

DDN

Drink and Drugs News

CARVING NEW TRACKS

Leaving drug use behind to seize life with both hands

WHO'S LISTENING?

After five years of funding is FRANK cool enough for school?

INNER DEVELOPMENT

Equipping people to survive beyond treatment is vital



THE LONG HAUL

Joining forces with social workers to support clients all the way

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Alcohol

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Professor Mark Bellis
Director of Public Health JMU

Councillor Warren Bradley
Leader of Liverpool City Council

Ernst Buning
Co-founder of IHRA

Bernard Hogan-Howe
Chief Constable Merseyside Police

Conference themes

Alcohol & Young people
Alcohol & Health
Alcohol & Public safety
Responsible Alcohol Industry
Role of Government
Alcohol and Housing



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Portman
Group



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

Reporter: David Gilliver
e: david@cjwellings.com

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

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

Designer: Jez Tucker
e: jezt@cjwellings.com

Subscriptions: Tracy Apha
t: 020 7463 2085
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

Website:
www.drinkanddrugs.net
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Editorial - Claire Brown

Talking Frankly

Shock, horror... humans behind the Home Office helpline!

Before talking to John, who works as an advisor on the FRANK helpline, I associated the government campaign with pushing red sofas around shopping centres. The chat enlightened me considerably about the very real and in-touch service behind the scenes, where experienced drug workers give non-judgemental advice and reassurance – whether it's information about the effects of taking drugs, or calming down someone suffering withdrawal symptoms at 2am. It was interesting to hear about the interface with mainstream services. Having worked with addiction teams in Inverclyde and Glasgow, John is all too familiar with the pressures on local services and valued the chance to be part of a team that helps deal with the straightforward information that many callers seek. FRANK advisers do not get involved in treatment, but they do 'signpost' young people and their parents – a significant role in encouraging those who might not turn up at face-to-face services of their own volition, but who are fully versed in using mobile phones and websites.

We talk a lot about linking up and bridging gaps in this field, but our cover story takes the concept beyond a blueprint on the desk. Social workers are obvious partners for drug and alcohol workers, but it doesn't always happen naturally. Just last issue we reported that social workers were asking their trade body for joint training with drug and alcohol agencies, because 'social work has not had a good reputation in terms of working with people with substance problems'. On page 6, Edinburgh demonstrate how close partnerships with social workers are giving clients continuity of care and helping to peg in firmer long-term support – 'doing wonders' in the words of one of their service users.

Also looking beyond treatment, Jim McCartney gives clues to working towards self-sufficiency on page 14 – and for a snapshot of personal achievement, read ex-drug user now business woman Nancy's story on page 12.

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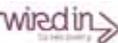
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Substance Misuse

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Developing countries see dramatic increase in synthetic drug use

Synthetic drugs like ecstasy, amphetamine and methamphetamine are becoming more and more popular in the developing world, according to a new report from the United Nations Office on Drugs and Crime (UNODC). Although most synthetic drugs are still consumed in the areas where they are produced, more are being exported to developing countries, according to *Global amphetamine-type stimulants assessment report*.

While developed countries are seeing a stabilisation or decrease in manufacture and use of synthetic drugs, developing countries are being targeted by organised crime groups drawn by their countries' inadequate resources and regulation, says the report.

The majority of methamphetamine users live in east and south east Asia, it says, and increases in use have also been seen in other developing countries. There has also been a large increase in seizures of amphetamine-type stimulants (ATS) in the Middle East – from 1 per cent of all seizures in 2000-01 to a quarter in 2005-06, with seizures continuing to rise in Saudi Arabia through 2007. A new, high purity crystalline methamphetamine is also being found in many south east Asian countries, says the document.

'This is of concern,' said UNODC spokesperson Jeremy Douglas. 'These are emerging, rapidly growing economies with large young populations.

Young people are particularly vulnerable to methamphetamine use – in addition to the negative health effects common to all synthetic drugs, crystalline meth can be used intravenously and has the potential to fuel the spread of HIV.'

The report calls synthetic drugs the 'drugs of modern times' and estimates the global market value at around \$65bn. Production needs little investment and the drugs can be manufactured anywhere, making it an attractive 'high profit, low risk' business for organised crime. Production is moving away from being a 'cottage industry' to a sophisticated international trade, the report maintains, with international organised crime groups controlling every step of production and distribution.

Over the next few years, tackling the problem of synthetic drug manufacture and use will pose problems that are very different from those associated with plant based drugs like heroin, cocaine and cannabis, says the report. One is difficulty of measurement, as there are no cultivated fields visible from the air, another is the ease with which 'off the shelf' ingredients and internet recipes for manufacture can be found, and a third is the lack of opportunities for intervention by enforcement agencies, as the drugs are often manufactured in the communities in which they are sold and consumed rather than

transported across borders.

UNODC is launching its Global synthetics monitoring: analyses, reporting and trends (SMART) programme to address what it sees as the 'world's information deficit about amphetamine-type stimulants', working with governments in vulnerable regions to gather, share and analyse information in order to develop effective treatment, prevention and legislative responses.

Full report available at www.unodc.org/documents/scientific/ATS/Global-ATS-Assessment-2008-Web.pdf

Ecstasy to be reviewed this week

Classification of ecstasy will be reviewed at the Advisory Council on the Misuse of Drugs (ACMD) public hearing on 26 September. While there are predictions that the ACMD will recommend a downgrade from class A to class B, Home Office Minister Vernon Coaker has indicated that whatever the evidence, the government will not be persuaded to change the drug's classification. Transform Drug Policy Foundation has called the exercise 'doomed before it has begun' with 'little more than posturing on all sides'. According to a Transform spokesperson, 'The Council's time would be far better spent reviewing the harms caused by criminalising drugs in the first place.'

'Over 21' scheme improves behaviour

A pilot scheme restricting alcohol off-sales to those over 21 has had a dramatic impact on anti-social behaviour, according to the Scottish Government. The pilot was carried out with a view to implementing the policy countrywide as part of Scotland's alcohol strategy.

Calls to police reporting anti-social activity have fallen by 40 per cent since the introduction of the *Stop the supply* project in the Central Scotland police force areas of Larbert and Stenhousemuir in April, says the government. Serious assaults have fallen by 60 per cent, minor assaults by 30 per cent and breaches of the peace by 40 per cent. Schemes in Armadale, West Lothian and Cupar, Fife have also seen significant drops in calls and offences, it says.

'The dramatic results from *Stop the supply* show what can be achieved when communities take bold steps to tackle alcohol misuse among young people,' said public health minister Shona Robinson. 'While the majority of our young people are responsible and don't misuse alcohol, there is a significant minority who cause a disproportionate amount of crime and anti-social behaviour, often under the influence of alcohol. We cannot ignore that.'

'The Scottish Government has spent the last few

months consulting on our radical plans to tackle alcohol misuse, which include a minimum price for a unit of alcohol, raising the off-sales purchase age to 21, ending irresponsible promotions and a social responsibility fee for some retailers,' she continued. 'Taken together, we believe these measures could bring about the long-term cultural shift needed to rebalance Scotland's relationship with alcohol.'

Perhaps predictably the proposals have been attacked by alcohol industry body the Portman Group. 'The myth is that levels of drinking and alcohol misuse are worse in Scotland than elsewhere in the UK,' said chief executive David Poley. 'In reality, Scots drink less than people in the rest of Britain and are no more likely to be drinking harmfully. Problems of alcohol misuse in Scotland will not be solved by turning alcohol into a social taboo and demonising drink. There is a considerable risk that this would actually increase the appeal of alcohol to young people in particular. It is illegal for under-18s to buy alcohol. A sustained programme of enforcement activity will tackle this problem. It makes far more sense to enforce the current law robustly than to raise the legal purchase age.'

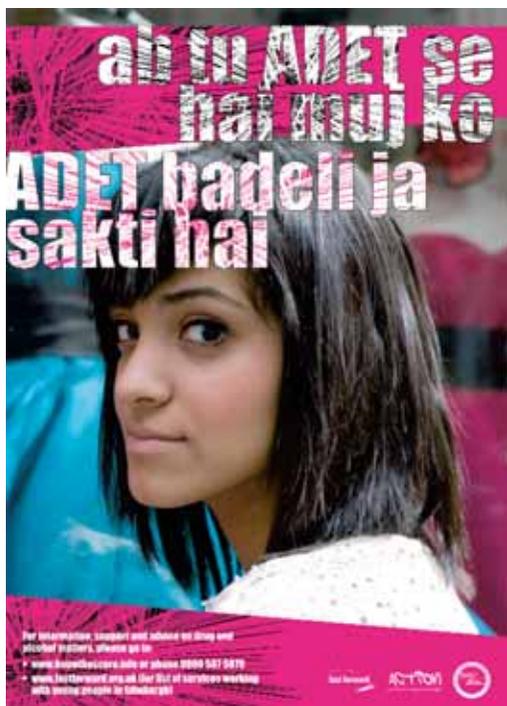
Cash call for groups

Small voluntary and community groups have been invited to apply for funding through the government's new Grassroots grants scheme. The project is offering £130m worth of money to local community groups with an income below £20,000 with the aim of targeting those who may not have applied for funding before.

Grants of between £250 and £5,000 will be made available under the initiative, which is funded by the Office of the Third Sector, part of the Cabinet Office. The money will be distributed through organisations already based in the local areas and familiar with their issues and needs. The government has also set aside £50m to match future investments from local businesses.

'Our communities are teeming with thousands of small groups and individuals who work tirelessly to tackle local problems and this £130m fund is dedicated to supporting their efforts,' said minister for the third sector Phil Hope. 'Grassroots grants will put essential cash in the hands of small local voluntary groups without all the paperwork required for larger grants.'

For more information and details of how to apply visit www.cdf.org.uk/bfjora/systems/xmlviewer/default.asp?arg=DS_CDF_TECHART_23/_page.xml/27&xs_sl_argx=3



ROMAN ROADS: A new series of posters aimed at young Urdu speakers has been launched by Action on Alcohol and Drugs in Edinburgh, in partnership with Fast Forward. The posters are the first of their kind to feature 'Roman Urdu' – a script used by young people who speak Urdu but have problems reading it – following suggestions by local young people.

'Reaching out to hard to reach groups is a priority for us, and we were delighted to get involved in producing these posters,' said chair of Action on Alcohol and Drugs in Edinburgh, Peter Gabbitas. 'There is no suggestion that BME communities' problems with alcohol and drugs are worse than others, but in keeping with the overall population trends, some young people will already be experimenting or getting into difficulties. We want to alert them to the information and services that are out there that can help them and these posters are one way of doing this.'

