From FDAP in association with WIRED

DDN
Drink and Drugs News

5 June 2006
www.drinkanddrugs.net

BEST OF THE BEST
Tackling drugs, changing lives awards

LION'S BREATH
Alcohol initiatives in late-night Cardiff

DESPERATE DATS
Tough talking on the pooled treatment budget

MIXED MESSAGES

Residential rehab in urgent need of clarity and action

Plus: TREATMENT DIRECTORY – pull-out quarterly update of residential services

Greater Manchester Ambulance Service NHS Trust

NHS

2nd National Conference on Reducing Drug-Related Deaths

Wednesday 15th November 2006
The Lowry Hotel, Manchester

Confidential inquiries

Cocaine deaths

Polydrug use

Naloxone

OD prevention

BBVs

Presentations

- Infectious evidence: Are drug related deaths really falling?
- The role of H.M. Coroner
- Taking risks and saving lives: distributing naloxone to drug-using groups
- Burden of Benzodiazepines
- Debate: What impact will increase in abstinence services have on drug-related deaths?
- The role of Housing in Preventing Drug Deaths
- Learning from Tragedy

To receive details about the conference and how to register please:

e: info@gmas.nhs.uk

t: 01204 492419

f: 01204 497029

Full programme and registration details will be sent to you.

Published by

CJ Wellings

On behalf of

fdap
Federation of Drug and Alcohol Professionals

WIRED
Empowering People

Drink and Drugs News in partnership with:

Adfam

The Alliance

ANSA

drugsandalcohol today

EATA
European Association for the Treatment of Addiction

THE FEDERATION

LDAN

Mentor

RELEASE

SMMGP

Drink and Drugs News

5 June 2006

Editor's letter

We're always cautious about making assumptions here in the DDN office, but the stalemate on budgets has had us scratching our heads for a while. The financial year began in April, so why has the recruitment market become so depressed, when a few months ago it was bouncing along to maintain targets of new recruits to the field?

Strategy reviews at the top have sent waves of paralysis right through the field, as we discovered when we asked DAT managers and commissioners how the delay in hearing any announcement on the pooled treatment budget has affected them. I expected a varied response: not a bit of it. With one voice they replied that the effect of the delay was disruptive at best and disastrous at worst, seizing up work programmes.

Alongside frustration, there is anger at being put in a position that is very obviously demoralising. The messages were still coming in after the article was finished: 'It is absolutely disgraceful that we have all been placed in this situation... We are all attempting to do what we can with what is ultimately a small budget anyway. To have plans curtailed and to potentially lose posts because central government is in a mess does nothing to inspire people at my level, or those clients we are trying to engage with and help.' I received an overwhelming response from a day's research; goodness only knows what the NTA's postbag must be like. We hope to have a response from Paul Hayes in next issue.

Our cover story this issue is an impassioned plea to government from Nick Barton, to stop talking up the value of rehab without addressing its woeful neglect. With a new Drugs Minister and a government keen to communicate good news about machinery that's working in the drug and alcohol field, let's hope that the engine isn't being neglected in favour of the shiny wing mirrors.

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

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

Designer:
Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

Website:
www.drinkanddrugs.net
Website maintained by wiredupwales.com

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

Printed on environmentally friendly paper by the Manson Group Ltd

Cover: image100

In this issue

Media Watch

GPs are concerned that more than three quarters of young Scots are too hungover to do their jobs properly, according to an alcohol study. Almost a third of 18 to 24-year-olds questioned from across the UK said they forget what they've done when drunk, and over a third felt embarrassed about their drunken behaviour.
icScotland website, 2 June

Sunburn and alcohol may help to reverse the ageing process, according to US scientists, who found that 'stressors' normally considered dangerous to health can boost the body's repair system. Recent studies into the phenomenon known as 'hormesis' were shown to prolong the life of fruitflies, worms and rodents. Research was extended to nuclear shipyard workers who had benefited from low doses of radiation.
British Nursing News Online, 1 June

Drug addicts are facing a postcode lottery for treatment and rehab in Grampian, according to NHS figures. Aberdeenshire patients can access help within a month, unlike residents of Moray who can wait up to eight months. Local MP Richard Lochhead said 'the current situation sends out completely the wrong signal to addicts that want to kick their habit and get their lives back on track.'
Scottish Press and Journal, 2 June

Blackpool Council has launched The Hub advice centre to give young people and their families advice on alcohol abuse, smoking and illegal drug taking. Blackpool's drug tzar said 'we hope that this latest development will give youngsters one of the best opportunities available to help them kick their addiction for good, and get their lives back on track.'
The Blackpool Citizen, 2 June

