

DDN

Drink and Drugs News

24 September 2007
www.drinkanddrugs.net

CHASING EVIDENCE
How do we know that
day programmes work?

PUPIL'S VIEW
A 14-year-old's first
taste of drugs education

KEEPING THE BENEFITS
How easy is arranging
user work experience?

RIDING HIGH

Italy's pioneering drug-free community gives skills for life

Your fortnightly magazine | jobs | news | views | research

Nothing about us without us!

The first DDN/Alliance service user involvement conference

31 January 2008, Birmingham

User involvement must continue to play a key role in drug treatment provision and policy. This conference will bring together service users, politicians, DAT co-ordinators and treatment providers to reach consensus on issues that matter. Be part of the first national DDN/Alliance service user involvement conference. Your opinions will help to shape the strategy of the future.

Plus! Evening benefit gig for The Alliance, featuring The Nightingales with special guests.

For details email: info@cjwellings.com or visit
www.drinkanddrugs.net



Substance Misuse Volunteering and Training Organisation

NewLink Wales provides training for professionals working in the field of substance misuse, throughout Wales. Besides the courses on its annual training programme it can also provide in-house training designed to meet specific needs. Courses are mapped to units within the Drug & Alcohol National Occupational Standards. The organisation is also a registered centre for NVQs.

NEWLINK WALES TRAINING COURSES, OCTOBER – DECEMBER 07

October

- 8 & 9 **Basic Substance Misuse Awareness Level One** (Colwyn Bay)
(£110 – Voluntary Sector staff, £130 Statutory Sector staff)
- 17 & 18 **Creative Therapy**
(£260 – Voluntary Sector staff, £280 Statutory Sector staff)
- 18 & 19 **Basic Substance Misuse Awareness Level Two**
(£130 – Voluntary Sector staff, £150 Statutory Sector staff)
- 23 **Premises and Drugs – The Law and Good Practice**
(£110 – Voluntary Sector staff, £120 Statutory Sector staff)

November

- 1 & 2 **Basic Substance Misuse Awareness Level One** (Carmarthen)
(£110 – Voluntary Sector staff, £130 Statutory Sector staff)
- 12 & 13 **Basic Substance Misuse Awareness Level One**
(£110 – Voluntary Sector staff, £130 Statutory Sector staff)

November (cont)

- 15 **Amphetamine & Methamphetamine**
(£110 – Voluntary Sector staff, £120 Statutory Sector staff)
- 19 & 20 **Dual Diagnosis**
(£120 – Voluntary Sector staff, £135 Statutory Sector staff)
- 26 & 27 **Basic Substance Misuse Awareness Level One** (Aberystwyth)
(£110 – Voluntary Sector staff, £130 Statutory Sector staff)
- 27 **Working with Drug Using Couples**
(£110 – Voluntary Sector staff, £120 Statutory Sector staff)

December

- 4 **Substance Misuse and Older People**
(£110 – Voluntary Sector staff, £120 Statutory Sector staff)
- 10 & 11 **Basic Substance Misuse Awareness Level Two**
(£130 – Voluntary Sector staff, £150 Statutory Sector staff)

Members of NewLink Wales are eligible for a 5% discount on training fees. All the above courses take place at our offices in Cardiff, unless otherwise stated.

For queries, booking forms or information on courses please call NewLink Wales on

Tel: 02920 529002 or e-mail us at training@newlinkwales.org.uk.

Details of all the courses and workshops we offer can be found on our website: www.newlink-sw.org.uk

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Editor's letter

This morning one of our readers phoned up and discussed his experience of treatment. As he talked, he became increasingly frustrated when he considered the limited options that had been offered to him and to friends in the past. 'Why is it that aftercare is so poor?', he wanted to know. 'Why isn't treatment geared to long-term recovery? People just go round the system for years, without any hope of reintegrating into society and getting themselves a job. Clients don't know they have choices: it all depends on where their DAT decides they're going.'

His comments struck several chords with this issue. In his exploration of what helps people towards recovery, Prof David Clark (page 15) makes the point that the drug and alcohol field focuses on addiction rather than recovery: we look to treatment for a cure, rather than concentrating on making long-term life changes. Relapse rates demonstrate how unrealistic this can be – highlighted in research and by considering how residential rehabs (and criminal

justice services) see the same faces time and time again. This issue's cover story suggests that the focus can be very different if drug users are given the blocks of self-sufficiency to rebuild their lives (page 6). The San Patrignano community is an active and industrious society that turns dependency into a desire to thrive. No-one is turned away, and in turn residents are expected to earn their keep by being productive members of the community. Could it work in the UK? Prof Neil McKeganey thinks so.

On the subject of service user empowerment, we've teamed up with the Alliance to put together the 'Nothing about us without us' conference on 31 January (see opposite). It'll be an exciting opportunity to shape future strategy and make sure service user involvement is not just three empty words. If you're a service user or co-ordinator, please get involved!

Finally, I would like to thank Robert Skilleter, our youngest ever contributor for his article on page 10. Feedback is important in every area of this field!

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

Designer:
Jez Tucker
e: jezt@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

Website:
www.drinkanddrugs.net
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News in Brief

Service users' views wanted

The NTA is calling for all services to make sure their clients have chance to fill in the third annual user satisfaction survey. The survey, conducted by the NTA and the Healthcare Commission, supported by the Commission for Social Care Improvement, gives service users the chance to comment on their satisfaction with the treatment they receive. Results feed into improvement reviews and the overall score given to DAT partnerships. Survey materials have been sent to all drug treatment services – for a reminder visit www.nta.nhs.uk. Data collection ends on 5 October.

Jack's a hit

Retired American detective Jack Cole has visited Merseyside to talk about the failure of the 'war on drugs' policy to local DATs and other agencies, at the invitation of local harm reduction organisation HIT. Mr Cole, who spent twelve of his 26 years with the New Jersey State Police as an undercover narcotics officer, is a representative of LEAP (Law Enforcement Against Prohibition), which seeks to support alternative policies to prohibition. 'Many commentators in the field have concluded that our current strategy has failed, with huge profits from the illegal drugs trade, brought about through prohibition, being handed on a plate to organised crime,' said HIT's training manager and project consultant Alan McGee. 'When the only beneficiaries of pursuing a sustained policy of prohibition are criminals and organised crime, we should be asking ourselves who's side are we on?'

A grand idea

Glasgow has held its first GRAND (Getting Real about Alcohol 'n' Drugs) week, a multi-agency partnership initiative that saw awareness-raising events held across the city. A wide range of workshops, performances, stalls and complementary therapies targeted children, young people, parents and carers. 'By working together, we are able to use the GRAND week to address the issues and dangers associated with drugs and alcohol to young people as well as promote the services available within our communities,' said Strathclyde Police assistant chief constable John Neilson. A website has also been launched at www.glasgowgrand.org

Workplace testing on the rise

More than 20 per cent of employers test their staff for drugs and alcohol, according to new research.

A report by the Chartered Institute for Professional Development (CIPD) found that 22 per cent of employers tested staff – an increase of 18 per cent on the last CIPD study in 2001 – while another 9 per cent said they had plans to introduce some form of testing in the future.

The vast majority of testing is carried out where drug or alcohol misuse is suspected as a result of poor performance or inappropriate behaviour. Only 10 per cent of organisations carried out random testing, and the vast majority of testing took part in organisations classed as 'safety critical'.

Effective communication of drug and alcohol policies to staff, and training of line managers to deal with the issues appropriately were rare, however, the study found. Of the 500 organisations questioned, six out of ten said they used disciplinary procedures when managing drug or alcohol misuse at work. Eight out of ten said they approached it as a combined disciplinary

and health issue.

The report calls for more action on the part of employers to help those with alcohol and substance misuse problems – only 38 per cent of organisations in the study offered access to rehabilitation for those with alcohol or drug dependencies. 'Unless it is very clearly understood by employees that dependency problems will be dealt with sympathetically and that they will not automatically be disciplined or lose their jobs,' says the report, 'they will not have the confidence to acknowledge that they need help.'

More than a quarter said they would report staff to the police for using illegal drugs, and almost a third said they had dismissed staff in the last two years because of alcohol problems – 60 per cent banned consumption of alcohol on the premises. Forty per cent said they considered alcohol and drug misuse to be a major cause of absenteeism and poor work performance.

Report available at www.cipd.co.uk/subjects/health/drugs/_drgalcsrvy.htm?IsSrchRes=1

Drug workers praise for praise-based learning

A new modular motivational learning programme to enable drug workers to improve engagement with treatment has met with positive responses to its early trials.

ROMA (Record Of My Achievement) provides a structured learning programme for service users, who are then awarded a certificate on successful completion of each section.

The programme, developed by Altrix Healthcare, features 11 modules covering every aspect of treatment,

from harm reduction to maintaining a drug-free lifestyle. Early trials have reported improved levels of user engagement in the treatment as well as better relationships between workers and service users.

'There is little praise for people going through drug treatment,' says ROMA project leader Gill Brady. 'Simple things like marking each milestone and recognising the achievement with a certificate has a big impact on self-esteem and their

willingness to progress.'

'As the independent analysis of ROMA shows, I would expect this praise to help increase a person's focus on their treatment and also to help with retention rates' said independent consultant to the NTA Bill Puddicombe. 'I'd also expect ROMA to have longer term results – aiding with building self-esteem and helping with a more successful exit from treatment, giving people a sense of forward motion as they start to rebuild their lives.'

Broadreach expands on 25-year anniversary

Plymouth drug and alcohol charity Broadreach House has become the first organisation to receive two separate investments from the government-backed Futurebuilders fund.

The charity has been awarded £427,000 to buy a new building to increase its service provision, following an investment of nearly £630,000 two years ago to open a national training and support centre.

The award will allow Broadreach, which offers residential and day support, to work in partnership with organisations like the probation service and local training centres and provide services such as certificated courses, support for small businesses developed by service users, day treatment options

for those unwilling to enter residential treatment and increased work with parents and families.

Futurebuilders England provides a combination of loans, grants and professional support to help organisations build their capacity, many of whom have never borrowed before. 'We hope more third sector organisations follow the example set by Broadreach House considering loan finance as a viable option through which to facilitate growth and plan for a sustainable future,' said Futurebuilders England chief executive Richard Gutch.

'The increasing national demand for our services meant we had to re-evaluate how we could develop our organisation's capacity to help as many

people as possible,' said Broadreach House's business director Rick Weeks. 'Our new building will allow us to offer even more services to substance misusers and persistent re-offenders, helping reduce the risk of relapse, as well as giving people the skills and confidence to find employment to improve their quality of life.'

Broadreach House is also holding its 25 year reunion next month. 'Over 8,000 people from a diverse range of backgrounds have benefited from the umbrella of care that Broadreach House has offered since it opened in 1982,' said Mr Weeks.

For reunion details email Broadreach@broadreach-house.org.uk or call 01752 790000.

Cocaine market 'maturing and expanding'

A two tier cocaine market is developing in the UK, with dealers in many areas dividing their drugs into 'luxury' and 'economy' quality, according to DrugScope's 2007 Street Drugs Survey.

According to the report, dealers are selling to affluent customers for around £50 per gram, while cheaper and more heavily cut cocaine is offered to people such as students and pub customers at £30 to mix with other drugs. The overall effect is that the drug is becoming more easily accessible by a larger and younger market, says DrugScope.