Family members invited to make their voices heard

Adfam is inviting entries for its annual Family voices competition, which encourages those who have been affected by someone else's substance misuse to express their feelings and experiences through writing or art. Now in its twelfth year, the competition forms part of Adfam's ongoing campaign to tackle the stigma felt by many family members of people with a drug or alcohol problem.

The winner will receive a cheque for £150 and runners up £100, and the successful entries will be read at Adfam's annual carol concert in December by Adfam patron Sandi Toksvig and actors Zoe Wanamaker and Lesley Joseph. Entries can be a piece of writing (500 words or less), poem, rap, artwork, photograph, film clip or any other visual art piece.

'We've always found the competition has been very popular, and this year we've extended it in two ways,' said Adfam chief executive Vivienne Evans. 'There's a new category for families with a member in prison, as we do a lot of direct work in prisons, and the other innovation is we're asking not just for poems and stories but also visual work like photographs and art.'

'What we've found in the past is that we get equal numbers of people writing about their experiences with someone with an alcohol problem as with a serious Class A drug problem,' she continues. 'The work can come from partners, children, siblings and parents, so it's a very broad spectrum. A lot of the entries we receive are very moving, as you can imagine – some are powerful and challenging, while others have a very positive and redemptive message.'

Entries should be sent to Family voices competition, Adfam, 15 Corsham Street, London N1 6DR or familyvoices@adfam.org.uk specifying either the 'families and community' or 'families of people within the criminal justice system' category. Entries should not have been previously published or broadcast and can remain confidential, but contact details are needed to get in touch with the winners. Closing date is 7 November.



SHARING KNOWLEDGE: Current and ex-service users were among those celebrating passing an Open College Network (OCN) course in community drug awareness in Coventry recently. Established seven years ago, the course is aimed at the city's disadvantaged and hard to reach sectors, with students carrying out drug education activities and multi-lingual training in their local community.

'The OCN course is about learning and self development but it is also about taking new knowledge and information back into the communities that the students live in,' said deputy commissioner and co-ordinator (adult substance misuse) for Coventry City Council, Abtar Sanga, who devised the course. 'It's all well and good to know how drugs can affect people and the damage they can do but it's also important to make sure this knowledge is used to inform and educate others. The drug culture is different to any other and people can find themselves isolated with no one to turn to.'

News in Brief

Cornish commitment

Nurses from specialist mental health, substance misuse and learning disabilities provider the Cornwall Partnership Trust gathered to launch the trust's nursing strategy *Moving forward, improving lives* in Truro earlier this month. 'It's fantastic to see so many nurses coming together to celebrate best practice,' said executive nurse for the trust, Tim Archer. 'The people of Cornwall should be really proud of the committed nursing staff whose specialist skills support and care for people in Cornwall who have a mental health problem or learning disability.'

Making the link

Swanswell Charitable Trust's alcohol awareness training programme has earned a place in the finals of this year's National Training Awards. The course has been designed to give drug workers an understanding of the links between alcohol and drug use. 'Alcohol consumption among clients of drug services is well above the national average and alcohol is a major contributing factor to illness and death for clients of drug services,' said Tim Gunner, specialist practitioner at Swanswell's Drug Solutions Birmingham. 'A third of clients entering drug treatment drink above recommended safe levels, yet alcohol use is often viewed as a separate problem and not assessed by drug agencies.'

Norfolk nuisance

An initiative to crack down on alcohol-related anti-social behaviour in Norfolk has won the Tilley Award for Safer Communities (East). A partnership between Norfolk Constabulary and DAAT, retailers, licensees and others, the scheme aimed to cut reoffending and criminal damage by directing persistent offenders into alcohol referral projects. The awards were established ten years ago to recognise crime fighting projects where police and community safety agencies work together effectively to identify and deal with local problems. 'Norfolk Constabulary have demonstrated that by working with community safety agencies, retailers and licensees they can make drastic cuts in alcohol related disorder and help make our city and town centres enjoyable for all,' said Home Office minister Vernon Coaker.

'I hate to think where I'd be now if it wasn't for the team,' says Alice. 'I wouldn't have been able to have got this far without them – I wouldn't have known where to start.' The team Alice (not her real name) is talking about is the drug referral team (DRT), one of two in the City of Edinburgh Health and Social Care Department that work with the city's problem drug users. The DRT's six specialist social workers engage with clients over a 16-week period of intense, highly focused work based around extensive support and motivational interviews to decide what services are most suitable. The residential rehabilitation referral team (3RT), meanwhile, places clients in longer-term residential rehab, and the two teams work in extremely close partnership.

Clients for both come from referrals from other professionals across Edinburgh – Alice is in her late 20s with two young children and her heroin problem had meant that the first statutory wheels had been put in motion to place her children under legal supervision. Coming into contact with the DRT, however, has meant that her life is now very much back on track.

The team works to develop action plan packages with clients, although these need not necessarily just be for drug services – they could be generic mental health services, bereavement or sexual abuse counselling, or helping the client access education or training. The department doesn't provide the services, but links clients with them once the most appropriate ones have been identified. It does however provide substantial

practical help around issues like benefits, debts, housing and employment.

'It's very much about supporting people to act in their own best interests,' says manager Kaaren Haughton. 'It's highly involved and focused – the staff work very closely with people to really identify what they need to do to help themselves, and then support them to act. It's different from some other social work activities in that it's working to develop a personalised service for clients with complex needs.'

In Alice's case, this support ranged from arranging extra nursery hours and working with the health visitor and the elder child's school to dealing with the electricity company who were threatening disconnection over unpaid bills.

'Where do I start?' says Alice. 'I had [the electricity supplier] at my door saying they were going to break in – I called the team and they stopped all that. They helped me sort out arrangements to pay my debts off, and put me on to a place where I could get a child minder – that was just brilliant because it meant I could get onto the course.'

Despite the extensive support, however, the team is careful to avoid fostering dependence. 'We get in, find what the client needs, put it in place and get out,' says Alice's social worker, Heidi Alexander, a child protection specialist seconded to the team two years ago.

Inter-agency working is inevitably crucial, given the wide range of relevant services to which clients can be directed. 'Sometimes you have to approach professionals who may not have any familiarity of working with someone who's recovering or on a methadone script,' she continues. 'We have to negotiate them into a situation that works.'

The team maintains close liaison with other professionals, which also effectively conveys the message to the client that avoiding attending services – whether through embarrassment or chaotic lifestyles – is no longer an option. Feedback from clients has been extremely positive, with many re-referrals from those who've progressed and want to come back and go further, and the team also operates a system of three month reviews where the client is contacted after closure to check on their progress.

'It's not just to see if they felt the team has helped them or not, but also to make sure that the resources we'd put in place are still appropriate and doing their job,'

says Alexander. 'Occasionally we discover things that aren't working and we have to say 'this is not what we agreed' – it's about ensuring that

In for the long haul

the resources are keeping the momentum up.'

The team works with between 150 and 180 clients per year, and unlike many drug services, there tend to be more female than male clients, something staff put down to flexible and discreet home visiting as well as the team's tenacity. 'It's an extremely rewarding job,' says Alexander. 'You see clients becoming stable because you've given them something else to think about and focus on.'

The residential rehabilitation referral team (3RT), meanwhile, is for people who want to move towards abstinence. For these clients the community projects that have worked with them over the years have not been enough – the service is for people who've tried to become abstinent and haven't managed it, whether through lack of non-using friends or living in a building where dealers are hard to avoid, and who need a programme to address the issues around their using drugs in the first place.

'3RT undertakes a highly interactive rigorous assessment to, among other things, dispel the myths and fantasies about residential rehab,' says Kaaren Haughton. 'Working very closely with them, explaining what happens and finding out if they feel able and willing to undertake an intensive programme. This is followed by a process of close matching to units in partnership with the client and based on their care needs and what kind of rehab they are likely to benefit from.'

'For example if somebody has so many community service hours then that would severely limit the choice of rehab for them,' says 3RT's senior social worker Annie McIntyre. 'The team develops a set of criteria with the client detailing expectations, and explaining what they need to achieve while they are in rehab. With many of the people referred to 3RT there's an awful lot of abuse in the background for example – sexual and emotional, as well as physical.'

'I'd had enough of living the life that I was leading, taking drugs, selling drugs, living off prostitution and the odd bit of crime here and there,' says another client, 'Mark'. 'The first two or three months in rehab I had it really hard, as the chemicals in my body found their level, all my emotions were coming back and I found it hard to deal with my feelings. I have had to look at some very dark issues about myself and my past. I wouldn't have been able to do this if I was not in a safe community.'

The team also spends a lot of time visiting the units, talking to residents and staff to get a feel for the place before recommending two for the client to choose from. It can send roughly three clients a month to rehab, and the units used are just as likely to be in Brighton, Glasgow, London or Sheffield as Edinburgh.

'The difference is we don't just send them, we actively stay involved,' says Haughton. 'We're in close communication to make sure the unit is delivering what we asked them to – we design a care plan before the person goes that says "this

is what we are buying"'. Crucially, however, it also means the department stays in close touch with the service user themselves. 'We make it clear that if they're not adhering to the programme we'll pull the funding,' she says. 'They have to keep their side of the contract.'

