional team finalists were: Bringing Unity Back into the Community, Haringey (London); Elizabeth Fry Approved Premises, Reading (South East); Leeds City Council Needle Collection Service (Yorkshire and the Humber); Merseyside Police Wirral Pier Project (North West); The Salvation Army, Cardiff (Wales); SWAN Partnership, Northamptonshire PCT (East Midlands); Trading Places, Tyneside Cyrenians (North East); Views into Action, Weston Super Mare (South West) and Young People's Substance Misuse Team, Shrewsbury (West Midlands).

'It's fantastic to be able to recognise the hard work, passion and dedication of people up and down the country who are working to reduce the harm to individuals, families and communities caused by drug misuse,' said Home Office minister Vernon Coaker.

Blenheim CDP puts ITEP manual at the core of its psycho-social treatment interventions

Blenheim CDP, one of London's largest drug treatment providers, has put ITEP at the heart of its psycho-social interventions in all its treatment centres following a two year involvement in piloting its use. The psycho-social interventions developed through the ITEP programme are now used extensively by Blenheim CDP workers in both one-to-one and group work settings, and have now been endorsed by the 'Drug Misuse and Dependence UK Guidelines on Clinical Management'.

The International Treatment Effectiveness Project (ITEP) utilised a care planning approach, ('node linked mapping') delivered by trained key-workers with their clients. Research had shown that these psycho-social interventions have a number of positive outcomes in terms of clients' treatment experiences and reductions in illicit drug use. A report by the NTA "The International Treatment Effectiveness Project implementing psycho-social interventions for adult drug misusers" published in July 2007 found that ITEP interventions resulted in:

- Clients having a better rapport with their key-workers
- Improved levels of client participation and engagement in treatment
- Clients benefited from better peer support, compared to clients in those services that did not receive mapping

As part of the NTA's Treatment Effectiveness strategy, ITEP was a collaboration between the NTA, the Institute of Behavioural Research (IBR) in Texas and six service providers including Blenheim CDP. The ITEP project built on this internationally evaluated model of service improvement and adapted the model to evaluate the use of such psycho-social interventions in English drug services.

ITEP training run at Blenheim CDP teaches the use of node link mapping as an effective and visual communication tool for clarifying shared information between client and keyworker. It helps clients to look at the causes and effects of their thinking and also assists in problem solving. A series of brief interventions also using mapping is aimed at 'Changing Thinking Patterns', helping clients and keyworkers to address the thinking patterns that can be barriers to clients changing their behaviour.

Having trained over a hundred staff in its use and with eighteen months worth of experience on the ground across a wide range of treatment environments, Blenheim CDP is now offering an ITEP training and consultancy programme across the sector. This is aimed at building on the positive impact that the psycho-social interventions developed through ITEP have had on drug treatment and supporting the delivery of ITEP training to other substance misuse services.

'The idea of mapping is not new, but in the context of drug treatment, has proved to be an invaluable tool for clarifying communication between key worker and client; helping with problem definition and identifying causes, consequences and solution options. The added value is the easy-to-read instant summaries of key work sessions which are useful for both the client and key worker and valuable in clinical supervision. This tool helps remind ourselves of the importance of the therapeutic relationship between key worker and client and provides us with opportunities to reflect on that...This is essential training for all staff and managers working in drug treatment'.

Martin Brown
Client Services Director at Blenheim CDP

Course Outline
Blenheim CDP are now offering a 2 day training course focusing on the two approaches that are designed to be delivered by key workers as part of their client work sessions and include:

- Node-link mapping
- Brief interventions aimed at changing thinking patterns

Dates
The course will run on the following dates:
28th/29th February 2008
10th/11th April 2008
15th/16th May 2008
5th/6th June 2008
10th/11th July 2008
11th/12th September 2008
6th/7th November 2008
4th/5th December 2008

Location
The 2 day training course will take place at Blenheim CDP Head Office, 66 Bolton Crescent, London, SE5 0SE. Training will start promptly at 9.30am until 5.00pm.