The findings are based on feedback from 80 drug services, drug action teams and police forces around the country. The age of clients approaching drugs charities with dependency problems is dropping, says the report. It also reports a similar trend in ecstasy sales, with amphetamine-based pills containing little or no MDMA sold cheaply in batches, while powdered MDMA sells for an average of £38 per gram. The low MDMA content of cheap 'ecstasy' pills is also thought to

be behind a shift towards increasing use of Ketamine instead.

Crystal meth use remains rare in this country and other drug prices have remained relatively stable, apart from heroin, which has seen a price drop of an average £10 per gram since 2004, says the report.

'There is little if any evidence that current efforts to tackle supply are impacting on the availability and price of cocaine – indeed dealers are able to meet the needs of different users by creating a two-tier market,' said DrugScope chief executive Martin Barnes. 'One of the reasons why crystal meth remains relatively rare in the UK may be because there is such an established and profitable market for cocaine.'

'We are concerned that we may be entering a new era of "problem drug use" relating less to heroin and crack and more to the misuse of alcohol, cocaine, cannabis and ecstasy. The longer term public health impacts of such a shift should not be underestimated.'

Warwickshire gets streetwise with students

A pack containing a drink spiking tester kit, sexual health guide, bottle top cover and personal attack alarm has been launched by Warwickshire County Council's DAAT to enable local young people to enjoy themselves safely.

New students at Warwickshire College were the first to be presented with the Streetwise packs, which also contain condoms and a local club and bar guide.

'As well as containing a lot of things to help young people enjoy a safe night out, the packs contain plenty of information to help them make their own decisions,' said Warwickshire DAAT manager Kit Leck. 'Your student days are a fantastic time to enjoy yourself but we need to get the message across to all young people that alcohol and drugs can be very destructive.' The new students

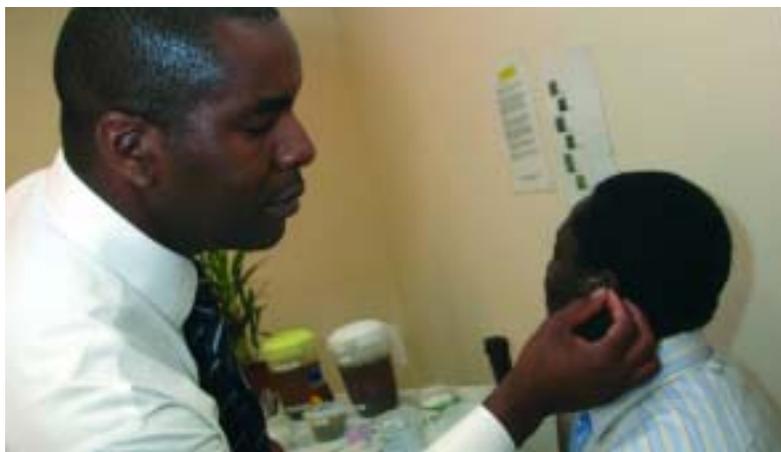
were presented with the packs at the Freshers' Fayre, where staff from the DAAT and other local agencies were on hand to offer advice and leaflets. '[We] try to make it as easy as possible for all young people and students living and studying here to make sensible, informed lifestyle choices,' said consultant public health physician at Warwickshire PCT, Mike Graveney.

Advice for Londoners

A new information card campaign designed to save the lives of people who overdose on drugs has been launched by The London Drug Policy Forum.

Staying Alive encourages friends and family to call an ambulance in the event of an overdose or collapse, as evidence shows that people are often very reluctant to do this for fear of getting into trouble. Drugs overdoses kill around five Londoners every week, many of whom could be saved with prompt and proper medical help. The card, which has the support of the NHS, London Ambulance Service and Metropolitan Police, shows the simple actions that need to be taken.

'We know people often hesitate to call an ambulance if there has been a suspected overdose,' says Metropolitan Police detective superintendent Neil Wilson. 'We are not routinely called to attend suspected overdose incidents and our overwhelming prime concern is the saving of lives. By phoning an ambulance you can help save a life.'



Making a point of reducing street drug use: Despite having far higher than average rates of drug-related activity on its streets, Camden Town in north London has never had its own treatment facility, with those needing help having to travel to other parts of the borough. This month saw the opening of 184, a centre offering harm minimisation and health information, structured care plans and alternative therapies, as well as walk-in advice. Local residents and businesses have been offered the chance to attend open days to address any concerns they may have. 'Helping drug users to give up, through information, health screening and access to treatment programmes, is only one part of the battle against drugs,' says executive member for adult social care and health at Camden Council, cllr Martin Davis. 'This new centre aims to reduce the number of drug users on the streets and make residents feel safer.'

News in Brief

Paying the price

People rushed to A&E departments for alcohol or drug induced reasons should be made to pay for their treatment, according to a Liberal Democrat strategy paper, *Localism, Fairness and Empowerment in the NHS*. Under the proposals, venues would also be required to contribute to payment if their complicity could be proven. Party health spokesperson Norman Lamb is calling for a public debate on the issue.

Surrey subsidy

A grant of £3,000 has been made to the Surrey Alcohol and Drug Advisory Service (SADAS) to help it fund services to reduce long-term drug and alcohol use in the county. Part of the award, from Guildford Poyle Charities, will be used to help Guildford residents pay deposits and rent in advance. 'People with drug and alcohol issues frequently run into debt and as a result, are also particularly vulnerable to losing their homes,' said SADAS executive director Mike Blank. 'Having somewhere stable to live is a vital part of their treatment process.'

Pilot programmes

Four local pilot communications programmes targeting specific groups of drinkers such as young women and students are to be launched as part of the second phase of the Department of Health and Home Office's joint Know Your Limits campaign, which aims to raise awareness of the consequences of irresponsible drinking among 18- to 24-year-olds. More than 80 per cent of respondents to the first phase of the campaign said it made them re-think the consequences of drinking too much. Two alcohol action days for those working in health, local government, the voluntary sector and the drinks industry will also be held.

Dual best practice

A new good practice handbook for those working with people affected by both substance misuse and mental health problems has been launched by social care organisation Turning Point. The Dual Diagnosis Good Practice Handbook contains a wide range of case studies from settings ranging from in-patient wards to high security hospitals. Available at £5.99 from www.turning-point.co.uk/dualdiagnosis

Riding high



Italy's answer to creating a drug free society is the remarkable San Patrignano community, where drug users can cast off stigma and dependency and rediscover the skills and confidence to rebuild their lives.

Professor Neil McKeganey visited, and believes there could be valuable lessons for the UK.

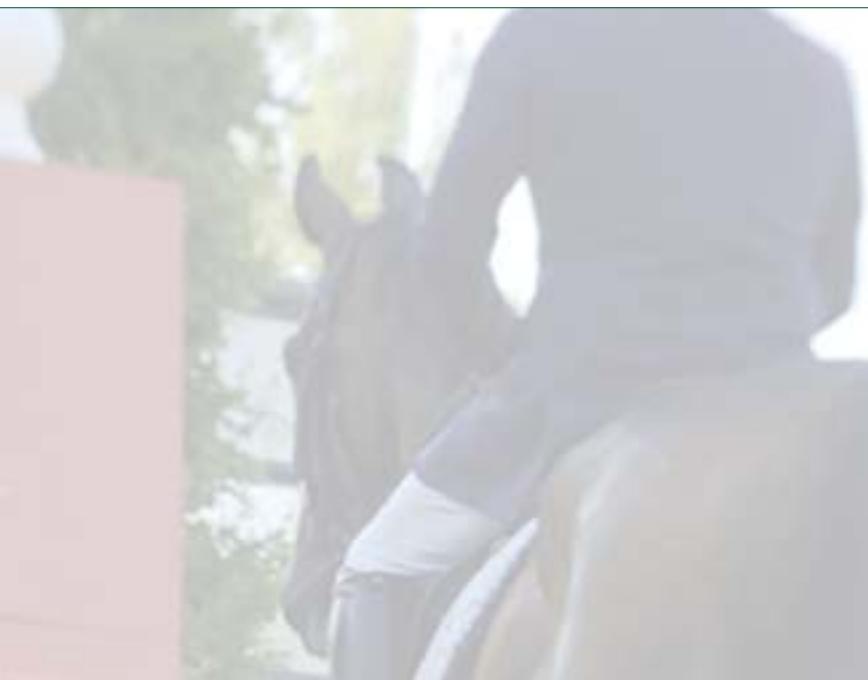
What is the connection between the cream of the world's show jumpers and recovery from serious drug addiction? No, this is not another story about sporting superstars' drug use but an inspirational community in Northern Italy. San Patrignano was formed more than 30 years ago by Vincenzo Muccioli who dedicated his personal wealth to creating a 650-acre, residential community for recovering drug addicts and other 'social outcasts'.

In 2004 the community hosted the European Show Jumping Championships, drawing the world's top riders to an event that was meticulously organised and delivered by the recovering drug users themselves. Impressive as this may sound, the European championship was only one of a series of international show jumping events that the community has organised. Last month the San Patrignano hosted the 11th Vincenzo Muccioli Challenge Trophy, which again attracted some of the world's top riders, including the current world champion Jos Lensink to an event that has been described by Horse International as the best outdoor event in the world.

San Patrignano is unusual in many respects. Firstly it is enormous, accommodating more than 1,800 recovering drug users. Secondly, the philosophy behind San Patrignano is one of recovery achieved not through the medicalised process of prescribing of substitute drugs, but through engaging the inhabitants in productive work.

Andrea Muccioli who leads the community following the death of his father in 1995, explains the philosophy behind San Patrignano in the following way: 'To us not one of the addicts is considered sick or a hopeless case, destined to live with their condition until death. Rather they're just a person with an additional problem; we see them as a unique and unrepeatabe person, full of potential and capabilities that need rediscovering they must learn how to express.' Organising a series world-class show jumping events is, for San Patrignano, one way of doing something that fills the drug users involved with a real sense of accomplishment and shatters people's ideas of what a community of recovering addicts can achieve given the right circumstances.

If the show jumping events are the high spot on the San Patrignano calendar, the stock in trade of everyday life is the process of community members living and working alongside each other. The engagement of recovering drug users in meaningful practical work is crucial to the San Patrignano road to recovery. According to Muccioli, 'One cannot regain one's own dignity by request or pretence but in fact by rolling up ones sleeves rebuilding and defending it with one's own work.' In keeping with this philosophy, all of the drug users within San Patrignano are engaged in the process of learning and applying new practical skills.



'San Patrignano is sustained today, on the basis of an ethic of care. It is questionable though whether state-funded treatment can achieve that goal. If it cannot, then we may need to look to the voluntary sector or to wealthy individuals who will provide both the funding and the economic know how to create similar communities in the UK.'

As Andrea Muccioli explains, 'We don't think of drug addiction as a health or a medical problem but as an educational problem. We teach the addict to understand his or her addiction and to learn a new productive skill.' This could be working within the winery which produces approaching 500,000 bottles of wine a year or the large dairy farm. In addition there is a bakery, carpentry and plumbing schools, a wallpaper and soft furnishing design and production studio, a horse-riding school, stud farm, dog training school and a state of the art reprographic centre that would be the envy of many top class magazines. All of these areas provide the recovering drug users with the opportunity not only to learn a new skill but to put those skills to productive use in meeting the community's own needs and equipping residents with the range of skills that will increase their chances of securing long-term employment when they leave.