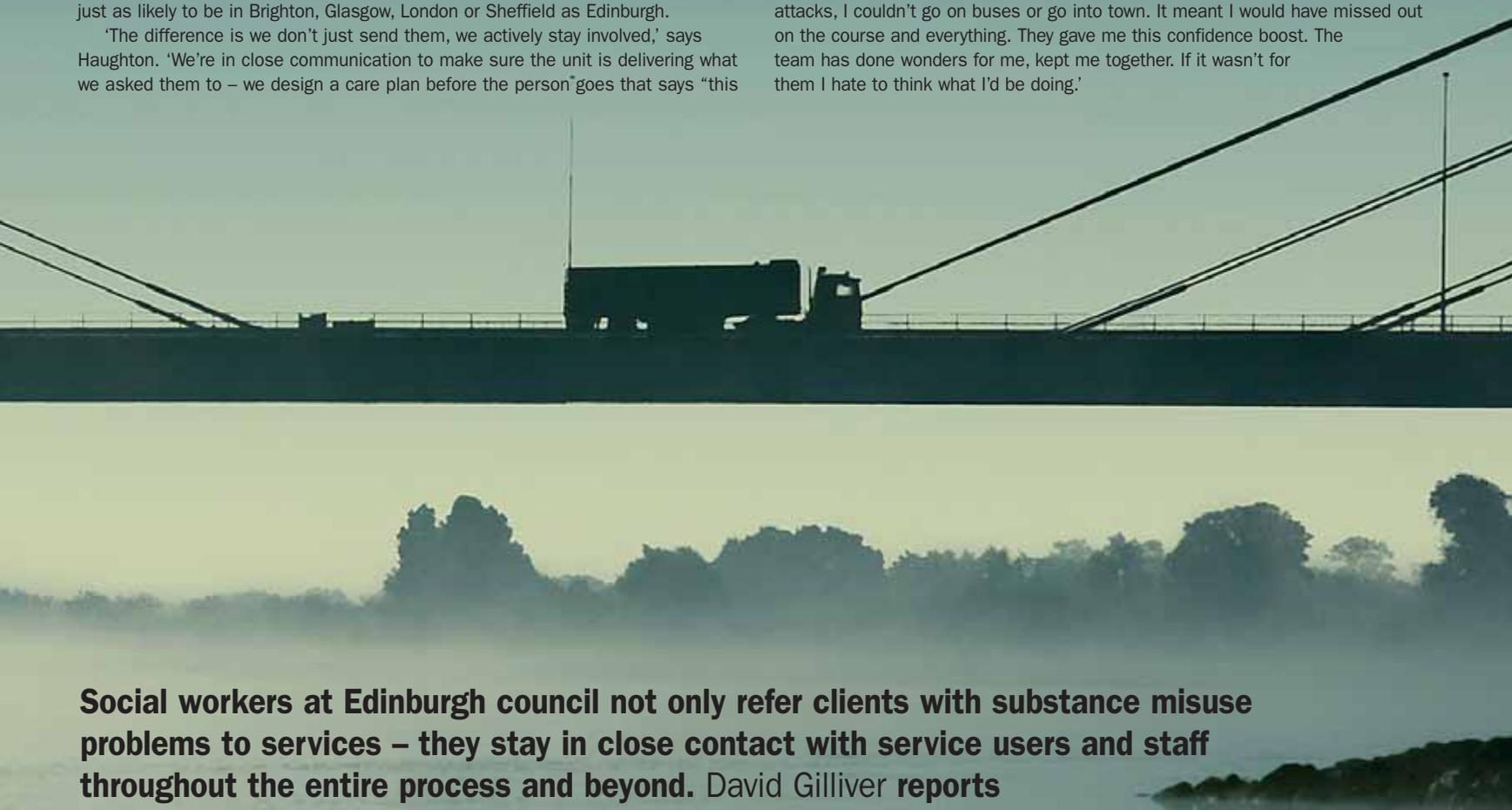
Team members also make travel arrangements for clients to attend their rehab assessments and get firsthand information about the programme. 3RT then supports them through a detox package to prepare them for admission, reviewing them at every stage until their re-entry into the community and spending time with the service user and staff to make sure the care plan is still being met. 'The units like this level of close working,' says McIntyre. 'Our clients are much more prepared for the whole experience. Some people who come to us don't quite make it, they don't manage to keep going – but they do come back.' 'We're not in the game of blaming and shaming, our clients have had that all their lives' adds Haughton.

However even in this context there are frustrations. Ongoing support throughout the process often includes working closely with families, whether attempting to overcome estrangement or perhaps working with family members who have their own substance misuse issues which may present a problem. Inevitably, however, funding can be an issue. 'We need to get better at breaking down all the barriers which prevent us from meeting the needs of parents who specifically request a family residential rehab placement,' says McIntyre. 'In the meantime we're obliged to rely on community services to provide creative packages for this vulnerable group.'

Which brings us back to Alice. After stabilising her on methadone, the team then concentrated on preventing relapse and general health issues like arranging dental appointments. They also got her involved in women's activity groups, such as jewellery-making, to build her up to the four day a week back-to-work training she's involved in now.

'There's all kinds of parts to it – computers, photography, creative writing, first aid,' she says. 'I'm really enjoying it. From where I was two years ago to where I am now, my life has changed so much – if it wasn't for the team putting me in contact with all these people I don't know where I'd be now. Before this I didn't have any support at all.'

'I'd been to some places and hadn't liked it but Heidi said "give it another bash",' she continues. 'Before this I had no confidence – I was having panic attacks, I couldn't go on buses or go into town. It meant I would have missed out on the course and everything. They gave me this confidence boost. The team has done wonders for me, kept me together. If it wasn't for them I hate to think what I'd be doing.'



Social workers at Edinburgh council not only refer clients with substance misuse problems to services – they stay in close contact with service users and staff throughout the entire process and beyond. David Gilliver reports



'We have found that as many as three-quarters of claimants are denied benefit the first time they apply, often because the forms have been filled in wrongly. In many cases the claimant just cannot get their thoughts onto paper, and many give up before they even finish the forms.'

Don't let the benefit forms beat you

For many years my wife Lyn and I found ourselves helping people to obtain a benefit called DLA (disability living allowance). This benefit is made up of several different components – and there lies the difficulty. By law, the benefit advisers are not allowed to tell the claimants what they are entitled to unless the claimant asks them directly. Crazy as this may sound, it is true.

My wife and I have spent years working in and out of this maze of forms – 49 pages in all have to be filled in by the claimant, with the same questions being asked in several different ways. For people with any kind of learning problems like myself (mine is dyslexia) it is a problem. Without my wife to fill in my forms I would find it impossible, and many years ago I wouldn't have had a clue even where to begin.

Over the years we have helped more than 20 people with their forms. This may not seem a lot, but these are people who were traumatised before they even started filling the forms in. I have spent many many hours doing forms with people of all ages, from 18 to 69, and in many cases it became clear that this paperwork was so hard to wade through that many people simply give up. They cannot go through all the humiliation of filling in huge forms to be denied benefit three to four weeks later.

We have found that as many as three-quarters of claimants are denied benefit the first time they apply, often because the forms have been filled in wrongly. In many cases the claimant just cannot get their thoughts on to paper, and many give up before they even finish the forms.

Another point to remember in this maze, is this that if you are turned down for benefits you are not told that you have the right of appeal. But the appeal is like an inquisition and is a terribly

frightening experience, even with no mental health issues.

Surely in our modern society we cannot have this nonsense. The appeal consists of three to five people who sit and listen to you or your rep. They question you not unlike the SS Gestapo would in World War Two. I have known claimants break down and I have known situations where they have wanted to kill themselves after a tribunal sitting (which is what they call this nonsense). It is a frightening and degrading experience.

I say for God's sake benefits staff, get real. Treat people with care, and be respectful of all claimants' circumstances. Recently I witnessed a claimant being interrogated for nearly one and a half hours and he was in a terribly distressed state when the tribunal said to him your claim has failed because 'we do not believe you!'. Such total disrespect of another human being is totally unacceptable.

Many ex-addicts that have been left damaged by their past addiction, or even present addictions, suffer all sorts of mental health conditions and qualify for benefit. But society has always, through national gutter press tactics made claimants out to be scroungers. Well I say to anyone reading this: if you are, or feel you are, entitled to one or both of the DLA components then you must claim it – it is yours by right.

There is a publication called the *Big Book of Benefits* that will aid anyone, or any organisation that helps people obtain DLA. It is written by a wonderful welfare rights lady who works for Neath Mind who has spent many years researching the way these forms are put together. It is a wonderful template for any claimant. The book is updated every two years to keep up with all the rule changes that seem to be acquired from year to year, and you can get hold of a copy for a meagre amount by calling 01639 643905. If you think you are entitled to benefit then make your claim –

but before you fill in any forms either go through this book or seek advice.

Benefits were put together for people like us, so go get your form and get what you are entitled to – do not be put off.

Bri from Cumbria

J'accuse

I'm afraid my first letter concerning E. Kenneth Eckersley may have been too subtly nuanced – so I'll try and be more direct this time. I accused Kenneth (as he now calls himself) of using *DDN* to make unprofessional and unethical claims to promote his business entity. He chose not to respond, while the *DDN* response was to give him even more space for another methadone rant.

Robert W. Thorburn, 'volunteer charity worker for UK Narconon', says I should 'make honest enquiries and to get my facts right before committing myself to print' although he doesn't actually say what facts I've got wrong. And yes Robert, I was implying that E. Kenneth and his business were hiding their links to Narconon/Scientology from *DDN* readers. So, in the interest of honest enquiry and getting my facts right, I searched for 'Narconon' on the Charity Commission website. It takes you straight to a long ruling on the Church of Scientology, in which it states:

'The Commissioners concluded that it could not be said that Church of Scientology had demonstrated that it was established for the public benefit so as to satisfy the legal test of public benefit of a charitable purpose for the advancement of religion or for the moral or spiritual welfare or improvement of the community.'

Although Narconon/Church of Scientology is deemed unfit for charitable status, to my surprise, their UK franchises, Narconon UK and Criminon UK are registered charities. Criminon is the criminal justice

equivalent of Narconon, who are presently attempting to gain a foothold in UK prisons – there is some interesting stuff about their activities (released under the Freedom of Information Act) on The Ministry of Justice website. Narconon UK and Criminon UK are trademarks and service marks owned by 'The Association for Better Living and Education International'. Wikipedia says they are a 'non-profit organisation' based in Los Angeles, that promotes 'secular uses' of science fiction writer L. Ron Hubbard's works, and have been classified as a 'Scientology-related entity'. Wikipedia has lots of information about Scientology and its various 'entities', which I found extremely disturbing.

'Scientology and the organisations that promote it have remained highly controversial since their inception. Former members, journalists, courts and the governing bodies of several countries have described the Church of Scientology as a cult and an unscrupulous commercial enterprise, accusing it of harassing its critics and abusing the trust of its members.'

Turning to the original reason I complained – Robert W. states: 'Narconon's worldwide success and fees are not consumer advertising. They are purely essential informative (*sic*) for workers in the addiction field, capable of proof statistically and by testimonials from hundreds of thousands of addicts who have successfully graduated from the Narconon programme.'

The Narconon UK website has lots of 'testimonials', which surprise, surprise were all positive – but there's no evidence. So please could you send me this statistical 'proof' you promised Robert, as my colleagues and I would welcome the opportunity to check its methodological robustness. This 'statistical proof' must exist somewhere, because 'school head' Elizabeth Reichart (who writes a letter on the very same *DDN* letters page) seems to have read it:

'...programmes which on a worldwide basis have proven their ability to help addicts achieve comfortable lifelong abstinence... Global success statistics (etc).'