Contact Details
For further information concerning ITEP training please contact:
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66 Bolton Crescent, London, SE5 0SE.
T: 0207 582 2200, F: 0207 582 2211
E: c.nicolau@blenheimcdp.org.uk

HARM REDUCTION 2008

IHRA's 19th International Conference

'Towards a Global Approach'

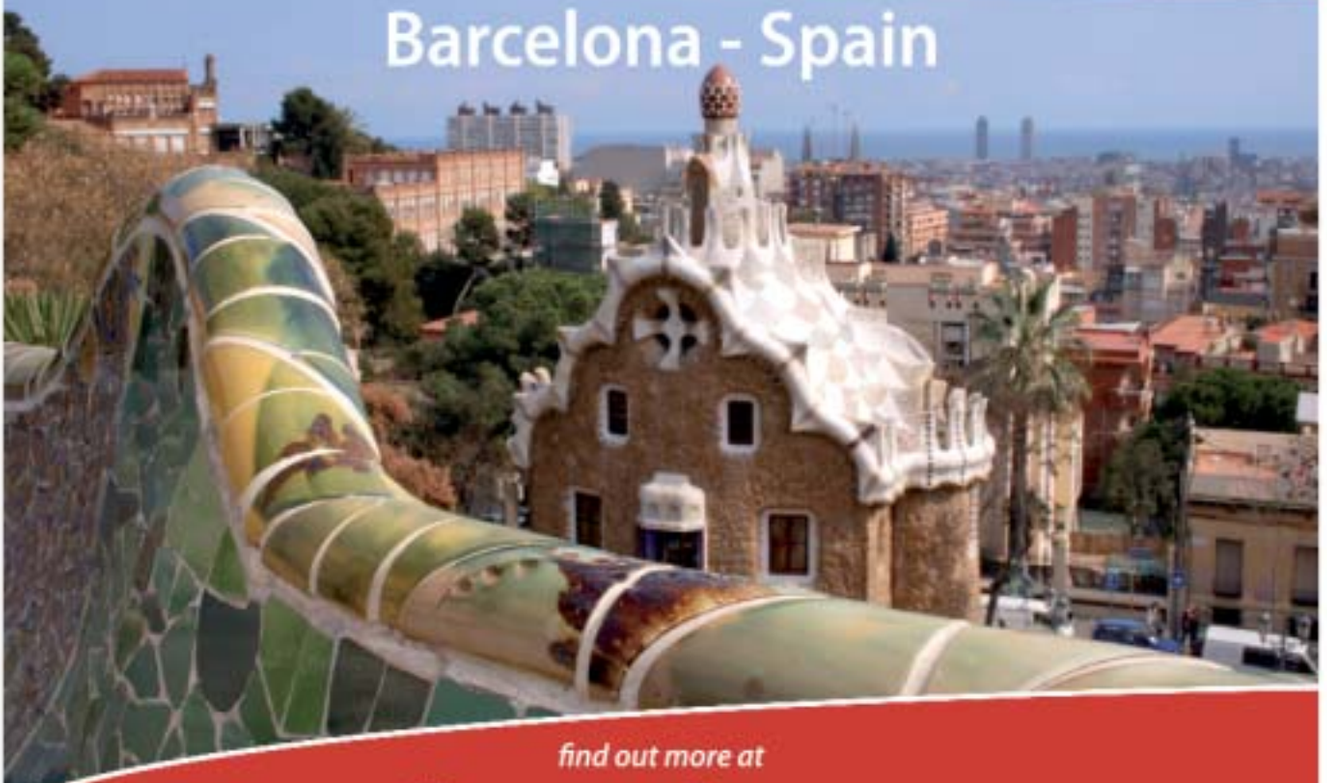
HARM REDUCTION 2008

Barcelona

- 1,300 delegates expected
- Over 80 sessions, 30 movies & 300 posters
- *Early Bird* delegate registration closes: 21 January 2008