Incredibly San Patrignano is entirely free to all of the recovering drug users living within the community. Equally extraordinary is the fact that the community neither asks for, nor receives, any government funding. According to Muccioli, to charge drug users for living within the community would be the equivalent of charging a family member for living within one's home. Similarly, looking for funding from the state would be to encourage a sense that the drug users were living off the government rather than making a positive contribution to sustaining their own community.

San Patrignano survives through a combination of private donations and canny marketing. For example, it sells the wine it produces, auctions the horses it breeds and markets the wallpaper and soft furnishings it produces worldwide. At night it sells the excess power from its own generators to the Italian national grid and it meets all of its own carpentry electrical and plumbing needs. San Patrignano exists not just as a therapeutic community but also as a thriving economic concern with a brand name that has become synonymous with artisan quality.

I have attended many charitable events in the past and have often felt that the food you eat or the goods you buy are long on sentiment and short on quality. San Patrignano is the very opposite of that experience, marketing not the average or the so-so but the very best. I ate in a newly opened pizza restaurant run within the community by a long time ex-drug user. The pizza I ate was quite simply the best I have eaten anywhere in the world with ingredients prepared and cooked in the traditional way. Similarly, eating with the residents in the large dining hall, I was surprised by the elaborate sweets that would often accompany the meal. When I asked one of the organisers about this she explained that one of the residents had expressed the desire to create superb sweets, so the community arranged for her to work under a top Parisian confectioners. When she returned, she not only produced her own splendid creations but she also trained the drug users working with her in the kitchen to do the same.

What does San Patrignano tell us about how we treat our own drug users? In the UK we have a methadone programme that costs in excess of £100 million a year but succeeds in enabling only a tiny fraction of drug users to become drug-free. Research in Scotland found that after almost three years only 3 per cent of drug users treated on methadone were drug free. Three years of living and working in San Patrignano the drug users I saw looked nothing like those in the UK. They were well fed, positive, energetic and they were engaged in meaningful and challenging productive work.

On the basis of the San Patrignano experience we need to re-think our entire approach to drug treatment. If we continue to think of drug abuse as a medical problem we will succeed in engaging drug users in a world of expensive and never ending treatment. San Patrignano shows that with the right circumstances we can do so much more than create a generation of medicalised addicts.

However if this community raises a question about the direction of our own drug treatment it also gives rise to another question to do with whether governments can deliver a world of drug treatment based on the San Patrignano model. Over the last ten or so years we have professionalised the world of drug treatment, new qualifications and standards of competency compliance. Whether we have enhanced the caring element of drug treatment through those developments is a moot point. San Patrignano is sustained today, on the basis of an ethic of care. It is questionable though whether state-funded treatment can achieve that goal. If it cannot, then we may need to look to the voluntary sector or to wealthy individuals who will provide both the funding and the economic know how to create similar communities in the UK.

The organisers of San Patrignano have offered an open invitation to members of the UK government who would like to see for themselves what the community can achieve. Later this month the community will host an international food expo, drawing some of the world's top chefs to an event that could prove a culinary masterpiece. That would be a good time for any hungry politicians to visit. They would come back well fed, well informed, and in all probability inspired to create something more than a national methadone programme that draws in ever more drug users at ever greater expense.

Neil McKeganey is professor of drug misuse research at the Centre for Drug Misuse Research, University of Glasgow.

'Squisto!', the celebration of food and wine organised by residents of San Patrignano, is held on 28-30 September. Visit www.sanpatrignano.org for details.



“Legal aid and representation is a right, not a privilege. When a person goes before a court in the UK, they face a well-oiled system designed to make criminal convictions and sanctions stick. Release should be applauded for the work that they do, and for highlighting this hugely important issue. Cuts to their funding are further proof of government indifference to the needs of society’s poorest and most vulnerable.”

Legal aid limits

It was a relief to read Niamh Eastwood’s article in the latest *DDN*, highlighting yet more government cutbacks in legal services to vulnerable members of our society (*DDN*, 10 September, page 14).

As the former court worker for my local DIP, I was dismayed when the Criminal Defence Service Act came into force in October 2006. As Niamh mentioned, it limited legal aid to those on benefit or earning extremely low sums of money, and also cases where it was deemed that it would not be in the ‘interests of justice’ for a defendant to be granted a free solicitor. This excluded people who were not signing on and people whose cases were not deemed ‘complicated enough’, as well as those earning over a certain amount of money. The financial bar set to those receiving legal aid was also set at a very low level: those earning less than £11,590 will automatically qualify, those earning above £20,740 will automatically be disqualified, those earning in between must have less than £3,156 annual disposable income in order to qualify. The average drugs worker (those greedy fat-cats...)

would probably be disqualified.

Solicitors in my area, as a form of industrial action, refused to defend any of their potential clients until they were granted legal aid. They refused to help them fill out the lengthy application (not helpful for the illiterate). Many went before benches, unrepresented, facing the real possibility of custody. Perhaps unsurprisingly, the CPS [Crown Prosecution Service] remand rate increased.

With a government wanting to appear ‘tough on crime’ while simultaneously having to deal with overflowing prisons, this could only add yet more confusion to the mix. The most surprising thing about all of this was the almost blanket lack of coverage it received in the national press.

Legal aid and representation is a right, not a privilege. When a person goes before a court in the UK, they face a well-oiled system designed to make criminal convictions and sanctions stick. Release should be applauded for the work that they do, and for highlighting this hugely important issue. Cuts to their funding are further proof of government indifference to the needs of society’s poorest and most vulnerable.

Stephen, by email

Professional bias

It isn’t often I find myself in agreement with Transform, but it is impossible to dispute their condemnation of Government drugs policies over the last decade (Consultation an ‘exercise in propaganda’, *DDN*, 10 September, page 5).

Nor can one fault Kushlick’s lodging of an official complaint on the government’s contempt for the consultation process. But unfortunately in blaming the government he is aiming at the wrong target, and, in mounting such an attack, he exposes Transform as an organisation with a campaigning agenda which belies their ‘think tank’ label.

The people to blame are those biased ‘professionals’ upon whom successive governments have been duped into totally relying for information and guidance on drugs policies.

The continuous promotion of the assumption that addiction is a medical problem treatable only with psycho-pharmaceutical habit ‘management’ continues to obscure a true view of alternative non psychiatric policies which have proved far more effective in numerous other countries.

UK governments have for too long

been provided with blindfolds and earplugs by the PR machines of the psycho-pharmaceutical industries, and until they are exposed for the often ruthless profiteering industries they are, government will regrettably go on following the advice of these so-called ‘professionals’, who would of course just love to see Transform’s goal of ‘legalisation’ realised, as this would place the currently illegal market into their ‘ethical’ hands.

Yes, the policies of the last ten years have been a total failure. Yes, there are very definite grounds for complaint. But the answer is not, and never will be, any form of decriminalisation or legalisation.

The solution is simply for the government to get behind effective prevention and effective treatment. Such programmes do exist in 42 other countries, and lead to a drug-free society.

‘Oh, how naïve’ will sneer those whose own ‘drug education’ and treatments are ineffective, but if we don’t start using ways of stopping new users from starting, and ways of turning existing users onto comfortable lifelong abstinence, we will inevitably arrive at a bio-chemical society peopled by zombies addicted to illegal, licensed

and prescription drugs.

And that is much more cause for complaint.

Kenneth Eckersley, former magistrate, retired justice of the peace, founder and chief executive officer of CEPTA.

Baby... bath water

I read with interest Kevin Flemen's letter 'alternative charlatans' (*DDN*, 10 September, page 8) in which he expressed concern about gaps in the regulatory framework for drug services and asked, 'what is the point of the standards and accreditation processes encapsulated by DANOS if the snake-oil sellers are allowed to practise unchecked outside the closed shop wall?'

I have to say that FDAP shares Kevin's concerns about gaps in regulation and agrees that these need to be closed, but I must take issue with some particular points he makes.

The first is that when Kevin raised the matter with us and drew attention to a particular clinic he was concerned about, FDAP 'didn't feel it was their concern as the clinic wasn't one of their members'. This is just not true.

Kevin sent us an email about this on 16 August. I responded 18 minutes later.

I did say that we had neither the resources nor the right to investigate the activities of services that are not members of FDAP – as we are a charity and have no statutory regulatory function. However, I also contacted the Healthcare Commission, which is the statutory regulator of healthcare services, to draw their attention to the matter. As I explained in my response to Kevin, they explained that their writ extends only to services falling within a tightly bound definition of healthcare and that the service in question fell outside this – so I suggested he might approach the Department of Health to see whether they could help.

The other point I must take issue with is Kevin's suggestion that the gaps in the framework make the drive to improve standards pointless.

There is at present no regulation at

all of counselling and psychotherapy, but would he really want to argue that this means there is no value in counsellors and psychotherapists getting trained or qualified?

And if that's true for counselling and psychotherapy, why should the drugs and alcohol field be any different? DANOS may not help in the case he identifies, but let's not throw the proverbial baby out with the proverbial bath water.

Simon Shepherd, chief executive, FDAP

Consultation consultation

There's been plenty of discussion on the drug strategy consultation in *DDN* recently. This week Turning Point launches its blog site. One of the most popular entries has been a blog started by the Home Secretary, asking for people's views on the consultation that is currently taking place over the next drug strategy. (The government's current strategy comes to an end in 2008.)

Replies to the blog have included calls for alcohol to be considered in the same strategy as drugs, through to a suggestion that, currently, there is not an adequate agenda for tackling the problems associated with prescription drugs.

The blog has also seen a number of service users kindly give us their thoughts, like Ken who says that blogging for Turning Point has been part of his recovery. Ken is going to be a regular blogger and when he last posted an entry it was his second drug-free day in 30 years.

We hope the blog will be very diverse: Other entries have, for instance, featured Audrey, a chef from one of our Manchester services who met Diana, Princess of Wales in the 1990s, through to last week's publication of the Dual Diagnosis Good Practice Handbook.

If you want to contribute to the drug strategy consultation, or reply to any of the blogs on the site, then do go to www.turning-point.co.uk/blog
Nick David, Turning Point e-communications officer

Comment

Fatal attraction

It's time for supermarkets to face up to their social responsibilities and stop the irresistible 'pile 'em high, sell 'em cheap' booze promotions, says **Jack Law**, chief executive of Alcohol Focus Scotland.

The Scottish government's intention to extend the Licensing (Scotland) Act 2005 to ban irresponsible promotions and pricing in off-sales is a very positive step forward in tackling Scotland's drinking culture.

The measures announced by the Justice Secretary Kenny MacAskill will outlaw promotions that provide alcohol for free or at a reduced price on the purchase of one or more of the product or another product. We argue that such offers encourage people to buy more alcohol than they intend. Instead of buying the four cans of beer the person actually wants, they leave with a case because it was so deeply discounted, so heavily promoted and displayed at the entrance to the store that they find it difficult to resist.

Mr MacAskill also announced that mandatory conditions will require shops to have separate display areas to help challenge the perception that alcohol is no ordinary commodity. I believe this is also a positive move which will remind customers that they're buying a product which is licensed for very good reason – because it has the potential to cause a great deal of health and social harm when misused.

It's not surprising that we've witnessed such a shift in sales between the on and off-trade in recent years when beer is being offered for as little as 35p per can if customers buy in bulk at all the leading supermarkets. This is seven or eight times cheaper than the average pint of beer in a pub. It's clear that in many cases supermarkets are using alcohol as a loss leader to get customers into the store to then spend money on lines which they do make bigger profits on. This practice of below cost selling cannot be allowed to continue; the floor price of alcohol has become ridiculously low.