The language you use sounds very familiar Elizabeth – is your view based on your experience as a 'school head' or are you speaking in another capacity? Elizabeth goes on to make a very interesting observation: 'that's definitely going to mean... adopting well proven recovery processes which deliver the goods, even if based on religious or other philosophies we may not all hold.'

I've met many people in the drugs field who hold religious or spiritual beliefs different from my own, who want nothing more than to help people with drug problems. I know programs like '12 step' are undoubtedly successful for some people, even if I personally find the philosophy a little difficult to swallow. I've also seen sterling work done by organisations that make no bones about their religious beliefs.

But I wasn't complaining about philosophy or religion – I was complaining about the vacuous claims for 'lifelong abstinence' that are used to promote drug rehab businesses/cults in DDN. Subsequently, I have become extremely concerned about the involvement in the UK drug rehab and criminal justice sector of The Church of Scientology and its various fronts and entities.

Michael Linnell, director of communications, Lifeline

Back on track

Since coming into recovery back in 2001 I do not believe I have read a more detailed and comprehensive insight to Al-Anon. I would like to thoroughly thank Mark Ashby for his article (DDN, 8 September, page 14) on his journey and loss of his brother through alcoholism.

There is not a flaw that I can see in the way he has portrayed the horrendous affliction and disease alcoholism brings to all – not only to the sufferer, yet just as painfully, if not more so, to the family and loved ones. Sadly it is a family illness, yet equally sad is the lack of understanding in both public and private sectors of how this affects not only the individual, but those around them.

As a recovering alcoholic, I turned to this drug after using most other illegal drugs, and this was what destroyed my life. I have lost many friends to date over this illness, one of whose hand I was holding, while his mother sat at the other end of the bed. All she could say after he died was 'at least he has found peace now'. I strongly believe alcoholism for me

was like having cancer on my soul.

There is a lack of awareness about how us alcoholics are cunning, deceitful and go out of our way with disregard, to allow our family and loved ones to enable us in any way possible to feed our illness. By the time most help is at hand for the family or loved ones, it is because the CMHT (community mental health team) or police have arrived on the scene.

There is help out there, yet for most it is not readily available – at least not enough to be aware of. Help, support and knowledge is there for family members and loved ones – the people who suffer the most. This has got to be recognised more by both the public and private sector.

Mark Ashby is so right in saying in his last paragraph that there is no quick fix, yet access can be tapped into only if the sectors recognise the problems of alcoholism and their effects on the family unit as a whole.

Maybe the message can slowly filter through the right channels. Meanwhile I am humbled to read Mark Ashby's journey and so pleased he has learnt he is not alone.

S. Rendell, by email

Alcohol training

Having just read Dr Chris Ford's article (DDN, 8 September, page 15) I felt compelled to write; I was delighted to read what Dr Ford had to say about James and his training.

I have worked as a psychodynamic counsellor for some years now, in both the adult and adolescent field. With alcoholism in my close family I have a particular interest in addiction and its impact upon all who come into contact with it.

I 'dabbled' in addiction counselling but found that the most important tool I had was my generic counselling training, which enabled me to see, and work with, the person behind the addiction. This led me to the personal belief of the importance of having a sound grounding in generic counselling, be it psychodynamic or another. It would seem that James has a true gift and I wish him well in his psychotherapy training.

I was also very pleased to see Al-Anon get a mention (page 14). Without Al-Anon and the support I have received, and still do receive there, my life would be good, but not as good.

Sue N, Winchester

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

Notes from the Alliance



Power of perception

Does all the talk of 'more, better, fairer' treatment count for anything, if you can't get your script for at least two months after referral? asks Daren Garratt

ON MONDAY 11 AUGUST a really good friend of mine referred himself back into treatment at his local Community Drug Team; he'd been on a script for over 18 months, had a bit of a wobble, didn't pick up for over a week, and now – rightly – needs retitrating.

Now, almost six weeks from the date of referral, he still hasn't been screened, meaning it could be anything up to nine weeks (or possibly more) before he actually gets a script. That's three times longer than the accepted maximum waiting time.

How can this still be happening to people in this day and age? Why are we still seeing massive disparities in local waiting times after a decade of policies, guidance documents and toolkits intended – surely – to standardise best practice across the country?

What power and influence does the once omnipresent NTA continue to have over challenging and reversing such unacceptable, potentially life-threatening bad practice? You can say what you like about the NTA, but I believe that the massive advancements we saw in drug treatment provision during the first seven years of its existence was due to its constant presence, the seemingly eternal, intensive scrutiny of DATs, and the implementation of such excellent, practical programmes like Opening Doors.

Now although the NTA will, rightly, say it is still charged with increasing the availability, capacity and effectiveness of drug treatment services, the commonly held perception that it no longer seems to have the clout it once had may explain why some services appear to be letting their quality standards slip; I mean, who worries about what a dog with no teeth is going to do?

Unfair? Probably, but perceptions are powerful things.

It makes all the blood, sweat and tears that poured into improving drug treatment over the last ten years seem almost futile, when we're still being faced with a situation where a user in the Midlands can ring his key worker to ask why he's still not been screened five weeks after referral and be told 'you can't expect to just walk through the door and get a script on the same day', while a friend of mine in Southend went and did exactly that!

Maybe she was a 'priority'. My mate isn't; probably because he hasn't resorted to crime to fund his ever-escalating habit. Yet...

Lord help him, and users like him, when the government's Welfare Reform proposal undoubtedly ushers in another layer of fast-tracking into an already over-loaded system.

In its relentless crusade to be seen to be effectively tackling criminals and benefit cheats, the government runs the risk of developing a whole new breed of disadvantaged, ghettoised underclass; the otherwise law-abiding, tax-paying individual who unfortunately developed a problem with illegal substances but now can't apparently get the help they need unless they go out robbing or get the sack.

Again, as with the current role of the NTA, it may not be the reality of the situation; but as I said, perceptions are powerful things.

Daren Garratt is executive director of the Alliance.

The second DDN/Alliance service user involvement conference will be held in Birmingham on 29 January 2009. For more information, email ian@cjewellings.com



Who's listening to Frank?

With £28.6m of funding over the last five years, 'Talk to Frank' has become a familiar catchphrase for the government's support service for young people. But is FRANK gaining credibility and earning its keep? Helpline advisor John McCulloch thinks so, as he breaks off from the busy helpline to talk to **DDN**.

In April 2003 the Home Office rebranded the National Drugs Helpline. It became 'FRANK', the multi-coloured, interactive, streetwise friend to young people. With a strongly designed website and marketing materials, and a sprinkling of celebs, it invited young people to talk openly about drugs. Launched on a 3m budget that was frankly eye-popping to many young people's services, it appeared everywhere – on posters in bus shelters, on tv adverts, radio announcements and earned a mixed response from the drugs field.

Some responded that it was a vast improvement on a lingering 'just say no' culture; others complained that it was a wasted opportunity. Danny Kushlick of Transform Drug Policy Foundation was not alone with his response, reported in the *Guardian*: 'The campaign is crap. The focus is entirely on illegality. It looks like it's been designed by some official at the Home Office.'

By July 2005, Jonathan Akwue of young people's service In-volve was writing in *DDN* (11 July, page 6-7) that 'the government should be congratulated for attempting to launch a credible brand and revolutionising the way that drugs advice is delivered in the UK'. But he went on to criticise the campaign for lacking authenticity, for its ill-judged attempts at humour through trying to engage with 'you' culture, and for diluting the truth to accommodate more socially acceptable messages.

Five years on, has FRANK become in with the in-crowd? Twenty-two million visits to the website suggest so. While the campaign's relentless tour bus has attracted 70,000 visitors around England and Wales, it has also referred 60,000 young people to services.

To the team at the end of the FRANK helpline, concerns about the service's image are far removed from its day-to-day business of fielding all kinds of phone enquiries. John McCulloch is a drugs worker who first became involved with the service in its former guise as the National Drugs Helpline in the early 90s. He left to work at a community addiction service in Inverclyde and an addiction team in Glasgow for several years, before returning to FRANK.

Far from the popular misconception that the phonenumber leads to an official in the Home Office, there is a fully trained team of up to 20 drug workers behind the 24-hour seven-days-a-week helpline, McCulloch explains.

'We all come from a variety of backgrounds, some from mental health, most have an addiction background, some have nursing backgrounds. So there is a very good skills base that underlies everything else that we are taught prior to going online, as well as ongoing training.'

He describes how calling FRANK is a completely anonymous experience – for those at both ends of the phone. There are no records and no relationship formed; if the caller phones back, their call is likely to be taken by someone else. There is a bank of expertise available from others at the call centre, if the call needs particular specialist knowledge, but the aim is to treat each call as a straightforward one-off dialogue.

There is no 'standard' call, and no knowing what will come up next, says McCulloch. The number of calls varies each day, though there are anticipated spikes when anything drug-related is going on in the media, such as reclassification – 'particularly cannabis classification, which generates huge numbers of calls... there's so much confusion around it, people saying it's not really illegal because they stopped my mate and let him go.'

Weighing up the economic value of running FRANK, McCulloch suggests that it saves resources at the outset, by diverting basic enquiries away from hard-pressed drug services: 'We act as a filter. If every person that was concerned about drugs presented at their local addiction service then they would be more inundated than they already are.'

In terms of its purpose and effectiveness, he believes the range of enquiries speaks for itself. His first call of the day might be a young person asking what will happen if they take a particular drug. The next might be an enquiry about how to get in touch with drug services, followed by a call from someone relapsing and in the middle of a panic attack. The one after might be a frantic parent, wondering how to tackle their teenager about suspected drug use.

'We do get a large volume of calls from parents, predominantly mothers,' says McCulloch. 'Sometimes they're concerned about their children's actual or perceived drug use. Sometimes they perceive a change in their 14-year-old's behaviour and assume it's because of drug use and nothing else!'

Sometimes these calls take a long time, particularly if the parent is looking for affirmation that drugs are all equally bad and dangerous. They won't get it from FRANK staff, says McCulloch. What they will get is advice on how they can have 'a fair conversation around drugs and drug use'.

'We would always suggest that drugs are not going to go away and are something any teenager's going to be aware of,' he adds. 'We point out that their

son or daughter may be in a situation where they may not be sure what to do. We try and empower parents and encourage them to open up and have a grown-up conversation.'

'We'll say to the parent: "You saying a particular drug is going to kill you is not necessarily accurate information and your son or daughter knows that... they know that the hysterical reaction is not necessarily a true one. So you need to make sure you have the correct information and that it's balanced and accurate, otherwise they're not going to pay much attention to you."