11-15 May 2008

Barcelona - Spain



find out more at

www.ihraconferences.net

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CONFERENCE CONSORTIUM

Generalitat de Catalunya

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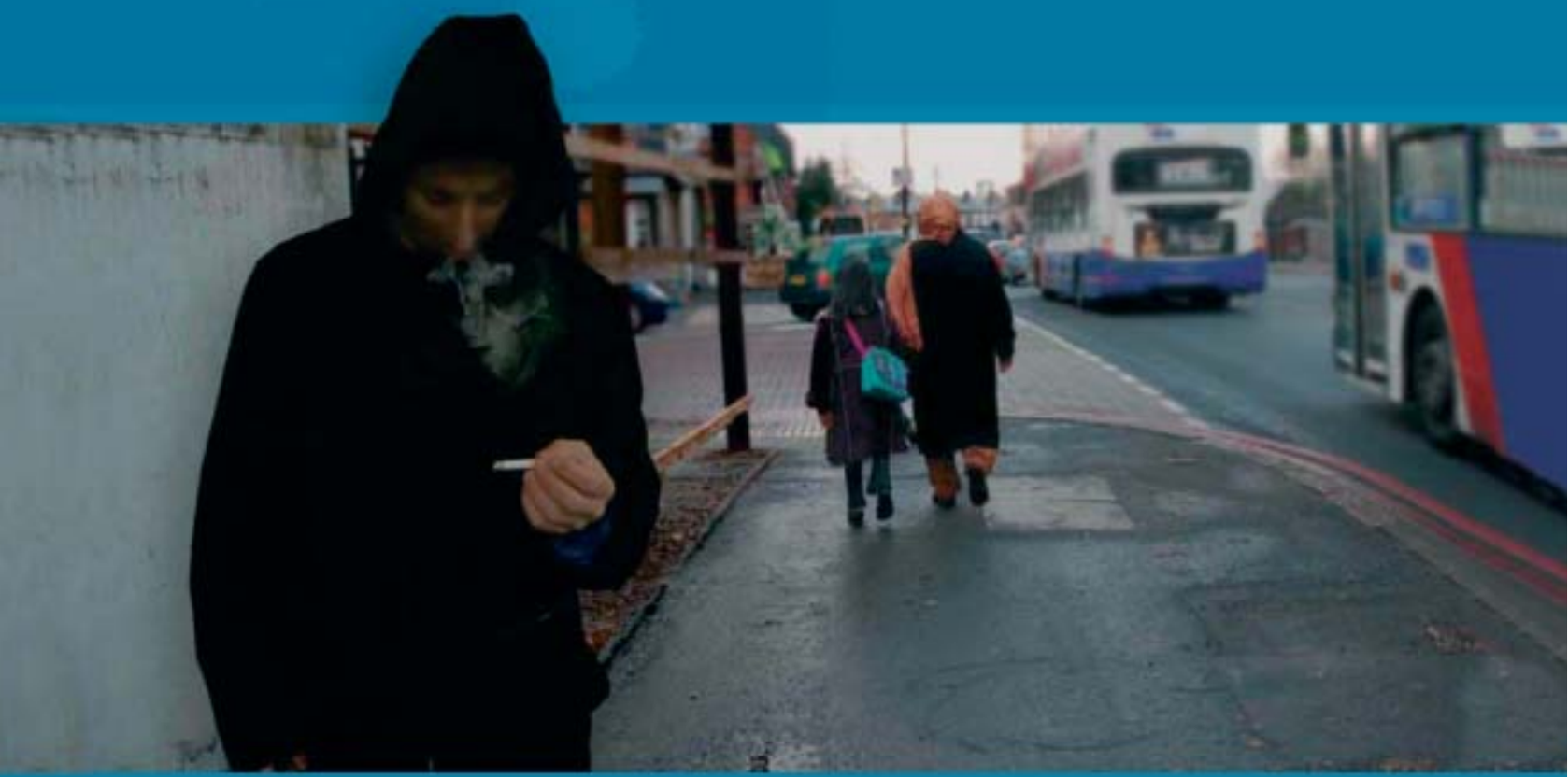
Drugs Conference 2008

20th February 2008, ICC Birmingham



Engaging Ethnic minorities on the Drugs issue

Dhaka to Dagenham & bombay to Birmingham

Drugs, the issues, the challenges and the solutions

SPONSORED BY

Birmingham Drug Action Team

Tackling Drugs Changing Lives

RIGHT START FOUNDATION INTERNATIONAL

Charity Reg No: 1108939

Book online and reserve tickets at

www.rightstart.org.uk

SUPPORTED BY

UlfahArts

Mentor

Women and addiction

"A conference on the policies, the issues, justice and the family."