The Scottish government is now showing its commitment to addressing this issue, but I also want to see a commitment from the supermarkets, or at least an admission that they are contributing to the problem. To date, they appear to be in denial that the vast quantities of alcohol they sell at rock-bottom prices has a link to the growing number of people suffering from alcohol-related conditions like cirrhosis of the liver.

Putting profit before public health is unacceptable. It's time for supermarkets to go beyond their legal responsibilities and face up to their social responsibilities. When asked about responsible alcohol retailing, supermarkets always state that they are committed to preventing underage sales. That should be a given. Responsible retailing of alcohol means much more. Just because the drinking is done off-premises, doesn't mean supermarkets should stick their heads in the sand. The consequences of their irresponsible practices are being felt by their employees, friends and family members.

Tackling alcohol misuse requires a whole range of actions, but the worldwide evidence indicates that ending cheap price promotions is one of the actions most likely to be effective in reducing consumption and harm.

We welcome your letters

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

A pupil's view

Fourteen-year-old **Robert Skilleter** gives us an insight to his first experience of drugs education at a North Yorkshire grammar school.

My first experience of drugs education started on a dreary Tuesday morning in the middle of February. We had just finished off the previous topic and everyone was interested to see what we would be doing for the next scheme of work. Our form teacher told us we were going to be doing drugs education for the next few weeks (which turned out to be more like months).

We began the topic by looking at what we already knew and we were handed some sheets to find this out. It had been decided that we would start by looking at drugs in general and the legal background behind them, so after completing the first sheet we were given a true or false task about the law and alcohol. My knowledge didn't cover the full scope of questioning so I failed to get everything right, but I think that if I repeated the challenge today then I would be able to get 100 per cent. Anyway, we had completed these introductory tasks within the first two lessons. Due to the packed school timetable, we only had one lesson a week for Citizenship, so even though we had only had two lessons, two weeks had passed.

The third lesson began with a new sheet being handed out. This one was asking our opinion on various matters such as whether we think that teenagers should be allowed to drink alcohol or not. There were five options ranging from 'strongly agree' to 'strongly disagree' for each of the questions, and we had to choose what we thought. After we had chosen, we then formed a line across the classroom to see how other people were thinking. We also had to try and persuade people at the opposite end of the line to come round to our way of thinking. I thought that this was a great idea as it meant that we had to reason why we had chosen what we had chosen. It was also good to see how my peers thought about alcohol compared to me.

Now that we knew something about one drug – alcohol – we started to look at other drugs and to do this it was decided that we would get into groups, research a certain drug and present the information to the rest of the class. Within my group we allocated tasks. I was going to research the presentation and write it up and the other member of the group was to do a leaflet as well. We were told that we were going to present them in an English lesson the following Thursday, so we practised the presentation and prepared for the day.

On that Thursday we arrived at the English room and we were assessed on what we had researched. We

watched each other's performance and I saw role-plays, PowerPoint presentations and even an interview with a drug taking sports personality (acting of course!). I believe that the idea of letting people do their own research and presenting to the rest of the class was a good way of getting the information across rather than being lectured by a teacher. Some people were also given review sheets on various performances for our form teacher to assess what we thought of other people's presentations. All in all, I think that that was the best part of the topic.

At the next lesson we were told that we were going to fill out a review sheet of the topic so that our teacher could use the information to improve on what we did for the next Year 9s. We left thinking that we had finished drugs education for the year, but we were wrong. Over two months later, after we had completed our SATs and our end of year exams, we were told that we were going to have a drug education day in the second to last week of term.

We started by looking at risk and how taking drugs could affect you. I thought that this was a good idea because it meant that we were looking directly at why we shouldn't take drugs. We then moved to a talk by a local police officer who looked directly at young people and drugs, and another person who worked with young drug offenders to try and help them. They talked about the legal side of drugs and the penalties surrounding them.

We were also told some true stories that the policeman had been involved in to do with drugs offences. We were shown some mock drugs to see what they looked like. I found this to be a good session as it meant that we could now recognise what drugs looked like, which hadn't been covered in lessons. Then we moved on to a fire officer who spoke about the problems with young drivers who failed to follow simple safety procedures.

The final talk was probably the most serious of all. It was delivered by an ex-drug taker who had



'The final talk was probably the most serious of all. It was delivered by an ex-drug taker who had taken cannabis and heroin. He now worked for Drugline and his talk about how he had been drawn into the crazy world of illegal drugs really did deliver a strong message to us. He was, by far, the most important speaker of the day.'

taken cannabis and heroin. He now worked for Drugline and his talk about how he had been drawn into the crazy world of illegal drugs really did deliver a strong message to us. He was, by far, the most important speaker of the day.

So that's my experience so far of drugs education. In my opinion it went rather well and though I'm sure that some people will disagree with me, I think that it has really helped me. I would like to thank my form teacher and thank all the people who came into Ermysted's Grammar School for the drugs education day. We really appreciated it.

Shadow of opportunity

Getting the involvement and feedback of service users is central to providing a first rate service and can offer valuable work experience to a client. But just how easy is it to do that in practice? **David Gilliver** finds out.

Kate Langan is client participation co-ordinator at Islington DAAT, and for the whole of this month a client rep for a local service – Martel – is shadowing her role as she co-ordinates, mentors and deals with complaints.

‘He’s shadowing the strategic workings of the DAT to see how treatment works from commissioning, right down to front line working,’ she says. ‘It’s about looking at how treatment works, and getting a first-hand understanding of the problems.’

The DAT however has had to go through a lengthy process to facilitate this, particularly regarding Martel’s benefits, and are still waiting to hear if everything’s OK. ‘You have to send off various letters and he can only work so many hours – there’s a lot of hoops to jump through,’ she says.

One problem is that benefits agencies tend not to regard addiction problems as health issues in the same way as something like mental health. ‘We’re finding that it’s very difficult for service users to get out of the benefit trap,’ she says. ‘There’s a stigma – a feeling that this is something he’s brought on himself.’

Part of this, it seems, is the age-old issue of lack of joined-up government. ‘The Department of Health’s best practice guidance on reward and recognition sets out how service users should be rewarded for getting involved in commenting on treatment and yet there doesn’t seem to be any link up with the DWP [Department for Work and Pensions],’ she says. ‘Even though the NTA say they’re working on it there’s still no resolution so it’s frustrating how you do that in practice. We had no worries at all about Martel coming in but I’m quite shocked by how difficult and complex it’s been.’

So what advice would she offer to other DATs considering similar initiatives? ‘Get professional welfare benefits advice to make the service user aware of the rules, but still to encourage them to get involved,’ she says. ‘We want clients to go on to committees and sit on drug and alcohol reference groups but we don’t really give them any real background to how the system works – we just sort of throw them in at the deep end.’

‘We should be putting our money where our mouth is if we really want clients to be having an input into our systems,’ she continues. ‘It’s a tremendous opportunity to work with someone like Martel – he brings a whole new perspective, things I’d never have thought of.’

‘It’s about educating myself in how the system works because I only had it from the one perspective before,’ says Martel. ‘I’m seeing it from the other side, what the dynamics are and seeing the challenges these guys face.’

Previously Martel had found it hard to get into volunteer work. ‘There’s definitely a lack of opportunity,’ he says. ‘I feel I’m being judged on my past and not given a fair chance. It’s not easy to get into voluntary services, but I knew I had to do something like that to get me up in the morning, give me a routine and stay focused. The rules are that once you’re two years clean, which I am, then things should open up for you but I feel like doors have been closed in my face and it’s demoralising.’

Worrying about losing his benefits makes it even

‘The Department of Health’s best practice guidance on reward and recognition sets out how service users should be rewarded for getting involved in commenting on treatment and yet there doesn’t seem to be any link up with the DWP [Department for Work and Pensions].’

harder to just get on with his life, he says. ‘But I have to be optimistic and take responsibility for myself. The reason I got into drugs in the first place was because I was running away from all the responsibility I was forced to take on as a child.’

Kate Langan, client participation co-ordinator at Islington DAAT on how to make sure you, and your client, get the best from the placement

- Prepare the client for a placement in a local council – for some clients it will be the first time they have worked in an office environment. Explain fully the importance of confidentiality, explain the purpose of Criminal Records Bureau (CRB) checks and make sure that client understands the nature of volunteering in a local DAAT.
- Make sure the client is not out of pocket – they are entitled to the same expenses as a student placement or any kind of volunteer would get. Make sure clients have travel and lunch allowance.
- Give the client regular supervision and ‘check in’ time.
- Encourage the client to write a log of their experiences so they can refer back to learning points. Get them to write a short report on this learning and the value for the future of client involvement.
- Always value the client’s opinion, encourage questions and suggestions!
- Have a written policy on what you aim to achieve by the placement.
- Make sure that clients get good quality welfare benefits advice. Encourage the client to inform the benefits agency of their intention to volunteer and be above board, as this puts the client in a better position to appeal against any negative decisions the DWP could make.

For more information contact Kate.Langan@islington.gov.uk

Chasing the evidence



We spend millions of pounds on day programmes each year without knowing what works. This has to change, says **Neil Hunt**.

Given the fact that structured day programmes are one of the main modalities identified within Models of Care, the number of commissioners who are commissioning them, the number of providers who are providing them... and of course, not forgetting the number of drug users who are actually attending them, it's a bit odd that there is so little debate about how we can best purchase and run them. In fact, it's more than a bit odd.

Let's put it another way. Suppose you were going to have your hip replaced and someone from the Department of Health told you: 'To date, surgery for hip replacements in the UK has not been systematically evaluated.' Not systematically evaluating hip replacement surgery would probably mean that some people would get hip joints that last 12 years and give a full return to an active lifestyle, while others might only last 12 months. A few people might be really unlucky and find that their surgeon was especially inept and had snapped off their femur while they were on the operating table, and that although they had walked into the hospital they were going to be using a wheelchair for the rest of their days. Most people would find this a bit troubling.

Yet this is exactly what the NTA says regarding structured day programmes within Models of Care, where they acknowledge that: 'To date, structured day programmes in the UK have not been systematically evaluated.'

In these times of evidence-based practice it is tempting to think that, somewhere out there, research must exist that underpins what we do. With day programmes this is only partially true at best. Yes, there is some evidence on day programmes – mostly American or treating day programmes as homogeneous black boxes – and some evidence on components that commonly get included, such as motivational enhancement or relapse prevention. But the amount of published research focusing on day programmes in the UK is meagre.

This is not because the answers to the questions that commissioners and practitioners might want to know are self-evident. It is because for the most part they haven't been well researched.

Here are just a few questions that one could reasonably ask:

- Should day programmes be strictly drug-free, or work with people whose drug use is still stabilising, or does

every locality need services of each type?