Just one cigarette in childhood can lead to addiction in later life, according to Jennifer Fidler of University College London. The 'sleeper effect', triggered by stress or depression can awaken previous behaviour, stimulating the brain's reward centres. The discovery was a reminder of the importance of anti-smoking messages from a young age, she said.
The Guardian, 25 May

Sir Sean Connery resorted to LSD to cope with the fame of being James Bond, according to his ex-wife. Diane Cilento said in her newly published biography that 'the more successful Bond became, the more insecure Sean felt' and was prescribed the drug after appearing in Goldfinger in 1964. Connery declined to comment.
Scottish Daily Record, 22 May

NHS inertia is failing Hep C patients

The NHS is failing to make headway in tackling Hepatitis C, according to a survey of the 305 Primary Care Trusts.

Of the 63 per cent who responded to the survey, conducted by the All Party Parliamentary Group on Hepatology, just 8 per cent (16 PCTs) had implemented the Department of Health's Hep C Action Plan for England. Some degree of effort had been made by 56 per cent (107 PCTs) and the plan had been implemented minimally or not at all by 36 per cent (68 PCTs).

Most PCTs did not make sensible attempts to estimate the number of people in their area, nor did they have protocols in place for testing and screening. Only a quarter of those who responded had a system in place to monitor treatment progress, success rates and any problems in delivery.

The period between recommendation for treatment, to actually starting it, varied from a week to a year, confirming a picture of regional disparities and a treatment lottery, depending on where patients lived.

The All Party Parliamentary Group on Hepatology wants 'vastly more vigorous efforts' to be made by PCTs to follow the Department of Health's targets and timetables, backed by more active oversight by Strategic Health Authorities.

'We predict that Hepatitis C will in future become a crushing burden to our health service and that we will look back and know that we could have prevented that happening,' the group warns.

Drug consumption rooms 'rational and overdue' according to Independent Working Group

The drug consumption room debate hit the headlines this week, following a report from the Independent Working Group on Drug Consumption Rooms.

Examples from 65 DCRs in eight countries were used to weigh up the possibilities of introducing facilities in the UK. The group concluded that they offered a 'rational and overdue extension to the harm reduction policy' and a 'unique and promising way to work with the most problematic users' to reduce overdose, improve health and lessen the toll on society.

The report was commissioned because the UK has the highest number of drug-related deaths in Europe. Injection routines take place in public places, causing hazardous litter alongside a host of health problems that could be better attended to in a healthcare environment. The group said that well designed and implemented DCRs could make an impact on UK drug problems and that national and internal law should not prevent piloting from taking place.

Government was invited to take the role of co-ordinating the piloting process, but local agencies were urged to take this role if this was deemed unfeasible. Areas of the country where there is 'considerable local support for the idea' were seen as logical places to begin the pilot, and sites of well-run needle and syringe exchange projects were considered to be promising locations.

The report emphasises that DCRs would be integrated with local drug services to take care of access to advice, encourage entering treatment, and provide support on accommodation, benefits, employment and self-care. Pilots would be carefully evaluated, involving the local community, users, and assessment of their cost effectiveness.

Drug Consumption Rooms: Summary report of the Independent Working Group is at www.jrf.org.uk/bookshop/ebooks/DCR-Summary.pdf

FRANK gets thumbs up on third birthday

The government helpline FRANK is reporting stakeholder satisfaction at an all-time high, on its third anniversary.

According to the campaign's latest research, 93 per cent of stakeholders are 'very or fairly satisfied' with the quality of support they receive, 89 per cent think there is no scope for any improvement to the service, and 63 per cent say that it is successfully meeting their needs.

The campaign focusing on vulnerable young people, which involved street marketing campaigns to distribute information in town centres and FRANK branded sofas as an outdoor focal point for discussion, won similar approval.

Jason Grugan of Liverpool DAAT commented that the sofa had been a real success in the city centre, involving lots of young people in conversations about FRANK and drugs.

'Many young people had heard of FRANK but had not made the connection to the website and helpline,' he said. Using the sofa had been particularly useful in communicating with young people, as handing out flyers is banned in the city centre.

Omari Cato was among young people from the street marketing team in Bristol who said, 'it was great experience and I would do it again'.

The FRANK helpline can be accessed 24 hours a day in 120 languages on 0800 77 66 00 or www.talktofrank.com. There is a textphone service for people who are hard of hearing on 0800 917 8765

A drop-in centre in Bootle has seen attendance rise since introducing healthier meals – a result of partnership with South Sefton Primary Care Trust. The Salvation Army's Hope centre gives breakfast and lunch to 5,000 people a year, many of whom are homeless with a drink or drug problem, and who would not eat regularly without the service. A grant from the Community Foundation's Healthy Eating Fund prompted an exchange of the deep fat fryer for a healthier steamer and grill. The PCT added a baked potato machine and weekly fruit basket for visitors and staff. Food health worker Margaret Jackson, pictured with Hope Centre regular Joe, said the introduction of good quality, cheap food was helping to raise awareness of the importance of eating a balanced diet. Joe confirmed that 'now they've changed the food you can taste the difference. Because you are what you eat, it has made me think about that too'.