A one day conference and workshops
7th February 2008

At Molineux Stadium, Wolverhampton

Speakers include:

- Dawn Primarolo
  Minister of State for Health
  (or representative)
- Dr Chris Ford
- Anna Millington
- Annie Derby
- Tony Birt
- Mirelle Martin
- A speaker from the criminal justice system

Workshops include:

- Pregnancy, drug treatment and methadone
- Domestic violence
- Hidden harm?
- Exploitation and violation
- Criminal justice, going straight..... to jail?
- A way out, rebuilding your life

Cost £125 +vat per delegate
£50 + vat for service users supported by their local Drug Action Team
Limited places so book early. Call 01902 444261 for booking details

Wolverhampton Service User Involvement Team

Wolverhampton City NHS Primary Care Trust

Wolverhampton VMCA

Essential workshops

These two workshops are linked and whilst ideally would be attended as a pair, each workshop is self-contained.

Supervision, appraisal and DANOS

4 February 2008 – central London

Day one - Supervision and appraisal using NOS: This workshop deals with the rationale, systems and key concepts needed to embed NOS-based performance management in the day to day work of SM services. It is a recommended precursor to the Supervision and appraisal skills workshop and particularly appropriate for managers who are working with staff undertaking competence-assessed qualifications.

Performance management

11 February 2008 – central London

Day two - Supervision and appraisal skills: This workshop will build on the Supervision and appraisal using NOS workshop and deals with the practical skills of supervision and appraisal to manage performance using NOS. It focuses skills managers already possess and is particularly appropriate for managers who are working with staff undertaking competence-assessed qualifications.

DDN in association with FDAP

Cost: £110 + VAT per head (15% reduction for FDAP members/affiliates).
Rates for groups on application.
Contact Tracy Aphra e: tracy@cjwellings.com, t: 020 7463 2085.

Dialectical Behaviour Therapy (DBT) for Substance Misusers

25-26 February 2008

Hilton Hotel, 1 William St, GLASGOW G3 8HT

This two day workshop 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 serious, chronic mental health problems in addition to substance misuse.

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.

More about the evidence base for DBT adapted for substance misusers with BPD ...
Controlled pilot studies in the USA have demonstrated 63% retention in treatment & significantly better maintenance of treatment gains compared to a control condition (over 12+ months)

For further information please contact Beverley Taylor
Tel 01978 350073 Fax 01978 358974
Email beverley.taylor@extra-ibs.com
Register online at www.dbt.uk.net

Co-sponsored by Behavioural Tech LLC, Seattle, WA

British Isles DBT Training, Croesnewydd Hall, Wrexham Technology Park, WREXHAM, LL13 7YP

Action on Addiction

COUNSELLOR

CLOUDS HOUSE, EAST KNOYLE
Salary from £20,698 per annum,
25 days holiday per year
plus additional benefits

We are seeking to recruit an Addictions Counsellor to provide a full range of Counselling Services to beneficiaries in our residential treatment centre at Clouds House. The ideal candidate will have proven experience and qualifications in the addictions field.

For more information and an application pack, please contact the HR Office on 01747 830733. Alternatively email your interest (providing your postal address) to mardeen.willows@actiononaddiction.org.uk

Closing Date: 1 February 2008

The Chemical Dependency Centre, Clouds and Action on Addiction have merged. The new organisation is called Action on Addiction. www.actiononaddiction.org.uk Charity NO. 1117988

Lifeline Project

Lifeline Manchester

Community detox support worker.

Salary : NJC 18-24 16,536-20,099. Pro rata. 17.5hrs per week.