McCulloch also likes to encourage parents to share their own experiences as a bridge to dialogue. Parents in their late 30s or 40s often recall being part of the 'ecstasy generation', and 'if they are really honest – and quite often they can be – they say well yes, I tried this and I tried that, and this is my experience. We say, "try and share that with your child, because you're going to have much more credibility then"'. Some parents are open to this approach – others think it's a step too far, he admits.

Whoever the caller is and whatever they need, they are likely to be surprised at the non-judgemental approach of helpline staff, says McCulloch. 'We don't tell young people not to do anything, we discuss options.' This might mean talking about 'refusal skills' or situations where they feel uncomfortable, and it might involve discussing how to avoid things happening in future. But they also offer basic harm reduction advice; 'so if someone's saying I'm going out at the weekend and thinking of taking this or this [drug], we would then have quite a detailed discussion around the risks.' He adds, 'I think sometimes people are quite surprised. They expect us to have a finger-wagging approach, and to say "no, don't do that".'

While the job is frequently challenging, McCulloch enjoys its variety and appreciates that information flows both ways. His callers teach him the latest drug names and trends – knowledge that is useful to pass back to drug services and commissioners. Over the last two decades he has seen queries about heroin use move on to calls about ecstasy at the height of dance culture, and then to a huge increase in queries about cannabis and cocaine. Calls about LSD are now rare; the latest trend is a marked increase in calls about ketamine – 'and often they're really not sure if it's ketamine they've taken', says McCulloch. A typical call might suggest that the trusted friend of a friend has sold them something entirely different, but as he points out: 'You're unlikely to ask a dealer where they studied pharmacology!' Helping young people to go into situations with their eyes open is an important part of FRANK's harm reduction tactic these days.

Callers to the helpline have been getting a whole decade younger lately. Five years ago most calls were from 26- to 35-year-olds, but the majority now come from 16- to 25-year olds. McCulloch says many young callers are worried about how to handle peer pressure. Others are prompted by media articles and problem pages – some of which are helpful in highlighting issues, and others which are riddled with misinformation that needs correcting.

Often the question of legality comes up, but McCulloch is keen to stress that unless a caller asks upfront about the legal status of a particular drug, this information tends to come 'fairly well into the call'. There's a lot of confusion that needs to be addressed, particularly where cannabis is concerned, he says. 'We don't want to come across preachy, so we say "you also have to be aware that if you're caught with this there could be consequences"'. Some callers ask specifically about legal issues, particularly if their employer has decided to introduce drug testing or if it is mentioned when they apply for a job.

Whatever the issue, whatever the question, McCulloch and team are aware that they are there to engage with the caller without being in any way judgemental. While this might attract criticism from some quarters, he emphasises that is about providing unbiased information and a listening ear – about empowering the caller to take the next step, 'in their own time, and when they are ready'.

'We don't do assessments or referrals,' he stresses. 'We would say there are these services and this is what they do, this is what they could offer. But the next step is to approach them yourself.'

On the Frank website, there are plenty of eye-catching initiatives to attract curious teenagers to find out more – such as the 'Drugs Mug' feature, where you can upload a photo of yourself and they'll email you back an animated version of it, with rotten teeth and skin sores, to show how you could look if you were addicted to crystal meth.

But this is the public face of the campaign, attracting publicity and attention. Behind the scenes, McCulloch is at pains to emphasise that the team at the FRANK helpline deals in real life – plain, simple and unembellished – not sensationalised, but not played down either. It's a little known side of the Home Office show-off, but one that looks as though it is attracting the right kind of friends. **DDN**

Nancy was in treatment at Amber for nine months and has successfully stayed clean from drugs since she left eight years ago. Writing down her experiences, right from her first dabble with drugs as a schoolgirl, has further strengthened her resolve to choose the future she wants.

Carving new tracks

I often wonder how my life got so desperate. How did I become an addict? When did I cross the line from being a 15-year-old school kid to a full-blown addict? I know this sounds stupid, but what bag of gear was it that qualified me to become an addict? Was it Barry or Tony the scouser who sold it to me? I know the real answer. Heroin gets a hold of you from the start and once you have tried and felt that first release when you inhale and exhale, you know that at some stage you will do it again or even at that stage you are already planning when you will next get the stuff.

I lived in a small town in Dorset, a few miles from Bournemouth, and had no idea there were so many people taking the stuff. The only thing with living away from Bournemouth was when I wanted to get a bag I always had to go into Bournemouth to get it, and sometimes that 20 minute ride would be the worst of my life. If you woke up clucking or you didn't have any money or, god forgive, your dealer would be dry and he would say those dreaded words 'maybe an hour or two', then panic would set in and your clucking felt like you were just about to die.

Before I started taking heroin my life was somewhat normal, if that life exists. I had an ordinary childhood with love and holidays, clothes, pets and my parents were still together. From an early age my mum instilled the value of working. We were not well off by any means, but happy with what we had. I lived on a council estate, which was not bad but not good either.

At school I was not the best, but I was never in trouble. After my mocks I started drinking at the park on a Friday night, as it was the 'in' thing to do. Everyone would meet there but I didn't really drink as I hated the way it made you feel. Life was going OK with close friends and just growing up. I became bored hanging around the field and started clubbing. This is where I met my first proper boyfriend

and where I can quite firmly say my life started to change for the worse.

My first experience of heroin was on a Christmas day. My family had gone to my sister's for dinner and my boyfriend and all his friends came round to my house. My boyfriend was older than me and had been taking heroin for sometime. I hated the way he was after he had taken it, but I decided I might as well join in as it was always offered.

The first line I had was the 'bash', which they thought was funny as it is the most horrible smelling part and most people gag at the smell. From the moment I took that first inhale of gear I liked it. I was at peace – no worries! – but from that moment I was in a time trap for seven years.

I split up with my first boyfriend and met someone else who hung round with a few of the same people, but I didn't think he did gear. Then one day he asked me to look after some of his drugs and I found out he dealt smack. Great for my addiction, but not great for me. From this point on my addiction came to its worse point; I crossed the line from just working to support my habit, to hurting, lying and breaking the law for it.

Somehow I managed to keep a job all through my using, even if they were different ones, but I opened bank accounts in my sister's name to use the overdraft limits she was entitled to as a Uni student. I remember walking through my front door and a teacup coming at my head, shortly followed by my mum. She'd seen my sister's bank account and found my stash of methadone. After a shouting match, I was homeless. I hadn't stayed at my mum's house much since my first boyfriend, but I still had a room there.

So I moved in with my new boyfriend and a mate of his and disaster struck big time. They were dealing full time and we started using more, as it was always there.

I was overwhelmed by the support given to me... My life started to change and I could see a way through the drugs.



See, you don't realise how much you use until it's dry and you really need a fix badly and that twenty bag you manage to get really only just takes the edge off of things.

I was selling roses at weekends to earn money for smack for the week and my first driver was a recovering addict. He didn't let on that he knew I was using till eventually he spoke to me about NA and AA and thinking I was a good liar I denied the whole lot, but he proceeded to tell me about it anyway. I found it interesting but thought hey, that's just not me.

Since the word was out with my family that I was a smackhead, they did try a lot of ways of getting me off of the stuff and fair play to them for sticking at it for as long as they did. I did various half-willed detoxes, just to see how long I could go with the pain and eventually ended up in court. Part of my probation was to attend some sort of drugs programme and I started with a community drugs team where I'd go once a week – but I was not really into it.

Then I joined a day programme. My experience was very hard as it was very male dominated and girls were not that friendly, as I can understand. When you stop using, you have all these insecurities going on. It was all going well, I stayed away from my boyfriend, I was hanging around with clean people and was keeping occupied. Then the dimensions of our group changed and a couple of people relapsed and I started a relationship with a boy in my group, which was not allowed.

Shortly after I left, and was back on a weekly visit to the community drugs team. My key worker tried everything but no one would have me. I still kept in contact with the clean friends I had made but would slip back and forth between them and gear. Finally my key worker had had enough and made it his mission in life to put me somewhere I could stay clean. This place was called Amber, a treatment centre out in the middle of the countryside. It didn't register that this was my only hope until

he told me before I walked through those doors.

I arrived at Amber not knowing what to do but knowing that something had to change. I was put into a team who became like my family as everyone looked out for each other. My team leader's job was to teach me life skills and be there to support me and help me achieve what I wanted out of life. The good thing was they gave me time to do this, away from the pressures of my family, bills, debts and most of all, drug dealers.

I was overwhelmed by the support given to me, and things that people were achieving at this place. I was living in the girls' block with a roommate who was a really good friend, something I had lost during my using. I was seeing a counsellor once a week and really getting to know myself as a person.

I would go and do activities and volunteer for local jobs, like cleaning the canals. My life started to change and I could see a way through the drugs. With the help of my team leader I was accepted on Raleigh International and got a placement to Belize on their youth programme. It was the most amazing experience I have ever had.

When I look back, I realise how dearly I hold the treatment staff who pulled me through this time. They helped me when no one else could. They took me from a person who didn't care about anything in life but her next fix, to someone who has learnt how to live again. All the effort that these people put into me I could never repay, but I hope that they can continue to do their jobs with other people like me – I am living proof that their efforts are worthwhile.

I have worked as a supervisor for a leading tour operator for four years and have started my own business; I live in the French Alps and enjoy life without the aid of drugs. I will be forever thankful for the chance of recovery.

The drug treatment sector has its fair share of disenfranchised service users. At grass roots level we can see the manifestations of a lost youth now searching for identity and meaning as it struggles to cope with the demands of adult life.

A significant number of people who access THOMAS are the victims of a turbulent adolescence, excluded from education, struggling to be understood in their teenage years and metaphorically, sleep walking into a culture of disaffection. This propels a revolt from the established norm that constitutes stability and ignites opportunity for our future, leaving people severely excluded and outside the sustainability system that most of us take for granted in our day-to-day lives. Most people have an embedding aptitude, a propensity to balance the emotional and social intelligences that enable us to function with reasonable stability within the various emotional cultures that influence our lives, such as the domestic home environment, the workplace and the social setting.

However, the workplace becomes one of the most complex environments because it represents a system of institution with rules, policies and procedures coupled with a reservoir of unpredictable behaviours that have the potential to trigger negative reactions on a vulnerable group of people with little or no employment history. The ongoing challenge for us is to equip people with the social and emotional intelligences to function with confidence and adaptability to complex organisation cultures that dominate the workplace.