- Should programmes work on a closed group basis that takes a group of new entrants together and works with them over a fixed number of weeks/months, or should there be a rolling system of entry that mixes people who have been attending for one week with those who have been there for three months?
- What is the optimum mix between psychotherapeutic activities and life-skills elements? Indeed, what life-skills should day programmes include, if any? Computing? Sports/leisure skills? Self-care skills such as shopping, cooking and budgeting? And for any given component, what is the best way of doing it?
- How can practitioners best reconcile people's diverse needs within finite staff and time resources?
- How can DAATs commission to get the best outcomes within finite budgets?
- Does it matter if you mix people who are court mandated with people who aren't?
- What is the best mix between in-house resources delivered by day programme staff and the use of facilities for the general community? For example, how can links through to education and employment be made most effectively?
- Does it matter if you mix people with problems that mainly arise from one specific drug eg heroin, alcohol, cannabis, cocaine or crack?
- Within group-based activities, how can services best address specific needs relating to gender or within particular ethnic minorities?
- How can links through to aftercare services and external supports such as NA, CA or AA best be managed?

Anyone working in a day programme could easily double this number of questions in 15 minutes and many of these will probably be important questions to understand. Yet, to date, policymakers have taken little interest in developing the evidence base for day programmes and day programme practitioners rarely have the opportunity to come together and share ideas on how to provide good day programmes, what works, and what doesn't.

Of course, none of this should be construed as saying that day programmes don't work. As a researcher that has



interviewed staff from a number of drug treatment services, I have met many committed day programme practitioners (along with one or two who seemed a bit flaky). I have seen a lot of innovation by practitioners that are having to work much out from first principles – some of it working and some of it not. And I have interviewed many drug users who attribute important changes in their lives to day programmes and the staff who worked with them (along with others who felt they were poorly organised and a waste of time).

I have also had numerous conversations with colleagues wondering how best to respond to the ‘how will you ensure that your service is evidence-based?’ bit within tenders for contracts where, in truth, we have struggled to say very much that feels cogent. Is any of this very important?

To get a sense of that, let’s make a back-of-an-envelope calculation about how much is spent on day programmes nationally each year. Suppose a day programme costs an average of £250,000 a year (in reality, some are dearer and some are cheaper) and that each of 150 DATs just commissions one (some have more of course). Annually, this suggests we spend about £37.5m on day programmes. And suppose each programme works with 75 people each year. That suggests that over 10,000 people attend a day programme each year.

Over a ten-year strategy we would be spending a third of a billion pounds on a modality that has the potential to improve the lives of 100,000 people – or not, depending on how they are run. Whatever the actual figures might be, it is clear that we spend a lot of money putting a lot of people through a treatment modality that we don’t currently understand very well.

I hope that by now you will agree that we urgently need to do more to improve the evidence base that underpins what happens in day programmes. Providing an opportunity for people who work in day programmes, or commission them, to come together and learn from each other is long overdue.

Neil Hunt is director of research for KCA; honorary senior research associate at the European Institute of Social Services, University of Kent; and honorary research fellow, Centre for Research on Drugs and Health Behaviour, London School of Hygiene and Tropical Medicine.

He will be speaking at KCA’s national conference on day programmes at Regent’s College, London on 18 October. For details call Lucy Apps on 01474 326168 or email tcw@kca.org.uk

Post-its from Practice

Weapons against weed

What help can we offer cannabis users, asks **Dr Chris Ford**.



Michael aged 19 years came to see me. I had known him since birth. He started the conversation with, ‘I don’t think you can help me and I’m probably wasting your time but my mother said I should speak to you.’

He went on to tell me he was smoking a lot of cannabis, mostly skunk and he was finding work more difficult. The final straw for him was when he had been very verbally aggressive to his girlfriend whilst he was suffering withdrawals.

Michael said that his skunk use had increased from once or twice a week at the weekend to every evening and now during the day as well. He had tried to stop several times by himself but he hadn’t managed it. He said he didn’t take any other drugs, confirmed on urine testing and only very occasional alcohol. I said we could help him and I gave him some basic harm reduction advice and then introduced him to James our specialist drugs counsellor.

James began to work with Michael to initiate positive behaviour change by completing a full assessment and providing clear information about the risks of cannabis use and in particular skunk. His high frequency of use combined with the strength of the cannabis that he smokes increases the chance of negative consequences of harm and it was important to take his problems seriously.

The assessment information suggested that he had developed tolerance and was experiencing withdrawal symptoms. Preparing him with knowledge of likely withdrawal effects helped him to understand and prepare. These effects can include irritability, restlessness, anger, aggression, sleep difficulty, decreased appetite and weight loss.¹

Reassuring him that these will pass in two to four weeks helped him to deal with them in the short term. Activities that absorb or relax him were discussed and encouraged. The ‘four Ds’ were used as a helpful reminder of what to do when he was craving: 1) Delay for at least five minutes – the urge will pass; 2) Drink water – take time out, sip slowly; 3) Deep breathe – slow, full and deep breaths and 4) Do something else – keep your hands busy.

Variables such as peer pressure, low self-esteem and deficient life skills seemed to be contributing factors influencing Michael’s motivation to change and making him vulnerable to relapse.² These factors were identified and Michael was directed to ‘www.knowcannabis.org’ which provides an online support programme.

We don’t have a local young person’s service but they can be helpful if there is one. We were able to give Michael clear information about the risks and negative effects of his cannabis use, which he was able to use and support his behaviour change. However, scaring him would likely prove counter-productive and we instead attempted to create a sense of hope and positive expectancy about the change using.

Cannabis is a psychoactive drug and can undoubtedly cause paranoia and exacerbate mental health problems. There is sufficient evidence to warn young people that cannabis use could increase their chances of developing a psychotic illness in the future.³ However, the mechanisms involved are still not clear, and there were other negative effects which seemed more relevant to Michael. These included the negative effects on his self-perceptions – for example, feeling bad about using, lowered self-esteem and reduced self-confidence as well as perceived impacts on energy level and procrastination and concerns about memory loss.²

As more cannabis / skunk users present to us in practice we need to see and support them regularly as cannabis dependence can have serious consequences for the individual and for the wider community.

1. Budney A. J., Hughes J. R., Moore B. A. & Novy P. L. Marijuana abstinence effects in marijuana smokers maintained in their home environment. *Archives of General Psychiatry*, 58, 917-924 (2001).
2. Donovan D. M. & Marlatt G. (eds.). *Assessment of addictive behaviours 2nd edition*. New York: Guildford Press, (2005).
3. Moore T. H. M., Zammit S., Lingford-Hughes A., Barnes T. R. E., Jones P. B., Burke M., Lewis G. Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review. *Lancet*, 370, 319-28 (2007).

James Oliver is specialist drugs counsellor at Lonsdale Medical Centre and Dr Chris Ford is a GP at Lonsdale and clinical lead for SMMGP.



Steve Cox has been service user engagement co-ordinator at Drug Solutions Birmingham since October 2005. He tells DDN about empowering service users and reaching out to those sections of the community traditionally under-represented in treatment.

A day in the life

I've held the role of service user engagement co-ordinator since the inception of this role nearly two years ago. My main purpose is to develop service user involvement at Drug Solutions Birmingham (DSB) – we're part of The Swanswell Charitable Trust and we're contracted from the Birmingham DAT to deliver shared care in GP surgeries and probation offices. Service user groups have been in operation since October 2005, and there are two groups meeting weekly.

I clock on at nine and hopefully clock off at five, but that's not always the case. My workload varies from day to day – often I'll facilitate a service user group, but members of the groups are starting more and more to chair the meetings and facilitate the groups themselves. This direction is something we've really been encouraging, through a series of development and training opportunities.

I worked in learning difficulties before heading off into the drug treatment field – service user involvement is well established in the learning difficulties environment, so I found it an easy transition to move into my current role. Service users have become a key part of the development of new workers, and some are involved in sessions where drug use and drug users' experiences are relevant to the learning experience.

Yesterday myself and some members of our groups and other service user groups in Birmingham attended a training session by the Oxford User team, organised by Birmingham DAT. Today we've got a user voice representative coming in to talk to staff

about her role and to discuss SMART recovery, a group that's recently formed in Birmingham.

What I enjoy most about the role is undoubtedly empowering service users. It's good to see people attend the groups, start to get involved then go off and find work, go to rehab, go to college or on to DAT and NTA service user involvement initiatives. It's seeing people really develop and gain confidence like that that really motivates me.

We're getting to a really interesting stage now because we're sitting down and developing an organisational service user policy. The consultation group includes myself, staff, service users and a member of the board, and hopefully by Christmas we'll have a draft and be able to spread what we've been doing across the whole of the trust – they've also got projects in Coventry, Rugby, Leamington and Nuneaton, which includes drug and alcohol and young people's services. The service users have also been involved in a staff and service user review of the retention in treatment policy, looking at ways of being creative in how we communicate more effectively with service users, how to retain them in treatment and make their treatment more service user focused.

At service user meetings the doors open at two o'clock and there's about half an hour where people can just chill out, grab a coffee and catch up. After the formal meeting we have a break, and then for the last hour we do free complementary therapies. These have progressed now to the point where there's a separate clinic offering just complementary

therapies every Friday – Reiki, auricular acupuncture, Indian head massage and reflexology.

At the end of 2006 we completed a research project with the help of service users called HIDDUN (Hidden Drug Users' Needs) which aimed to reach out to particularly hard to reach groups that have been under-represented in treatment, such as female drug users, parents, drug users with disabilities, BME groups, stimulant and poly-drug users and LGBT [Lesbian, Gay, Bisexual and Transgender] drug users. We went out into the community for this, with stands at events and festivals, and with service users actively involved in interviewing people who'd never engaged in treatment. This project was presented with an award by Birmingham DAT, and there is a lot of motivation from the service user groups to build on that and take it further.

By far the most challenging aspect of the role is that there's just not enough time – there's so much to do and the most important thing is just to get it all moving in the right direction, but we have made a lot of progress.

The skills I find myself using the most are those I've needed in other roles or aspects of my career – counselling, social services, complementary therapies, education and advocacy. It extends me in all aspects of what I've trained for and had experience in, so it feels almost like everything's come together in this. It's the perfect role for me to be doing right now and couldn't imagine doing anything else. **DDN**

Recovery and communities of recovery

Professor David Clark continues to look at recovery, this time introducing the writings of William White and colleagues in the US.

'Something got lost on our way to becoming professionals – maybe our heart. I feel like I'm working in a system today that cares more about a progress note signed by the right colour of ink than whether my clients are really making progress toward recovery. I feel like too many treatment organisations have become people and paper processing systems rather than places where people transform their lives. Too much of our time is spent fighting for another day or a couple of extra sessions for our clients. I'm drowning in paper. We're forgetting what this whole thing is about. It's not about days or sessions or about this form or that form, and it's not about dollars; it's about RECOVERY!'

This is a practitioner leaving the treatment field, quoted in *Linking Addiction Treatment and Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches* by William White and Ernest Kurtz
www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_06.pdf

I have taken this quote from an excellent American article because it reminds me what working in this field is, or should be, about. No, not paperwork – recovery! (Mind you, many UK treatment workers complain that paperwork is taking over their real job, and some leave.)

William White's writing has excited me ever since I was introduced to his book *Slaying the Dragon* that focused on the history of addiction treatment and recovery in America. He has also written a range of inspiring articles on recovery from addiction on the 'Faces and Voices of Recovery' website.

One of the important points that White and his co-authors make is that in the field today we tend to be very problem-focused, rather than what we should be, solution-focused. We tend to focus on addiction, rather than on recovery from addiction.

For example, we know a great deal about addiction, but much less about recovery. We have scientific journals and educational courses focusing on addiction or substances, but nothing on recovery. And look at the HBO series done in conjunction with the National Institute of Drug Abuse (NIDA) and other partners in America. The major message was about addiction – 'addiction is a disease' – rather than about recovery from addiction (www.hbo.com/addiction/).