Drug worker and team of the year honoured at awards

Finalists of the Home Office's Tackling Drugs Changing Lives Awards attended a ceremony in London, to find out who would be named National Drug Worker and National Drug Team of the Year.

Finalists in each category won regional heats to represent ten areas across England and Wales. Winners were announced by new Drugs Minister Vernon Coaker, at a ceremony chaired by BBC news presenter, Dermot Murnaghan.

Judges Martin Barnes of DrugScope, Vivienne Evans of Adfam and Paul Hayes of the NTA, selected David Gordon, harm reduction co-ordinator at the Swaythling Clinic in Southampton as individual winner, and Cyswllt Ceredigion Contact, a day service based in Aberystwyth, as team winners.

Vernon Coaker said finalists represented innovative projects that are making a real difference to people's lives.

'Both winners show a standard of commitment and dedication that consistently goes above and beyond the call of duty to support both individuals and their communities,' said Mr Coaker.

'Continuing the drugs strategy can only happen with your help,' he told the audience of drug and alcohol workers.

'It's been a truly inspirational day for me,' he added. 'It shows inspiration really can tackle the problems of drug misuse. You can, and do, make a difference.'

Winners' profiles and a list of finalists are featured on page 13.

In Brief

Graphic warnings
Public consultation has opened on new tobacco warnings, through a Department of Health website. Visitors are asked to choose from a selection of graphic images, ranging from diseased organs to dead bodies, to represent health warnings on tobacco packs. To take part by 25 August, visit www.packwarnings.nhs.uk

Scots test on arrest
The Scottish Police Bill has been approved by Parliament, giving the go-ahead to mandatory drug testing and referral on arrest – part of a package of measures cracking down on knife crime and drug-related offences. Justice Minister Cathie Jamieson said it would 'encourage people with drug problems into treatment to deal with the root cause of their offending behaviour, and ease the impact of drug-crime on our hard-pressed communities'.

Capital rappers
The UK's 'crime capital' Nottingham has offered teenagers the chance to speak their minds about the effects of drugs and crime, through recording their own rap song. A partnership between Nottingham City Youth Service and the charity Compass is premiering the music video at the city's Broadway Cinema. Junga-naut, one of the performers, said 'music plays a massive part in our lives and we wanted to use its power to reflect the problems that people face round here every day'.

Anti-binge awards
Mentor UK has announced finalists in its alcohol awards to prevent binge drinking. The initiative, in association with Diageo Great Britain, has shortlisted ten projects representing communities, schools and young people. Mentor chief executive, Eric Carlin, said all the projects chosen were 'doing vital work to help young people to make sensible choices and live healthy lives' by ensuring young people left primary school equipped with support and information about alcohol misuse.

Online in Ireland
Irish drug Service Crosscare are 'thrilled' to have been nominated in the New Statesman New Media Awards for their drugs awareness website. 'To date we have received over 4 million requests for information, support of counselling online,' said Michael McDonagh of the Drugs Awareness Programme. 'We have been delighted with what we have been able to achieve with the website service.' The awards take place in London in July. Crosscare's website is at www.dap.ie

Welsh partners
Two leading Welsh drug agencies are forging a partnership to tackle substance misuse and promote equality of services in Wales. Cais Ltd from North Wales and West Glamorgan Council on Alcohol and Drug Abuse Ltd (WGCADA) from South Wales provide services to nearly half the population of Wales between them, and are currently developing a service to support newly released prisoners in Dyfed and Powys. Aneurin Owen, director general of Cais and Norman Preddy, chief executive of WGCADA, said they were delighted at the step forward.

Motormouth in Parliament
Ben Elton addressed the Scottish Parliament's Cross Party Group on Alcohol and Drug Misuse, because he wanted to comment on 'the current ostrich-like mentality of the government, coupled with the appallingly double standards in some sections of the media' which 'represents a total abdication of responsibility which has in turn abandoned whole communities to the mercy of criminal elements and puts the police in the impossible position of trying to enforce laws which they know are unenforceable' – a theme explored in his novel 'High Society'.

Comment

DATs demand answers on the pooled treatment budget

As we go to press there has still been no announcement on the pooled treatment budget – just rumours that it will fall below initial expectation. The promised 42 per cent uplift is not likely to happen according to warning noises from the NTA; meanwhile drug and alcohol action teams, commissioners and service providers are caught up in a maelstrom of frustration and broken promises. DDN asked DAT managers how the situation is affecting them.