This does not happen overnight. The government is very keen to tick boxes and get people into work, but fails to recognise the 'soft skills' of development, needed for sustainable employment. Time and time again I have seen people fail in such workplaces because they are not yet able to handle the hazardous emotional minefield of human behaviours within the culture of organisations, big and small.

Hence there is an increasing need for 'people development' beyond drug treatment. This is a development that maximises the strengths of the individual so that people can continue the process of inner knowledge of self and learn new insights to capabilities, unlocking the motivational resources for success. I call this 'paradigm development' and it's very much alive in our academy. The aim is to work with people beyond the confines of drug treatment.

Paradigm development takes profound ideas, philosophies and principles, distilling them into easy-to-use daily habits for personal growth and development.

At its basic level, the term refers to the idea that learners construct knowledge for themselves; each learner individually (and socially) constructs meaning, as he or she learns. So paradigm development moves beyond the biopsychosocial model of treatment and it engages people with proactive development at every aspect of their being.

Managing the increasing complexity of 'self' is no



Equipping people for life and work goes beyond attempting to tip them out of treatment into employment. We need to nurture their social and emotional intelligence to give them a fighting chance of survival, says **Jim McCartney**.

Developing inner strength

different from managing a company. As individuals we are part of social groups, where human behaviour and the interconnectedness of our social environment affect productivity. In paradigm development we are constantly nurturing and protecting a change culture. This provides a participative group-based learning, which is an informal network providing a resource of motivation for each other.

Cultivating our emotional and social skills is paramount for survival in a complex workplace that can be so unpredictable with potential lethal impulsive energies of others who release their toxic energies, debilitating our potential for growth. Vulnerable people are most at risk from this kind of toxic waste that can destroy organisation cultures.

How we orchestrate what goes on in social groups will dictate how we function. Neuroscience has discovered that our brain's very design makes it sociable, inexorably drawn into an intimate brain-to-brain link-up whenever we engage with another person. That neural bridge lets us impact the brain

– and so the body – of everyone we interact with, just as they do us, and will dictate how we operate.

I firmly believe that leading a recovery culture demands a tremendous amount of innovative thinking and experimentation. We have to walk with service users beyond drug treatment, so that they can move from their 'comfort zones' into the reality of an evolving culture that can be alien to those have never had the opportunity to hold down a job.

In paradigm development we build on the strengths of each individual and we create a culture of development where there is a unifying variable that exhibits an inner passion for growth and learning and people support each other on the journey of inner enlightenment and holistic development. This hypothesis continues to be debated in business schools throughout the world and it contributes significantly to the development of people who have suffered the reality of social exclusion.

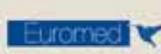
Jim McCartney is the Chief Executive of THOMAS (Those on the Margins of a Society).



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

With an increasing focus on screening for blood borne viruses, particularly hepatitis C, Concateno is working with organisations to help implement effective screening programmes. With both oral fluid (OraSure[®]) and dried blood spot testing methods available, Concateno offers support in setting up screening programmes, utilising expertise and best practice learned in schemes across the UK.

Concateno is working with the Health Protection Agency to ensure that accurate screening data is recorded in their annual report *Hepatitis C in England*.



Tel: +44 (0)1925 848 900
Fax: +44 (0)1925 848 949
Email: enquiries@concateno.com
www.concateno.com

Effective hepatitis C screening is a reality

raising screening levels

Altrix Healthcare, a subsidiary of Concateno, has been working with drug treatment services to help increase the proportion of Injecting Drug Users who are aware of their infection through improved uptake of voluntary confidential testing. One North West based service was successful in raising screening levels from between 10% and 15% to 100% in just over a year.

use within outreach programmes

Both OraSure[®] and dried blood spot tests have been invaluable for outreach programmes because of their ease of use. As these services are not dealing with a static population, they need a simple collection technique and quick results turnaround so they can take action as soon as possible.

screening within the community

Due to the simplicity of oral screening, OraSure[®] is currently being used in a research study being run by Professor Graham Foster, an expert in hepatology, to assess the prevalence of Hepatitis C amongst Bangladeshi and Pakistani communities across the UK.

Transmission of hepatitis C in HIV positive men who have sex with men has also emerged as a problem over recent years. Concateno is working with several projects across the UK using its OraSure[®] device in screening this specific population type.

instant access to lab test results

Concateno's Altrix Retriever[®] system provides free access to results and management reports for all blood borne virus screening. It allows the creation of detailed reports, analysing data from individual clients, treatment service or an entire region - assessing trends and aiding better budget management.

Concateno plc

Garrett House, Garrett Field,
Birchwood Science Park, Warrington, WA3 7BP

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Amber

transforming lives

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

Amber has a 13 year track record of getting people from socially excluded groups back into independent living, work and society and offering those who have lost their way the chance to put the past behind them and move forward.

A comprehensive and seamless package is available allowing the opportunity for a young person to progress from our rural centres back into an urban environment when they are ready and if it is appropriate.

What we offer:

- Alcohol and drug free environment
- A clean break from negative peer groups and influences
- The opportunity to learn skills to overcome barriers to progression
- The opportunity to break the cycle that they find themselves in
- The opportunity to rebuild self-esteem and confidence
- In-depth needs assessment
- Individually tailored action plan
- Regular reports on a young person's progress
- Counselling available- relapse prevention
- Nationally recognised qualifications in basic skills
- Nationally accredited courses in maintaining a tenancy
- Nationally accredited personal development courses
- Supervised drugs testing and alcohol testing
- Bed spaces available on a block contract or spot purchase basis
- Value for money

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

- Urban environment, close to amenities
- Projects with British Waterways on Amber's narrow boat
- Opportunities to return to further education
- Opportunities for employment
- Support in the early stages of employment or college
- Accommodation whilst saving for a deposit for independent living.

If you would like further details of what Amber has to offer or you would like to visit one of the Amber centres, please contact:

Olly Giddings
Recruitment Manager
Office: 01769 582022
Email: olly.giddings@amberweb.org

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

www.amberweb.org



a new beginning

Drug & Alcohol Teams, Social Services

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No waiting lists – immediate beds available

- 24hours, 7 days a week care
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- 12 week primary care and 12 week secondary care
- Detox facilitated
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For further information please contact Darren Rolfe

CALL FREE 08000 380 480

Email: Darren@pcpluton.com
Web: www.pcpluton.com

Prisons and beyond... 2008

The Criminal Justice Journey

Community → Custody → Community

Key challenges and opportunities

16th & 17th October
Ramada Hotel & Resort Birmingham

'Prisons and Beyond... 2008' focuses on drug treatment services in custody and in the community to ensure timely effective continuity of care, and is targeted at frontline staff and managers in prisons, probation, criminal justice integrated teams and the wider criminal justice field.

Workshops this year include...

- Together we can... Managing the transition from community to custody
- Heading home, housing providers and family support in aftercare
- Getting there and staying there what works in sustaining treatment gains
- Innovating for the young examples of positive practice
- Finding a way back working with women to find a way back home
- Dual diagnosis redefining sanity
- Working with diverse populations making it real
- Buprenorphine use and misuse in prisons
- Blood borne viruses, what's new
- ...and many more

For more information see www.prisonandbeyond.org
email mala@prisonandbeyond.org or call: 07939418840





Got something to say?



Alcohol and Drug Issues in the Acute Medical Setting

Friday 24 October 2008

Postgraduate Medical Centre
University Hospital Birmingham NHS Foundation Trust

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

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

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

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



The Centre for Addiction Treatment Studies (CATS) is holding a series of one week stand alone courses in 2008 and 2009. These courses offer an opportunity for professional development and are growing in popularity due to an increasing demand within the field for experienced and qualified counsellors. Credits are awarded by the University of Bath.



INVESTOR IN PEOPLE

For more information please visit our website on www.actiononaddiction.org.uk (Training and Education) or contact Carol Driver on 01985 843782 or Patsy Ford on 01985 843783.

MOTIVATIONAL INTERVIEWING:	27 – 31 October 2008
COGNITIVE THERAPY AND SUBSTANCE MISUSE:	8 – 12 December 2008
RELAPSE PREVENTION:	2 – 6 March 2009
12 STEP:	30 March – 3 April 2009
DUAL DIAGNOSIS:	27 April – 1 May 2009
GROUP THERAPY:	1 – 5 June 2009

COURSE COSTS

Cost if you enrol* with the University: £425 half-board (breakfast and lunch)
Cost if you do not wish to enrol: £725 half-board (breakfast and lunch)

The cost of the course includes tuition, course handouts and support, accommodation, breakfast and lunch and full use of the library and IT suite.

Your accommodation is available from Sunday evening at no extra charge.

*Enrolment is a simple process which we facilitate. It involves filling in a form and there is no charge for this process. Enrolment is necessary if you wish to receive transferable credit from the University.

The Chemical Dependency Centre, Clouds and Action on Addiction have merged.
The new organisation is called Action on Addiction. Charity No. 1117988

Consulting Circles

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2008/2009 COURSE DATES

BRISTOL - 10TH & 11TH NOVEMBER 2008

BIRMINGHAM - 24TH & 25TH NOVEMBER 2008

MANCHESTER - 8TH & 9TH DECEMBER 2008

LEEDS - 15TH & 16TH DECEMBER 2008

MIDDLESBOROUGH - 12TH & 13TH JANUARY 2009

OXFORD - 19TH & 20TH JANUARY 2009

MAIDSTONE - 2ND & 3RD FEBRUARY 2009

BRIGHTON - 16TH & 17TH FEBRUARY 2009

FOR MORE INFORMATION PLEASE CONTACT US ON:
T: 01273 203098 or M: 07716 198729

ITEP

International Treatment Effectiveness Programme

Two Day Training

Consulting Circles are now offering two day training focusing on node link mapping. A visual tool designed to enhance key worker psychosocial and group work interventions. Participants will learn the significance of:

- Node-link mapping
- Brief psychosocial interventions
- Cognitive re-framing

Following completion of the training delegates will:

- Understand the basic skills and theory behind node-link mapping
- Become familiar with maps & psychosocial interventions
- Develop skills to establish a better rapport with clients
- Discover how mapping can be used for self analysis
- Learn how mapping can be used in supervision

2 day workshop – £185.00 per delegate (includes lunch, refreshments, ITEP handbooks and training materials)

For further information and to book a place, please contact

T: 01273 203098 or M: 07716 198729

info@consultingcircles.com

Or visit our website for booking and payment options www.consultingcircles.co.uk

VOICES FOR CHOICES

The second national service user conference



Say it here

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

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

Service user delegate place £80 + vat

Professional place £130 + vat

Book online at www.drinkanddrugs.net

Email ian@cjwellings.com Telephone 020 7463 2081

As a member of the Leicestershire and Rutland Drug and Alcohol Action Teams, you will have the opportunity of working across two local authorities to deliver the new National Drug Strategy 'Drugs; Protecting Families and Communities'.