Worryingly, many workers in the UK treatment field do not know what recovery is, and what factors



'... in the field today we tend to be very problem-focused, rather than what we should be, solution-focused.'

facilitate the path to recovery. Some workers actually believe it is treatment that makes a person better.

The article of William White's that I refer to – and strongly recommend you read – focuses not only on recovery, but also on communities of recovery.

White defines recovery as: 'The experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilise internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.'

There are a multitude of different pathways to recovery, of which only some involve formal treatment. Those who seek professional treatment

often have a high personal vulnerability (eg family history of substance use problems, young age of problematic use, trauma in earlier life), greater problem severity and complexity, weaker social supports, and less occupational opportunities and success.

Formal treatment is a time-limited, circumscribed experience or series of experiences that interacts with and hopefully enhances a self-change process on the road to recovery.

White emphasises that treatment outcomes are compromised by the lack of sustained recovery support services. The need for such services becomes greater as problem severity increases and recovery capital decreases. (Recovery capital is the quantity and quality of internal and external resources that a person can bring to bear on the initiation and maintenance of recovery.)

Research in America has shown that only 50 per cent of people who enter treatment actually complete, while over 50 per cent who complete use or drink again within the first year (80 per cent of these within 90 days of discharge).

White points out that the resolution of severe substance use disorders can span years (sometimes decades) and multiple treatment episodes before stable recovery maintenance is achieved. For many individuals, recovery sustainability is not achieved in the short span of time that treatment agencies are involved in their lives.

When treatment agencies discharge clients following a brief episode of services, they convey the illusion that continued recovery is self-sustainable without further professional support. However, research reveals that durability of recovery from addiction – the point at which risk of future lifetime relapse drops below 15 per cent – is not reached until after four or more years of sustained remission.

As White emphasises, these findings beg the need for models of sustained post-treatment check-ups and support comparable to the assertive post-treatment monitoring used in other chronic disorders, eg diabetes, heart disease, and cancer. While the effects of acute treatment erode with time, the influence of the post-treatment environment increases. He argues that, 'this is the environment we must niche within and remain within if we are truly interested in long-term recovery'. Assertive linkage to communities of recovery – involving recovered and recovering people – and other recovery support services are key.



Annual Drug & Alcohol Professionals Conference, 2007

13 November, London



This year's plenary presentations will cover:

- the alcohol and drug strategies;
- the future of treatment;
- empowerment and self help;
- reflections on the last decade in the field.

Breakout sessions will cover a range of issues, including:

- updates on TOPs, the NICE guidelines & new "orange book", and DANOS & workforce development;
- advice on the prevention & treatment of BBVs, and what works in the treatment of alcohol problems;
- guidance on education & prevention, ethical practice, working with trans-gender & trans-sexual clients and with people with learning disabilities;
- information on human rights and drugs, Narcotics Anonymous, and the importance of families to successful outcomes;
- practical workshops on needle exchange, peer mentoring & advocacy, and brief interventions on alcohol.

For more information visit www.fdap.org.uk

Organised by Federation of Drug & Alcohol Professionals
in association with *Drink & Drugs News*.



First National Day Programmes Conference

Evidence and practice

Thursday 18th October 2007

Regent's College, Regent's Park, London, NW1 4NS

Aim of the conference:

To examine a range of day programme models that have been developed to meet the diverse needs of substance users.

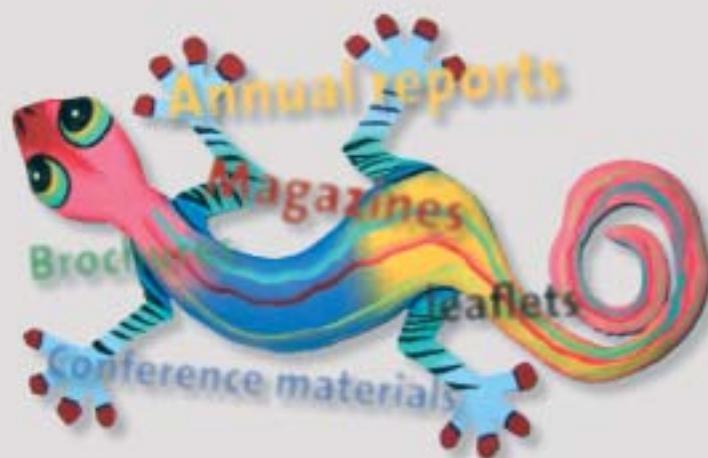
To provide practitioners, managers and commissioners with opportunities for the exchange of ideas and good practice that relate to the provision of day programme services.

To consider the research that underpins current practice and identify any areas where the evidence base for day programme delivery could be better developed.



Contact:

KCA Training and Workforce Development
43A Windmill Street, Gravesend, Kent, DA12 1BA
Tel: 01474 326168 Email: tcw@kca.org.uk



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Crack, Cocaine and the Community

a training conference

An important interactive 'conference with a difference' sponsored by Janus Solutions

This conference aims to take an honest, thought-provoking look at current services provided to crack and cocaine users. In an environment of increasing drug use and decreasing resources, the conference will explore and challenge the status quo. It will propose new ways of involving the community to support clinicians, professionals and key players dealing with Crack and Cocaine issues.

Friday

2nd November 2007

French Meeting House, 173 Euston Road NW1 2BJ

Can treatment be more effective with Community involvement?

Who should attend?

- Substance Misuse Practitioners and Managers
- Health Professionals
- Criminal Justice Workers
- Community Workers
- Commissioners
- Researchers

The conference will:

- explore ways to involve the community in the treatment and support of those who experience problematic drug use; and
- provide an opportunity to experience and explore creative ways to involve the community in the meaningful engagement of this service user group.

By addressing the following:

- perceptions of crack and cocaine users;
- crack cocaine and the Criminal Justice system;
- crack cocaine and diversity;
- impact of present day theories on crack and cocaine users;
- relevant research and evidence based practice; and
- community engagement.

Speakers include:

- Chris Robin (Janus Solutions)
- Hishiki Day (The Social Solutions Institute)
- Edwin O'Brien (BJRC)
- Doctor Roddy Star Project; and
- Esther Stamford (Society of Black Lawyers)

To book online: www.janusolutions.co.uk

Or call: 0870 919 6701 07957 143 150 020 3121 0063

Further information:

If you require further information or assistance please phone Chris Robin on 07957 143 150 or Flinders Islands at Gower Point on 0870 9196701

- Janus Solutions is an independent organisation that offers a variety of support services and training for professionals in substance use, diversity, policy and organisational development, team building and group supervision. Janus Solutions comprises two partners who together have over 30 years experience of service delivery and development in the substance misuse field.
- Janus Solutions will be launching a new book - "Crack Cocaine: The open door", that aims to empower the practitioner to develop their engagement and intervention skills with crack and cocaine users.

Training for Drug & Alcohol Practitioners

Programmes from 2007/08

Our university accredited, modular programmes incorporate the "Models of Care" framework, DANOS competencies and QuADS benchmarks. Being taught in five-day blocks, they are accessible to students living in or outside Kent, are ideal for those new to or returning to study. All programmes aim at a wide range of professionals in healthcare, counselling, criminal justice, the community and social care etc. who access clients with substance use related problems.

HURRY

We have a couple of last minute places that have become available for:

Diploma in Substance Misuse Management (Stage 2)

The Diploma provides a framework for understanding the nature of substance misuse and addiction processes from biological, psychological and social perspectives, and focuses on the settings and approaches within which treatment is provided. The Diploma is appropriate for practitioners working in Tiers 2, 3 and 4a services for drug users or people with alcohol problems. 2 year programme from October 2007

1st Module starts Monday 8 October 2007

Year 1 teaching dates:

KI500 Perspectives on Alcohol and Drug Use and Misuse
Monday 8 to Friday 12 and Monday 15 to Friday 19 October 2007 (two week module)

KI507 Policy, Processes & Practice in Substance Misuse Services
Monday 11 to Friday 15 February 2008

KI501 Effective Interventions for Substance Misusers
Monday 9 to Friday 13 June 2008

FEES:

2007/2008 Home student £1,980/overseas student: £3,560
2008/2009 – to be advised



FAMILY TRAINING PROGRAMME FOR ALCOHOL MISUSE

Four one-day courses designed to support professionals

The aim of the training will be to increase the effectiveness of work with children and families not only within the alcohol field, but also childcare, social work and family support. The training will consist of four tailor-made training days that stand alone as well as complementing each other.

The training will be carried out by Wendy Robinson, an independent consultant, trainer and clinical supervisor specialising in children, families and substance misuse.

Training will be held at venues in London, Birmingham and Sunderland from November 2007. For more information and bookings please contact Catherine Johnson cjohnson@alcoholconcern.org.uk or see our website

www.alcoholconcern.org.uk



Alcohol Concern
Making Sense of Alcohol



Drug & Alcohol Teams, Social Services

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No waiting lists – immediate beds available

- ▶ 24 Hours, 7 Days a week care
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- ▶ 24 beds quasi residential Secondary - £300 per week
- ▶ 12 week programme
- ▶ We give you statistical information on line every week regarding your client without fail
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CALL FREE 08000 380 480

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

CANNABIS, COCAINE, CRIME AND METHAMPHETAMINE A NATIONAL TRAINING CONFERENCE

AUSTIN COURT CONFERENCE CENTRE, BRINDLEY PLACE, BIRMINGHAM

16 OCTOBER 2007 AGENDA

Session 1 – "A User Voice - How Treatment Worked for Tony", Getting hooked, cannabis, crack, heroin and crystal Meth and how he got off.

Session 2 – "Prisons IDTS Strategy, Development and Delivery". David Marteau, Department of Health, London

Session 3 – "The changing Face of Prison Treatment Delivery". Mike Trace, Chief Executive Officer, RAPP, London.

Session 4 – "A Strategy for Housing & Substance Misuse". Adam Sampson, Chief Executive Officer, Shelter, London.

Session 5 – "The Voice of Black & Minority Ethnic Communities: Influencing Change". Kate Davies, Director, of UCLAN, BME/Nottinghamshire DAAT.

Session 6 – "NDOMS - aftercare, not after thought". Shereen Sadiq, Drug Strategy Unit, London.

Session 7 – "Commissioning fit for purpose stimulant services and S.M.A.R.T strategy". Helen Cochrane, Lead Commissioner, Birmingham DAT.

TRAINING SESSION 1 – Working with Methamphetamine/ Cocaine Poly Users - 12 session - Evidence Based Treatment.

TRAINING SESSION 2 – How to develop local drug analysis and action plans, partnership issues of serious crime drug supply and enforcement.

Session 1 – "A Strategy for Treatment & Working With Hard 2 Reach Young People". Viv Ahmun, Chief Executive Officer, In-volve.

Session 2 – "Developing YOI Fit For Purpose Programmes For Young People Who Commit Serious Crime & Use Illicit Drugs". Dawn Roberts, Acting Head, Birmingham Youth Offending Service.

Session 3 – "Drugs, Crime and Treatment". Nick Lawrence, Head Of Drug And Alcohol Policy, Department of Health, London.

Session 4 – "Evidence Based Practical Treatment Interventions". Dr David Best, Senior Lecturer in Addiction, University of Birmingham.

Session 5 – "Delivering Effective Drug & Alcohol 'Poly User Treatment'". Aiden Grey, Regional Director, Rugby House.