Providing therapeutic and social support to clients before, during and after opiate detox.
For an application pack contact Rose Chelsea on; 0161 839 2054. Packs posted from 21/01/08.
Closing date 5pm 15/02/08. Informal discussion, Ann slavin or Matt Brierley: 0161 839 2054.
See website for more details

www.lifeline.org.uk

Working for Warwickshire

Joint Commissioning Manager, Substance Misuse (Adult Treatment and Care)

Full Time

£36,870 - £40,551 – Ref: CP.461

Warwickshire Safer Communities Partnership has prioritised the need to make Warwickshire a great place in which people want to live, work and play. In such a diverse County, this is a challenge but the combination of vibrant, involved communities and enthusiastic, experienced, committed partners, means we are already succeeding.

The Partnership is restructuring substance misuse commissioning to meet the challenge of the Local Area Agreement and is seeking to recruit an innovative person to lead on the development of adult treatment and care services to reduce the harm caused by alcohol and drugs.

You will be working closely with the Partnership commissioners and the Drug and Alcohol Strategy Manager and will hold the lead adult treatment commissioning function. The Partners have agreed to bring their respective budgets within a joint commissioning framework. The total value of these budgets exceeds £5 million.

If you are:

- determined to succeed and have a track record of commissioning and planning effective services;
- able to deliver services within a quality standards framework;
- committed to equality of opportunity and access to service;
- a proven leader with the ability to enthuse and motivate others and excellent communication skills.

Then this post could be for you.

To apply online please visit our website www.warwickshire.gov.uk/jobs
This is our preferred method of application.
Alternatively application forms and further details are available from the HR Service Centre, telephone (01926) 738422 (24 hour answerphone) or by email recruitment@warwickshire.gov.uk
Blind/visually impaired applicants may request further details on audiotape by telephone (01926) 738422.
Deaf/hearing impaired applicants may use our Minicom (01926) 412277.
Closing date: 30 January 2008.
Interview date: w/c 18 February 2008.

COMMITTED TO EQUAL OPPORTUNITIES

www.warwickshire.gov.uk

Warwickshire County Council

Sussex Partnership NHS
NHS Trust

Sussex Partnership NHS Trust provides mental health, learning disability and substance misuse services to the people of Brighton & Hove, East Sussex and West Sussex. We work in partnership with those who use our services, with our staff, with NHS and social care agencies and with the voluntary sector.
As part of the provision of service we currently have an In-Patient Detoxification and Assessment Unit with a range of available posts that include rotational working. There is a degree of flexibility in hours.

Integrated Team Manager

Band 8A £36,416 - £ 43,335 p.a.
Permanent, 37.5 hours per week
Ref: 354-BHITM1129-07

This is a new post and an exciting opportunity for someone with strong leadership skills to help shape the service for the future. You will possess drive, ability and energy to inspire those around you with strength at working in partnership with other agencies, service users and carers. We are looking for someone with a track record of delivery and who is adept at communicating and networking.
For more information, please contact Maggie Gairdner on 01273 778383.

Team leader

Band 7 £28,313 - £37,326
Ref: 354-BH-TML1134-07

An exciting and challenging opportunity has arisen to join the Substance Misuse Service in central Brighton. We are currently looking to appoint to a Band 7 Team Leader post within our busy, expanding team and we would welcome applications from experienced senior mental health nurses. SMS is a multi-disciplinary team based in premises in central Brighton which we share with our partnership organization, CRI with whom we offer a fully comprehensive range of services to our vulnerable client group. You would work across the full range of substance misuse interventions for people with alcohol and drug problems. Interventions include substitute prescribing, GP shared care, Criminal Justice Programmes and low threshold services.

Senior Community Practitioners

Band 6 £23,458 - £31,779 p.a.
Permanent, 37.5 hours per week
Ref: 354-BH-CPR1130-07

We have vacancies for Band 6 Community Mental Health Nurses or occupational Therapists and we are looking for a skilled RMN, RGN with Relevant Experience or Occupational Therapy with community experience to join our multi disciplinary team. We are committed to progressive practice and are currently seeking to provide a greater recovery focus to our work. We are a well established team, committed to providing high quality, user focused services. We value close team working and support and prioritise collaborative working with service users, their families and other agencies. You will receive regular professional supervision and encouragement in your professional development.