Service Development and Improvement Officer Ref: CEYJ617
£28,227 - £30,480 pa*

Supporting service improvement within commissioned services to deliver a holistic drug treatment system, you will work with commissioners to develop and implement performance improvement strategies. Of graduate calibre (or equivalent), you will need experience of planning and developing services, and performance management.

Performance Officer Ref: CEYJ629
£24,570 - £27,594 pa*

You will ensure that the DAAT's are able to performance manage commissioned services, providing data and intelligence to support strategic decision making, whilst developing relationships with key partner agencies. Of graduate calibre (or equivalent), you should have experience in performance management.

Service User/Families Involvement Officer Ref: CEYJ618
£24,570 - £27,594 pa*
Temporary contract for 2 years

Ensuring that service users and families are central to the development of substance misuse services, you will implement new consultative approaches. You should have experience of working with people who misuse drugs and/or alcohol, and knowledge of appropriate interventions.

A CRB check applies to this post.

Closing date for applications for the above 3 posts: 3 October 2008.

Interviews for the above three posts: week beginning 27 October 2008.

For application details visit www.leics.gov.uk/jobs or tel: (0116) 305 6253 unless referred elsewhere. Always quote the appropriate reference number unless otherwise stated.

*A pay award is pending for these posts



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PERMANENT - TEMPORARY - CONSULTANCY

Supplying experienced, trained staff:

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

NOW REGISTERING AND SUPPLYING NURSES

Register online www.SamRecruitment.org.uk

Marketing Development Managers

In its first year of operation, Winthrop Hall has become the treatment centre of choice for those wishing to address alcohol and drug addiction issues. Our first residential facility is based 9 miles south of Maidstone, and we are about to enter a period of exciting and sustained growth.

As a result of this growth, we are now looking for 2 Marketing Development Managers.

Reporting to the Marketing Director, these are key roles in developing business from the clinical (non-direct) market place, which will involve extensive face to face presentational work and travel – primarily in the first instance within London and the South East. The right candidates will also be able to demonstrate records of qualifying and closing leads in complex and sensitive environments.

You may not necessarily be working in a sales & marketing role at present. You may even be working as a clinician. More important is your ability to use your existing connections and develop new relationships within a sector comprising addiction psychiatrists, psychotherapists and private and public sector GPs.

Winthrop Hall is a 'bleeding' edge organisation with blue chip backing. We offer extremely attractive levels of remuneration and company benefits.

If you are interested in applying please send a copy of your CV with covering letter to Diane Jenner, the Director of Human Resources via e-mail: dianejenner@winthrophall.co.uk Website: www.winthrophall.co.uk



WINTHROP HALL

Closing date for applications is: 3rd October 2008.

This post requires an Enhanced Disclosure under the Care Standards Act 2000.

UK Drug Workers Forum
Annual National Conference 2008

'Tackling the Drugs Strategy'
14-15 October 2008
Park Inn Hotel, York

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

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

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

Full programme and registration details from:

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

The DDN nutrition toolkit

"an essential aid for everyone working with substance misuse"

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

Healthy eating is a vital step towards recovery, this toolkit shows you how. Available on CD Rom. Introductory price £19.95 + P&P

To order your copy contact Tracy Aphra:
e: tracy@cjwellings.com t: 020 7463 2085

INVITATION TO TENDER

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



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

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

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

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

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



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

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

Substance Misuse Workers

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

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

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

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

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

Drug Workers - £16,137 - £20,235 + Benefits

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

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

Drug Therapists - £16,137 - £20,235 + Benefits

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

Trainee Drug Workers/Therapists - Leeds

£14,787 - £15,825 + Benefits

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

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

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

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

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



DISC genuinely values diversity and recognises that people are different but equal.
DISC, Merrington House, Merrington Lane Ind Estate, Sperrymoor DL16 7UT

www.jobs.disc-vol.org.uk

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Community. Make it yours... Buckinghamshire County Council

In Buckinghamshire, we believe in working together to deliver what we cannot achieve alone. Which is why we value diversity, encourage mutual respect and champion empowerment to ensure our workforce can successfully meet the needs of our communities

BUCKINGHAMSHIRE DRUG AND ALCOHOL ACTION TEAM

The Buckinghamshire Drug Action Team is hosted by Buckinghamshire County Council and has been in operation since 1995. The team has developed significantly since then. The DAAT brings together the Police, County Council, Health, Local Authorities, Probation, Prisons, Youth Offending Service, Connexions and the Voluntary Sector to co-ordinate planning and commissioning of substance misuse services.

DAAT Adult Commissioner

£34,271 - £38,117 pa

Ref:PP040/DDN

Hampden Hall Aylesbury

Managed by the Safer Bucks Commissioning Manager, the post holder will take the lead in commissioning adult substance misuse services on behalf of Buckinghamshire DAAT. Informed by local needs, based on evidence and best practice and congruent with national targets and agreed local commissioning priorities. The post holder will also progress the DAAT housing agenda in Bucks.

They will also lead on the performance management of services commissioned by the DAAT, within a negotiated performance management framework.

The post holder will lead on the development of the Adult Treatment Plans in conjunction with the Safer Bucks Commissioning Manager.

They will maintain the profile of Bucks DAAT at appropriate national and local fora.

Please visit our website at www.buckscc.gov.uk/jobs

Alternatively call 01296 383366 or email recruitment@buckscc.gov.uk for an application pack.

Please quote the appropriate reference number

Closing date: 5pm, 10th October 2008.

Interview date: 28th October 2008.

Positively welcoming applications from all parts of the community.

www.buckscc.gov.uk/jobs



Bridgend County Borough Council
 Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr
 www.bridgend.gov.uk



Clerical Support Officer
 Substance Misuse Ref: E/02232/WB
 £14,197 - £14,882

Part-time Contracts Officer
 Substance Misuse Ref: E/02209/WB
 £13,021 - £13,892 for 22.5 hours
 1 year fixed contract

Closing date for both posts: Friday 3 October 2008.

To download an application form and job pack for the above posts, or to view a list of our vacancies, please visit www.bridgend.gov.uk/jobs Alternatively please telephone the Resources Team on 01656 643205 (24 hour recruitment line) quoting the above reference number.

This post is subject to job evaluation.



harbour drug & alcohol services

Harbour Drug & Alcohol Service provides a range of interventions for people with problematic substance use in the City of Plymouth. Harbour combines the skills and experience of a diverse workforce and welcome applications from candidates who wish to contribute to this valuable service.

The following exciting opportunities have arisen within the Community Access Tier 3 Services Team:

Substance Misuse Specialist
 12 Month Fixed Term Contract Full Time – 37 hours a week (Ref: SMS08)

Substance Misuse Specialist
 Permanent Part Time – 30 hours a week (Ref: SMS4)
Starting Salary: £22,187 per annum pro rata

The role of the Substance Misuse Specialist is to help reduce the harm caused by substance misuse to users themselves, affected others and to the wider community. This is achieved by providing services to clients that are tailored to suit their individual assessed needs. The successful candidate will have experience of working within a substance misuse environment, specifically around drug misuse, and working closely with other professional organisations to provide appropriate through and after care services. Applications are welcomed from individuals holding a qualification or experience in a relevant discipline.

To download a role profile and an application form please visit our website
www.harbour.org.uk

If you require any additional information please telephone Harbour HR Services on (01752) 314254

Closing date for applications: 5pm on 3rd October 2008

Benefits include:

- 25 days annual leave per annum (including incremental increases) plus recognised Bank Holidays
- Company Pension Scheme
- Life Assurance Scheme
- Free Occupational Health Services
- Implementation of policies to positively promote a work/life balance
- Commitment to Continued Professional Development

Harbour is an equal opportunity employer and invites applications from all sectors of the community. All post holders will be subject to an enhanced CRB check and satisfactory references.



Cambridgeshire County Council

DAAT Alcohol Co-ordinator
 £27,950 - £37,710 pa dependant on assessed suitability Cambridge
 Fixed term contract until end March 2011.

This new and exciting role involves co-ordinating our new Alcohol Harm Reduction Strategy. Working across a wide range of agencies, you will provide strategic co-ordination for alcohol for the Drug and Alcohol Action Team, enhancing assessment of need to inform policy and performance targets, developing key multi agency partnerships and practical problem solving to support local communities in tackling local issues.

You will need a wealth of experience in partnership working, and extensive knowledge of alcohol related issues, either in health or community safety. Experience of commissioning and/or contracting will be an advantage.
 Ref: JC6600.

To apply visit www.jobsincambs.com or call 0845 045 5210 quoting reference number. Alternative formats on request.
 Closing date: 15 October. Interview date: 7 November.



www.cambridgeshire.gov.uk



Compass
 Services to tackle problem drug use

TACKLING DRUGS IN THE COMMUNITY

COMPASS COMMUNITY SERVICES YORKSHIRE

Nurse Team Manager – Selby REF: 038
 Compass Band F, Pts 1-7, £33,662-£40,989 pa, full-time 37 hours
 Nursing salaries include 7% premium to contribute to NHS pension contributions. Option to continue with NHS pension scheme.

The Nurse Team Manager will have the responsibility of leading a multidisciplinary team of Nurses, General Practitioners and Drug Workers in the provision of holistic substance misuse treatment in the Selby area. The Post holder will manage a range of services and contracts including, specialist prescribing, primary care liaison, harm reduction and the young people's service. This post has been created from a reconfiguration of local management and therefore offers an opportunity for an enthusiastic manager to assist in the further development of the services.

Service Manager – York REF: 037
 Compass Band C, Pts 1-4, £31,162-£36,683 pa, full-time 37 hours

We are seeking to appoint to a Service Manager; you will be expected to manage our Adult Treatment Services in York; including Needle Exchange, Open Access and Structured Counselling. You will have lead responsibility for all aspects of service delivery against contracts and service level agreements, ensuring that staff within each service receive management supervision and engage in clinical consultancy.

Both Post Holders will take the lead on fulfilling all of the operational requirements for delivering their services and implementing the service development plan ensuring a balance of attention between contract management, staff management, clinical governance and budgetary controls and adherence to Compass Corporate Procedures including; the Standing Orders, Financial Procedures and the Scheme of delegation. The posts may require some evening/weekend/bank holiday working.