Session 6 – "Mental Health, 'Dual Diagnosis Treatment for Substance Misusers'". Jane Collier, Mental Health Project Director, Heart of Birmingham Primary Care Trust.

Session 7 – "Providing Reward for Service Users".

SPONSORED BY



Registration fee (Includes a comprehensive conference pack, refreshments and lunch): £165.00. All sessions will run in a linear fashion and can be accessed by all delegates. Some free places are open to service users - please apply in writing.

For further information please contact: The Conference Coordinator Tel: 07956 493812 Fax: 01922 610322 email: g_haynes@btinternet.com



University of Brighton

Diploma in Professional Studies in

Substance Misuse Intervention Strategies

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

Modules

- Substance Misuse Interventions
- Practice Based Learning with Substance Misuse Interventions

Course starts in February 2008, part-time.

Deadline for applications is 19th October 2007

For more details contact:

Tel 01273 644516

Fax 01273 643473

Email sassenq@brighton.ac.uk



ALCOHOL AND YOUTH SKILLS TRAINING

With funding from Comic Relief, Alcohol Concern is pleased to offer subsidised training for practitioners to work more effectively with young people around alcohol.

We are offering the following training:

- Alcohol and Youth Skills (One day course)
- Advanced Alcohol and Youth Skills (Two day course)

The training is available throughout the UK, including all Government Office regions in England, and in Scotland, Northern Ireland and Wales.

Cost for training

The basic cost is £55 plus VAT per person per day. As a project funded by Comic Relief, we want to offer cost-effective and accessible training. If venue and lunch can be provided by a host organisation, the cost is only £15 plus VAT per person per day.

Accreditation

Participants will also have the opportunity to work towards Alcohol Concern and Open University competence-based awards in line with DANOS.

Cost for accreditation with Open University

Professional Certificate in Alcohol and Youth Skills (2 DANOS units – £295)

Advanced Professional Certificate in Alcohol and Youth Skills (4 DANOS units – £365)

If you are interested in receiving training in your area, please contact Project Administrator by Email: youthtraining@alcoholconcern.org.uk or Tel: 020 7264 0523.



Alcohol Concern
Making Sense of Alcohol



Thames Valley University
London Reading Slough

my choice my future

DIPHE/BSC (HONS) SUBSTANCE USE AND MISUSE STUDIES

Starting October 2007 and February 2008

CPPD THE USE AND PROBLEM USE OF DRUGS AND ALCOHOL

Starting February 2008

At our Brentford Campus, West London

TEL: 0800 036 8888
healthenqs@tvu.ac.uk
www.tvu.ac.uk/ddn

This programme is suitable for a wide range of professionals working with alcohol and drug users, including nurses, social workers, drug and alcohol treatment workers, those who work in homeless and youth services and in the criminal justice system.

Modules

- Substance Use and Misuse in Context
- Substance Use and Misuse Treatment Interventions
- Enhancing Practice in Substance Misuse
- Cultural Competence in Dealing with People with Drug and Alcohol Problems
- Dual Diagnosis: Exploring Interventions for People with Mental Health and Substance Misuse Problems
- Substance Misuse Prevention Interventions for Young People
- The Criminal Justice System and Substance Misuse
- Communicable Diseases (HIV, HCV, TB): Substance Misuse and Health Behaviour

Modules can be taken alone or combined leading to a Diploma or Degree.

This programme has been mapped against DANOS (www.danos.info).



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Brighton Oasis Project

Director (female*)

£35,000 – £40,000

The Oasis Women's Project in Brighton, South East Winners of the 2006 Home Office National Tackling Drugs, Changing Lives Awards, are celebrating our tenth anniversary year, and are seeking to appoint a new Director to lead the organisation into a bright future. We are seeking applicants skilled in strategic organisational and staff development, contract negotiation and fund-raising and who demonstrate a commitment to meeting and exceeding service specifications and providing high quality services to vulnerable communities within a culture of genuine client involvement. Applicants must also demonstrate a sound understanding and commitment to child protection and welfare, partnership working, an inclusive outlook and a 'can-do' attitude.

Closing date: 9th October 2007

For more information or to apply contact **Gretchen Precey on 01273 696 970 or email info@brightonaoasisproject.co.uk**

* This post is exempt under para 7(2) of the Sex Discrimination Act and is subject to an enhanced level CRB check.



Phoenix Futures
Ending dependency, transforming lives




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

This is an exciting time to join Phoenix Futures. As a result of a major change programme to realign the organisation to the new challenges of the drug treatment field we have created the following posts at **London Bridge**:

HEAD OF OPERATIONS SOUTH
£48,334 - £54,389 (INC. LONDON WEIGHTING)
Responsible for all operational activity within our South region you will provide dynamic leadership to the region and deliver operational performance in line with targets and budget expectations. You will continually strive for improvements in service delivery and be ambitious for the growth of your region in line with the organisation's growth strategy. **Ref: 07/08/199**

HEAD OF QUALITY AND PERFORMANCE
£43,334 - £49,389 (INC. LONDON WEIGHTING)
Responsible for establishing a Quality and Performance department, you will work at a senior level within the organisation to develop and implement a quality strategy across our residential, prisons and community based services. You will have knowledge of quality assurance, clinical audit, monitoring systems and psycho-social interventions. The post will directly support service delivery and also work with our business team to develop innovative new services. **Ref: 07/08/200**

As part of the Senior Management Team these posts will contribute to the overall management and leadership of the business.

POLICY OFFICER
£30,377 - £34,489 (INC. LONDON WEIGHTING)
In this new post you will work within the Quality and Performance team; helping develop and implement the annual quality improvement plan, devising and running service monitoring systems and ensuring the organisation has a robust framework of policies in place to support our operations. The post will have a wide ranging brief, from evidence reviews for proposed treatment models, ensuring compliance with data protection legislation, to participation in audit visits at our services. **Ref: 07/08/201**

As an employer recognised as leading workforce development in this sector, our investment in your future is second to none. As every member of staff has a vital role to play in providing high quality services, we believe in developing a high quality workforce. We offer a generous range of benefits including a final salary pension scheme, 25 day's holiday, and ongoing training to support your personal and professional development.

Closing date: 17/10/07.

For further information and to apply visit www.phoenix-futures.org.uk or email recruit@phoenix-futures.org.uk Alternatively telephone 020 7234 9772 quoting the relevant reference number.

Phoenix Futures is the operating name for Phoenix House.
Charity registration number: 284880. Committed to a policy of equality and diversity.

INVITATION TO TENDER NOTICE Staffordshire Drug and Alcohol Action Team

The following Adult Treatment Services will be offered for Tender on **Monday 24th September 2007**.

The **4 Services** listed below will be tendered for the contract to be operational from **1st April 2008**.

1. *Open Access and Low intensity Drug Service*
2. *Drug Interventions Programme Service*
3. *Structured Day Programme Service*
4. *Supported Community Detoxification Service*

Prospective providers are asked to note the following Tender instructions and information:

Documents can be downloaded on Monday 24th September 2007 by accessing the on-line process 'BravoSolution' Electronic Sourcing system.

To download browse the Sourcing Portal:

www.wmcoe.bravosolutions.com/web/login.shtml

Click the "Click here to register" link to follow the process.

The initial Pre Qualifying Questionnaire must be completed and returned by 3.00pm on Friday 5th October 2007. Failure to do so will eliminate organisations from submitting the full tender documentation.

The full tender documentation should be submitted by 3.00pm on Friday 26th October using the on-line process outlined above.

DAAT Contact: Louise Stone, Head of Service 01785 223176

The final service:

A Countywide Prescribing and Inpatient Detoxification Service will be available for tender, the contract is to be operational from 1st April 2009.

Prospective providers are asked to note the following instructions:

Download a specific and comprehensive Pre- Qualifying Questionnaire for the above service on Monday 24th September. The deadline for completion and return of this particular document is 3.00pm on Friday 30th November 2007. Successful participants will be invited to enter into a scoping exercise which will be held in February to March 2008.

HMP & YOI Brinsford

EXTRAORDINARY JOBS. EXTRAORDINARY WORKPLACE.

SUBSTANCE MISUSE SERVICE TEAM MANAGER (YPSMS) G GRADE £23,434 – £30,676

The Young People's Substance Misuse Service (YPSMS) is dedicated to providing education; intervention and prevention work to all young people in custody. This is a challenging post that will lead, manage and develop substance misuse services for young people. These services will be delivered to a very high standard. The post holder will deputise for the Head of Service as required.

You will provide daily management of the service, formal case management, line management and guidance to the Substance Misuse Workers regarding their case work. The post holder may also be required to carry a small case load and deliver group work sessions.

Full-time working hours are 37 per week net (can include Saturday and evening work as required).

HMP & YOI Brinsford is a closed Young Persons and Young Adult establishment.

Closing date is 19th October 2007 at 5.00 pm. For further details and an application pack please contact Carole Rogers, HMP & YOI Brinsford, New Road, Featherstone, Wolverhampton WV10 7PY. Tel 01902 532486; fax 01902 532451; email carole.a.rogers@hmps.gsi.gov.uk. Details are also on the website – www.hmprisonservice.gov.uk Interviews are anticipated to start week commencing 19th November 2007.

Please note that all Prison Service posts are open to part-time and job share applications. Applicants are required to declare whether they are a member of a group or organisation, which the Prison Service considers to be racist. The Prison Service is an equal opportunities employer. We welcome applications from candidates regardless of ethnic origin, religious belief, gender, age (subject to being within the normal retirement age for grades) sexual orientation, disability or any other irrelevant factor.



COMMUNITY SUBSTANCE MISUSE PRACTITIONER £26,684 for 35 hrs/wk (Ref : 07/11)

Join our Tower Hamlets Community Alcohol Team and provide a range of services to individuals with alcohol related problems. You'll hold a nursing qualification and have worked in the alcohol, drug, mental health or social care fields, with experience of delivering clinical/therapeutic work to clients.

For more information, contact us: w: www.dasl.org.uk, e: jobvacancies@dasl.org.uk, t: 0208 2573068

Closing Date: Monday 8th October 2007, 5pm

This post is eligible for Enhanced Disclosure by the Criminal Records Bureau. DASL is committed to the principles of equality of opportunity for all. Registered Charity 299535



Bridgegate Drug Services is an independent company with charity status and funding that provides services for people with substance misuse problems, their families and concerned others, across Peterborough and Cambridgeshire.



Engagement Lead (Adult Services)

Salary £23,952-£26,928p.a. (NJC pay scale 30-34)

37 hours per week, located in Peterborough

We are seeking a dynamic self-starter who is able to lead our Engagement and Harm Reduction services. The successful applicant will be responsible for the co-ordination of the Peterborough office's Open Access services. This includes Needle Exchange services, telephone helpline and assistance to face to face enquiries. You will be working to defined targets and will be expected to demonstrate your ability to translate our strategic goals into clear performance outcomes. This role offers an opportunity to develop innovative outreach and community initiatives. You will need a relevant qualification and a proven track record.

For an application pack please call Marion Denny on 01733 314551, or email admin@bridgegate.org.uk

Applications close 8 October 2007. Interviews to be held w/c 22 Oct.

We are an equal opportunities employer and committed to supporting the development of our staff. All posts are subject to a Criminal Records Bureau check.