Skills/qualifications required: RMN, RGN with relevant experience, Dip COT or BSC OT. You must have good experience of substance misuse and evidence of post qualification education and training.

The posts include:

- Primary Care Mental Health Team Alcohol Worker
- Criminal Justice Programmes
- Maintenance and Detoxification Programmes
- GP Shared Care

Community Practitioners

Band 5 £19,683 - £25,424 p.a.
37.5 hours per week
Ref: 354-BH-CMP1131-07

You will have some mental health experience and be suitably skilled to hold a case load. You will be fully supported both by experienced members in the team and by your supervisor within the team. This is an excellent opportunity for someone looking to develop their community skills within a vibrant and well established Team.

Skills/ qualifications required: RMN, RGN with relevant, Dip COT or BSC OT.

The posts include:

- Dispensing Programme
- Maintenance and Detoxification Programme
- Criminal Justice
- In-Patient Detoxification Services

Support Workers

Band 3 £14,437 - £17,257 p.a.
37.5 hours per week
Ref: 354-BH-SWK1132-07

and

Nursing Assistants

Band 2 £12,577 - £15,523 p.a.
37.5 hours per week
Ref: 354-BH-NAS1133-07

You will need to have an understanding of Substance Misuse and be a self-motivated, flexible team worker who can work proactively. We offer excellent supervision and support both clinical and managerial, and strongly support staff development and training. We have a number of vacancies working within the Dispensing Programme to support professional qualified staff.

For more information about the above posts, please contact Andy Remedios on 01273 242172.
Apply online at www.sussexpartnership.nhs.uk Alternatively, for an application form, please contact HR Department on 01273 719571 quoting appropriate reference number .
Closing date: 25 January 2008.

www.sussexpartnership.nhs.uk

South Essex Partnership NHS
NHS Foundation Trust

South Essex Partnership NHS Foundation Trust is one of the largest NHS providers of health and social care services for people with mental health problems and learning disabilities.

The Trust is one of the top 100 mental health and learning disability Trusts in the country, as named in the Nursing Times Top 100.

Community Drug and Alcohol Service

Clinical Leads in Substance Misuse

Band 7, £28,313 - £37,326 p.a. inc.

Southend, Grays or Pitsea

You'll take a lead in the day to day operational management of the service whilst also holding a caseload. A key component of your role would be ensuring that clinical guidelines and best practice are adhered to.

A social worker/RMN or equivalent qualified, you'll be highly motivated to ensure the delivery of high quality effective community substance misuse services. In return, you'll receive excellent management development.

For an informal discussion or to arrange a visit, please contact Gill Burns on 01702 440550 for Southend, Lynnbrite Kirby on 01375 375361/07966 599095 for Grays or Jane Gooday on 01268 583154 for Pitsea.

For further information and to apply, please visit www.southessex-trust.nhs.uk and click on our employment section, quoting reference 4279PH1 for Southend, 4279PH2 for Grays or 4279PH3 for Pitsea.

Closing date: 28 January 2008.

We are an Equal Opportunities Employer and positively welcome job share applications as well as those from people with experience of using mental health services.

www.southessex-trust.nhs.uk

GDAS (Substance Misuse) and gamh (Mental Health) have merged to become one countywide non-statutory substance misuse and mental health agency, providing a range of services for people experiencing problems with their own or someone else's drug or alcohol misuse, or to provide support to people and families experiencing mental ill health.

Learning and Development Facilitator – 30 hours pw flexible

£21,610 pa (pro rata)

This is a new post to support the Learning and Development team. You will take a lead in designing, writing, delivering and evaluating training programmes across the county. You will be expected to be experienced in the delivery of training to a professional standard so strong presentation, interpersonal and communication skills are required.