For an application pack please contact Compass Recruitment on 01904 666370 or alternatively, email recruitment@compass-uk.org, stating your name and address details and quoting the appropriate posts reference number.
Closing date: Monday, 6th October 2008.

THESE POSITIONS ARE EXEMPT FROM THE REHABILITATION OF OFFENDERS ACT (1974), AS A RESULT ALL OFFERS OF EMPLOYMENT WILL BE SUBJECT TO A SATISFACTORY CRB DISCLOSURE CHECK. COMPASS IS COMMITTED TO DIVERSITY AND EQUALITY OF OPPORTUNITY.

Charity Registration No. 518048
www.compass-uk.org

WORKING WITH PEOPLE IN YORKSHIRE

Essex County Council

TENDER FOR TIER 2/3 OPEN ACCESS DRUGS & ALCOHOL SERVICE IN NORTH ESSEX.

&

TENDER FOR TARGETED AND SPECIALIST YOUNG PEOPLE'S SUBSTANCE MISUSE TREATMENT SERVICE IN ESSEX.

The Essex Drug and Alcohol Action Team (EDAAT) on behalf of The Essex Drug and Alcohol Partnership (EDAP) invite expressions of interest from suitably experienced and qualified providers as part of a tender process to deliver the following services in the County of Essex

1. Tier 2/3 Open Access Adult Community Drug Services

Tier 2/3 Open Access Service, which will include: Open access, drop-in service, Pro-active outreach services, Advice and Information, Outreach, detached and satellite provision of services improving access to services, Harm reduction services, Triage and where necessary comprehensive full assessments, Integrated care pathway planning, Key working/care co-ordination, Brief/other structured Interventions, Group work - crack/stimulant specific and relapse prevention access to blood borne virus screening and vaccination for hepatitis A and B, Access to in-patient detoxification and stabilisation, Access to residential rehabilitation, Alternative/complementary therapies.

The services will be delivered from 1st April 2009 for a period of 2 years with an option for a further extension of up to 1 year. The approximate contract value is £725k per year.

The successful applicants will be required to work as part of a clearly defined treatment system with other providers in the County across the commissioned tiers of provision. Organisations with a track record of innovative and dynamic provision of services and a demonstrated capacity to respond to change are sought.

The Essex County area is estimated to have 4174 problematic drug users and identified patterns of need show primary presentations indicate that 1265 presentations were for primary opiate use against 122 primary crack use in addition to a further 359 presentations for primary cocaine use (not considered PDU's) Of the estimated PDU population, a proportion will reside in the geographical area of North Essex.

Targeted & Specialist Young People's Substance Misuse Services Essex County Wide.

Advice & Information, Open Access/drop-in services, Pro-active Outreach Services & Locality based provision of all services, Identified workers to sit within Youth Offending Teams, Diversionary activities (or access to), Key working/care co-ordination, Brief and Semi- structured interventions, Specialist Harm Reduction work (including BBV and sexual health work/screening), Family support, Screening and promotion of preferred tool, Comprehensive Assessments, Training for those working with substance misuser's or those at risk of misusing substance's, Development of training programmes, Access to psychiatric services & pharmacological services Group work, Transition work, Lead professional work for CAF, Psychosocial (counselling) therapies.

The services will be delivered from April 2009 for a period of 2 years with an option for a further extension of up to 1 year. The approximate contract value is £800 k per year.

The successful applicants will be required to work as part of a clearly defined treatment system and with other children services to target those children and young people who are identified as most vulnerable to substance misuse.

Organisations with a track record of innovative and dynamic service provision and with a demonstrated capacity to respond to change are particularly sought.

Prospective providers should specify, and are invited to tender for the entire provision identified above, however separate ITTs will be issued for the Adult and Young People's provision.

The commissioners would also welcome consortium bids from interested providers.

If your organisation has passed the PQQ stage of the recent South West Essex Open Access service, you will be automatically sent the Adult ITT provided your organisation has met the requirements set out.

In order to obtain both pre qualification and tender documentation providers are required to register their details on Essex County Councils supplier portal at www.essex.bravosolution.com. The Council reserves the right to conduct an e.auction for this or any other of its requirements.



Phoenix Futures  
Ending dependency, transforming lives

**SPECIALIST OPERATIONS MANAGER
PRISON SERVICES (SCOTLAND)**
Based Glasgow £36,215 - £41,647 pa

 for full details about this and all Phoenix Futures vacancies see www.drinkanddrugs.net/jobs/mag.html


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Lecturer in Addiction Studies
£17,601 - £35,853 - Ref: VN0571

We need someone with recent experience as a drugs worker, social care practitioner, or counsellor dealing with drugs-related issues to teach across our health and social care programmes. Join our committed team in this developing field, and you'll also be responsible for the pastoral care, enrolment, induction, and review of students.

A qualification in drugs awareness or addiction studies to at least Level 2 will be essential. A degree, diploma in counselling, or higher qualification in addiction would be highly desirable. Committed to high standards of teaching, you will have or be willing to gain a teaching qualification.

Closing date: 1st October 2008.
Interview date: 16th October 2008

To apply please visit www.stokecollege.ac.uk/jobs
Alternatively if you don't have internet access, please telephone 01782 603626



The College is an equal opportunities employer and positively encourages applications from all sections of the community.

www.stokecoll.ac.uk/jobs **Imagine**

P/T Models of Care Co-ordinator

£19,539 - £25,366
25 hours per week
Pay Award Pending

Joining the Drug Action Team based at Southbrook Rise, you'll share our commitment to implementing Models of Care for Substance Misuse. Taking the lead on the implementation of the service framework, you'll drive forward clinical policy and practice issues within city drug treatment services. This will involve the improvement of local clinical governance structures, monitoring the quality of treatment and care pathways, as well as developing good practice models around blood borne viruses and drug related deaths.

Informal enquiries are welcomed by Judith Morrison on 023 8083 4257.

Apply now at www.hampshirejobs.org.uk
email: recruitment@southampton.gov.uk or
tel: 023 8083 3111 quoting ref: Z160.
Minicom: 023 8083 2838.

Closing date: 10 October 2008.



Celebrating diversity, improving opportunity. Jobs are open to job-share unless otherwise stated.



Imagine the possibilities.
Make them happen.

Lewisham **NHS**
Primary Care Trust

 **Lewisham**

LEWISHAM DRUG AND ALCOHOL STRATEGY TEAM (DAST)

DAST on behalf of the London Borough of Lewisham and Lewisham Primary Care Trust, invites expressions of interest to tender for the provision of two adult drug community services.

Expressions of interest are sought from suitably qualified organisations that can demonstrate the knowledge, innovation and ability to deliver substance misuse services to meet the needs of a diverse population. Lewisham DAST is seeking expressions of interest to deliver the following in the borough:

Two x Adult Tier 2/3 Drug Community Services

Prospective providers are invited to tender for either or both of the services; consortium tenders will also be considered.

It is anticipated that the two contracts will be split 60:40, although we reserve the right to change the percentage split dependant on tender submissions received. If we choose to award two contracts then the minimum split will be 75:25.

The expected term of both services will be from April 1 2009 initially for three years, with six month 'no-fault' break clauses either side, with an option to extend for a further two years, subject to review. The contract will be based in part on a performance payment in relation to achieving a set of Treatment Outcome Indicators, which are outlined in the tender documentation.

To request a tender pack, either in writing or by e-mail, contact:

Mike Hurst,
Procurement Team, London Borough of Lewisham, 3rd Floor,
Lewisham Town Hall, Catford, London SE6 4RU
Email: mike.hurst@lewisham.gov.uk
Telephone: 020 8314 6556

Expressions of interest should be made by Friday 17th October 2008, and completed tenders must be returned for receipt by no later than 12 noon, Friday 24 October 2008.

TRAFFORD COUNCIL

Our vision is to make Trafford a caring and inclusive place where the community comes first and everyone realises their true potential. We are committed to attracting, retaining and developing a diverse and skilled workforce so we can provide and deliver quality services.

CHILDREN AND YOUNG PEOPLE'S DEPARTMENT
TRAFFORD YOUTH OFFENDING SERVICE

Trafford YOS Substance Misuse Worker

SCP 26-31/£21,412 - £25,320 (Pay award pending)

36.25 hours per week

Ref: NCY 558

We are seeking a pro-active and creative individual to effectively deliver the YOS substance misuse service. You will contribute to a holistic approach to preventing offending and reducing harm to young people and their families via delivery of education, targeted interventions, support and treatment. Providing a primary and secondary substance misuse and prevention service, you must have the ability to deliver specialist planned tiered interventions for young people with substance misuse and related issues. You will also ensure colleagues receive up to date training and information, promote the service across the borough and work on joint initiatives with other key agencies.

The service will be implemented to enable the meeting and reporting of both local and national targets relating to substance misuse and offending by young people.

A recognised qualification in the management of substance misuse is essential.

Children & Young People's Service is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

All grades are subject to job evaluation.

For further details and an application form please telephone 0161 911 8201.

Closing date for applications: 10th October 2008.
Interviews to be held on: 22nd and 23rd October 2008.

You can also find Trafford's vacancies at:

www.trafford.gov.uk

Minicom for text telephone users 0161 912 1224

We are members of NowPeople - nine Councils, one website, countless opportunities, please see the website at www.nowpeople.co.uk



ADULTS AND COMMUNITY SERVICES DEPARTMENT

Drug Strategy Implementation Officer

Ref: AD8-411

Strategy and Commissioning

(Drugs and Alcohol Team)

SO1 - £23,749 - £25,320 per annum

Information and Monitoring Officer

Ref: AD8-412

Strategy and Commissioning

(Drugs and Alcohol Team)

Scale 5 - £18,907 - £20,736 per annum

Closing date for both posts: 10 October 2008

Applications and further details are available online at www.bolton.gov.uk/jobs or tel: 01204 338006 (direct line 9am - 5pm, Monday to Friday) or 01204 331212 (24 hour answering service) or e-mail: jobappsrequest@bolton.gov.uk

This Council is committed to safeguarding and promoting the welfare of children, young persons and vulnerable adults. Any posts that may involve regular contact with children, young persons or vulnerable adults will require a CRB disclosure.

We are members of NOWpeople - nine Councils, one website, countless opportunities; please see the website at www.nowpeople.co.uk

We welcome applications from disabled people and members of the ethnic minorities, as these groups are under-represented in our workforce.

**Bolton
Council**

www.bolton.gov.uk/jobs