ACT Together, Tackling Addiction

Is the major voluntary sector provider of Tier 2/3 services in Buckinghamshire helping individuals and their families affected by substance and alcohol misuse. ACT invites applications for the post of:

Chief Executive Officer

Up to £45,000 pa plus benefits

Applicants should be able to demonstrate:

- Excellent leadership and general management skills
- A sound knowledge/experience of drugs and alcohol misuse issues
- Good communication and marketing skills
- Empathy with charitable aims

Strong on partnership working, we hold contracts which include structured counselling, day care, outreach and drop-in provision as well as working within the criminal justice system. The Charity's services have expanded in recent years and we are seeking an inspirational leader who will combine sound management skills with an ability to create and implement a vision for the future.

If you would like more information, please contact our Chairman, Mrs Stella Haylett on 01296 482872. For an application pack please telephone us on 01296 425329 or email us at justine@addictioncounsellingtrust.com.

The closing date for applications is noon on Friday 28th September 2007.

ACT is an Investor in People

DDN

in association with

FDAP

present
**one day
workshops**

**Supervision,
appraisal
and DANOS**

8 October, London

This one day workshop for line managers and HR directors covers supervision, appraisal and development of front line staff against DANOS and other national occupational standards.

**Performance
management**

15 October, London

This one day workshop for line managers and HR directors builds on the 'Supervision, appraisal and DANOS' workshop, and focuses on managing and developing practitioners' performances.

**All one day workshops
cost: £110 + VAT**
(15% reduction for FDAP members/ affiliates – rates for groups on application)

**Contact – Tracy Aphra
e: tracy@cjwellings.com
t: 020 7463 2085**



Llywodraeth Cynulliad Cymru
Welsh Assembly Government



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(37.5 awr yr wythnos)
LLEOLIAD: Bae Colwyn

CYFLOG: £37,411 – £44,707

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Contract cyfnod penodol o 3 blynedd i ddechrau ar 1 Mawrth 2008

**GWNEUD YN SIŴR NAD YWR
CYFFURIAU YN GWEITHIO**

Mae cyfle gwerth chwell ar gael gyda'r Tîm Ymyriadau Cyflawnder Troseddol i reoli'r Rhaglen Ymyriadau Cyffuriau ledled y rhanbarth. Fel rheolwr rhanbarthol y Rhaglen Ymyriadau Cyffuriau, chi fydd yn gyfrifol am ddatblygu'r rhaglen yn y Gogledd.

Mae profiad o weithio yn y maes camddeffnyddio sylweddau a gwybodaeth ymarferol am ei gysylltiad â chyflawnder troseddol yn hanfodol i'r swydd. Mae profiad o gynllunio strategol a rheoli prosiect ynghyd â hanes o gyraedd targedau yn angenrheidiol hefyd. Byddwch yn gyfrifol am y tîm rheoli prosiect, felly mae sgiliau arwain a chyfarhebu yn hanfodol.

Am becyn cais ysgrifennwch at: Adain Adnoddau Dynol, Pencadlys Ardal Brawf Gogledd Cymru, Tŷ Alexandra, Ffordd Abergele, Bae Colwyn, LL29 9YF. Ffôn: 01492 513413.

Dyddiad cau: Dydd Llun 15 Hydref 2007

Mae gan Ardal Brawf Gogledd Cymru Bolisi Amrywiol ac mae'n croesawu cefnogaeth gan bawb. Hoffem glywed gan siaradwyr Cymraeg ac asiantau o gwplau lleiafrifoedd ethnig yn arbennig, gan nad oes digon ohonynt yn gweithio yn yr ardal.

DRUG INTERVENTIONS PROGRAMME

NORTH WALES REGIONAL MANAGER

(37.5 hours per week)
BASED: Colwyn Bay, North Wales

SALARY: £37,411 – £44,707

(secondment will be considered)
Contract fixed term 3 years to commence on 1st March 2008

**MAKING SURE THE DRUGS
DON'T WORK**

A rewarding opportunity now exists within the North Wales Criminal Justice Interventions Team (CJIT) to manage the Drug Interventions Programme (DIP) across the region. As DIP Regional manager you will be responsible for its development across North Wales.

Career experience in the field of substance misuse and a working knowledge of its association with criminal justice are essential for this role. Also required are a background in strategic planning and project management together with a track record in meeting targets. You will be responsible for the project Management team, so excellent leadership and communication skills are vital.

For an application pack please write to: Human Resources Section, North Wales Probation Area Headquarters, Alexandra House, Abergele Road, Colwyn Bay, LL29 9YF. Tel: 01492 513413.

Closing date: Monday 15th October 2007

The North Wales Probation area has a Diversity Policy and positively welcomes all applicants. We would be particularly keen to hear from Welsh speakers and members of minority groups, both of whom are under represented in the area.



TASHA Foundation



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

F/T (36 hours) **Team Manager** £29,142 to £31,511
To be responsible for the management of all aspects of the Aftercare, Housing and Employment service ensuring consistent delivery of high quality services.

F/T (36 hours) **Aftercare Support Workers** £22,539 to £24,826
To provide assessment, care planning, housing, training/employment advice and information for DIP and non DIP substance misuse clients.

A CRB will be required for both posts.
For more information please contact us on 020 8571 9981
Closing date: Friday 28th September 2007
Reg Charity No: 1062805



Barley Wood is one of the UK's leading residential centres for the treatment of substance misuse in North Somerset. Would you like to work in this challenging environment and help to get people back into society? We are expanding our staff team and have the following vacancies:

- Weekend Counsellor – Diploma in Counselling essential
- RMN's – Various hours
- Support Workers – Shift work
- Weekend Chef – May consider alternate weekends
- Aromatherapist – sessional
- Activities Co-ordinator – flexible hours

Good rates of pay.
All vacancies are subject to an enhanced CRB disclosure (costs covered by employer)

If you are interested in any of the above vacancies then please ring (01934) 863355 for an application form or email your cv over to tmott@adapt-online.com.



The Society of St. James
'Building a future for homeless people'

The Society is a Housing Association working with homeless people in Southampton. With a turnover of £4m and an excellent track record of innovation and diversification, we plan to continue the growth of recent years by expanding our range of housing and support services, drug services, training and social enterprises.

Substance Misuse Manager – DIP Projects

37 hours per week, £26,928 – £29,859 p.a.

The Society manages a complex portfolio of Specialist Substance Support services, and we now require an experienced Manager to oversee the effective daily operation of the Southampton Drug Interventions Programme. Managing and leading your team, you will ensure a consistently high standard of service delivery and the continuous improvement of services managed. You will also implement policies and procedures and build good working relationships with stakeholders and funders.

At least two years' experience of working with people with class A drug addiction is required along with a background in working with clients involved in the criminal justice sector. You will also possess at least 6 months experience of managing a drugs/alcohol service and experience in all aspects of service delivery for drug and alcohol clients including assessments, group work and interventions.

For an informal chat about this post, please contact Mike Taylor on 023 8063 4596.

Closing date: 12 noon, Thursday 4th October 2007

Visit www.ssj.org.uk for more information.

In return for your commitment, we can offer a 9% employer's pension contribution, enhancements for unsocial hours and public holidays, and 25 – 30 days annual leave.

Employees can buy or sell annual leave, and flexible working arrangements are encouraged.

For an application pack visit www.ssj.org.uk
e-mail: jobs@societyofstjames.org.uk or for more information call (023) 8063 4596.

Registered Charity No: 1043884



stopping addiction
stopping crime

THE REHABILITATION FOR
ADDICTED PRISONERS TRUST



Counsellor

HMP Bullingdon, Oxon • Starting Salary £22,063

We are looking for a counsellor to join our team at HMP Bullingdon. To be successful, you would need to have a thorough knowledge of, and commitment to 12-Step. Counselling qualifications and experience are essential, with experience of working with addicts desirable. Some level of training will be provided for staff with limited experience of working with this client group. You will also need to be efficient and determined, with the ability to work in a challenging environment.

Alcohol Counsellors

HMP Bullingdon, Oxon • Starting Salary £22,063

We are looking for Alcohol Counsellors to join our team at HMP Bullingdon. To be successful, you would need to have a thorough knowledge of, and commitment to 12-Step. Counselling qualifications are essential as well as experience of providing counselling services to prisoners, or those with alcohol problems. You would also need experience of facilitating therapeutic groups.

If you are interested in any of the advertised positions and would like to receive an application pack, please send an A4 or A5 size SAE for 65p to Tomas Radi, RAPT, Riverside House, 27-29 Vauxhall Grove, London, SW8 1SY, clearly stating which position you are interested in or download an application pack from www.rapt.org.uk.

Closing date for completed applications: Friday 12 October 2007. RAPT strongly encourages applications from Black and Minority Ethnic individuals and from those in recovery from addiction.

NO AGENCIES PLEASE www.rapt.org.uk Registered Charity No. 1001701

DDN

in association with

FDAP

present

one day workshops

Creative Ways of Working with Anger

16 November, London

Becky Wright MSc, Dip Couns MBACP (one of the country's leading anger therapist workers) advocates that in order to feel confident in working with anger in others you first need to be able to explore your own. An opportunity to explore creative ways of approaching this complex emotion.

All one day workshops cost: £110 + VAT (15% reduction for FDAP members/ affiliates – rates for groups on application)

Contact – Tracy Aphra
e: tracy@cjwellings.com
t: 020 7463 2085

Croydon Drug and Alcohol Action Team (part of Croydon Council – Social Services)

Croydon Drug and Alcohol Action Team (DAAT) Unit is responsible for commissioning and delivering a range of projects to meet the aims and objectives of the DAAT's strategies for the Borough. The DAAT is seeking to recruit two posts to help further this work. These are:

Criminal Justice Manager

Salary: £34,137 - £36,636 Pay Award Pending
Hours: 36 hrs pw

You will lead and manage the delivery of the Drug Interventions Programme and the strategic development of a range of interventions to reduce drug related crime in the Borough. Working in partnership with the Police, Probation, Courts and statutory and voluntary sector treatment providers you will manage the delivery and co-ordination of this work and have line management responsibility for the Restrictions on Bail Co-ordinator.

You will have experience of working in the substance misuse or a related field and of working in partnership with statutory, non-statutory, voluntary and community organisations. You will have a detailed understanding of legislation, policies and interventions designed to address the problems of drug and substance misuse as well as how the criminal justice system and substance misuse treatment systems work to reduce drug related harm. You will be highly motivated and have the ability to inspire the people around you to make and sustain the changes necessary to meet the needs of this challenging and complex work area.

Service User Involvement Co-Ordinator

Salary: £27,834 - £29,865 Pay Award Pending
Hours: 36 hrs pw

You will be responsible for managing, co-ordinating and developing Service User Involvement policies and work of the Service User Representation Group (SURG). You will support the DAAT Joint Commissioning Manager in maintaining and developing meaningful service user involvement in Croydon and ensure that it actively contributes to the strategic development of substance misuse services.

You will have a sound understanding of the principals of service user involvement and a practical understanding of what this means for substance misuse services. You will have experience of working with people who misuse drugs and other substances including alcohol, of delivering and facilitating training, of managing projects and budget management.

For a job pack please visit <http://jobs.croydon.gov.uk/> where you can register and apply online.

Closing date: 17 October 2007. Short listing: w/c 22 October 2007. Interviews: w/c 5 November 2007.



INTEGRATION IN PROFILE



Promoting equality and diversity.

www.croydon.gov.uk

CROYDON COUNCIL

www.croydon.gov.uk