Team Leader – full time (37 hours)

From £23,718 pa dependant on experience

We are looking for a Team Leader for the Community Integration Service (CIS) who has experience of managing both people and projects. You would be responsible for maintaining, developing and delivering a range of services in addition to the management of the staff team. We would need you to have experience of working with clients in the substance misuse field and of providing client related supervision.

We offer 25 days holiday plus statutory bank holidays and for both posts we contribute the equivalent of 3% of your salary into a non contributory stakeholder pension scheme. Flexibility, a commitment to harm reduction and a willingness to work as part of a team are essentials for these roles. A CRB check will also be undertaken.

For an application pack for both posts please contact:
Anne Jones on 01452 551318

For an informal discussion and more information please contact:
(LaDF) – Sue Ellis on 01452 307010
Team Leader – Cynthia Kerr on 01452 553599

Closing date: Midday Monday 28th January 2008

P/T & F/T Staff Nurses (RGN / RMN Band 5/6)

Lifeworks – Surrey – Salary not specified. **Closing date: 28.01.08**

We have a team of highly qualified and competent nurses and are looking to recruit two more to join them. You will need to be confident and competent and keen to learn more about addictive disorders including eating disorders. Visit www.lifeworkscommunity.com to learn more about us, or call on 01483 757572 to speak with Sally Roland.

LIFE WORKS TRANSFORMING LIVES
WWW.LIFEWORKSCOMMUNITY.COM

Ley COMMUNITY

Chief Executive: (Salary Band £50144 – £59981)

The **Ley Community** is an internationally renowned Addiction Therapeutic Community based outside Oxford, providing a residential programme for up to fifty eight men and women who have been severely damaged by addiction to drugs and/or alcohol. The new Chief Executive will provide overall leadership for the Community with a particular focus on developing strategies in a challenging external environment.

We are looking for an exceptional individual to lead this exceptional organisation through its next phase of development.

Closing date: 8th February 2008
For the full application pack please email: bev.smith@ley.co.uk

www.ley.co.uk

Barton Hill Settlement

Barton Hill Settlement is a multi-purpose centre in inner city Bristol offering a range of services including Community Action Around Alcohol and Drugs.

The CAAAD Project

We require an

DRUG OUTREACH CO-ORDINATOR

to develop links between complex/hard to reach clients and housing providers, anti social behaviour units and community safety partners, raising awareness of CAAAD Project and crime and drugs action plan initiatives.
hours: 35 per week (full time)
starting salary: £27,954
Interview date: 12 February 2008

DRUG OUTREACH WORKER

to reach out to local people and increase access and availability of appropriate and effective services.
hours: 14 per week (part time)
starting salary: £8564.80 (£21412 pro rata)
Interview date: 13 February 2008

For further details please contact Debbie for a job pack: HR and Admin Officer, Barton Hill Settlement, 43 Ducie Rd, Barton Hill BS5 0AX
Tel: 0117 9556971 e mail: debbiep@bartonhillsettlement.org.uk

The closing date for receipt of applications will be Wed 30 Jan at 10am

www.bartonhillsettlement.org.uk

Barton Hill Settlement welcomes applications from all sections of the community
Limited Company Number 5031499 Registered Charity Number 1103139

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addaction

It's all about getting better.

Area Manager

c. £36,500 • South West (Exeter-based)

We're Addaction, a pioneering organisation in the field of drug and alcohol treatment. Our growing success and reputation are enabling us to make more of a difference to more people than ever before. You'll get great satisfaction from leading our South West area into the next decade and beyond.

Experience of managing within a similarly charitable, social service or health organisation is more important than expertise in the substance misuse field. That's because our Operational Director will give you all the support – and freedom - you need to review and improve the projects we currently have (including one prison-based and one residential service) and pitch for new business.

A driving licence is essential. But after that, it's your exceptional people management and networking abilities that'll help you thrive as the area's pivotal figure, travelling across the South West and ensuring it tops the agenda at our headquarters in London.

To apply, visit www.addaction.org.uk

Closing date: 31 January 2008.

where everyone's unique

Charity no. 1001957

www.addaction.org.uk