Rumours have replaced forecasts relating to the pooled treatment budget for 2006/7. No-one seems sure when it will be announced anymore; the most optimistic response being 'we've had hints that it should be next week, but we've heard that before'.

The impact of two months of uncertainty has taken its toll on everyone in the chain of providing services. Some highlight that they are trying to concentrate on delivering frontline services without interruption – but all acknowledge that planning has stopped and new projects and service upgrades have been put on hold until the allocation has been announced.

Some have adopted a cautious approach, drawing up a list of projects that will be at risk if the uplift is less than anticipated; many are angry that they are unable to sign off service level agreements or agree contract prices until figures have been confirmed.

There are major worries for the future of young people's services in many areas: one DAAT co-ordinator and commissioner speaks for others when she points out, 'until we know the adult allocation, we can not sign off the Young People's Plan'.

One of the biggest frustrations is being caught in the middle of a commissioning process that has lost its teeth: the money to back up promises. 'Implementation of new services we have commissioned have been put on hold, as we don't know if we can afford what we tendered,' says Nicola Yates, a drugs and alcohol business manager with Wigan Community Safety Partnership. There is anger that a shift in the targets agreed in January on the basis of a 41.5 per cent uplift will completely undermine the service system that they have commissioned, which is based on community, service user and stakeholder consultation, and 'part of our Local Area Agreement for safer, stronger, communities', she points out.

Serious implications of the delay are already surfacing for service users, with alcohol services, already the most vulnerable, finding themselves without a word of reassurance. 'Where's the £8 million that was promised this year for developing alcohol services?' asks Andy Fox from Calderdale, who says his 'rant' is 'indicative of the frustration felt by almost everyone I speak to in DAT-world'.

'We have received indicative figures and been forced by "process junkies" in the government offices to forward signed-off spending plans, which we have done. We are now informally told that the 'top slice' from the adult pooled treatment budget will be considerably less than expected. But money has been allocated and signed off to an agreed spend – in our case to a new initiative for the children of drug-using parents. It looks like this money is now not available and the implementation of the initiative hangs in the balance,' he says.

'I suppose it's no surprise that the DAAT/NTA honeymoon period is now over and we are being welcomed to the real world of Treasury sleight of hand... it gets harder to trust what anyone says,' he adds.

And that seems to be the crux of the matter: no-one knows when to expect an announcement, and DATs are stuck in the middle with ripples travelling both ways across the system. 'We have been told we might find out next week – but then this is the fifth date given,' says one respondent.

In the meantime workforce development grinds to a halt – 'we are in need of new staff, but these appointments cannot begin until we have a clear indication of the exact funding for this year,' says Wendy Condlyffe-Phipps at Telford and Wrekin; clients and carers are vulnerable to service cuts; and cynicism infiltrates the system in between guessing games of what the budget figure will be.

Some are working to the 'worst scenario' forecast; others are gamely battling on the basis of a rumoured ten per cent rumoured loss of uplift. The point is that the machinery cannot work as well as it should while demoralising uncertainty hangs over drug and alcohol teams, followed by panic at ground being lost:

'The delay in announcing the budgets has in effect paralysed the DAATs in terms of all new developments – and the longer it goes on, the more savings we will have to find,' says one manager.

The following comment is typical of the many we received, and seems to sum up the mood at the moment: 'Just please ask if anyone knows what's happening, what the direction of travel is, and could we please have someone tell us how much finance we have to deliver a very crucial life-saving agenda.' **DDN**

'If we presented such feeble responses, heads would roll...'

These are just some of the many comments given to DDN when we asked 'is the delayed budget affecting your work programme?' Some respondents preferred to remain anonymous, but each comment is from a different person.

'If local authorities managed their funding and operated in the way that central government/DoH are treating DATs, there would be uproar.'

'This has had an adverse effect on service delivery. Any new developments have had to be put on hold.'

'If we presented either the government office or the Home Office with such sketchy and feeble responses they would be quick to demand explanations, fingers would be pointed and heads would roll.'
Andy Fox, DAAT manager, Calderdale

'We are now expected to achieve a huge stretch in targets, for less money. In many cases this will not be possible as the money to buy the services to treat the extra people and achieve improved outcomes just won't be there. Talk about setting people up to fail.'
Nicola Yates, drug and alcohol business manager, Wigan Community Safety Partnership

'We have had so many broken promises, I shall believe it when I see it. Regional officers are supportive and apologetic, but can offer nothing more. They must feel as if they are between a rock and a hard place.'
Wendy Condlyffe Phipps, substance misuse co-ordinator, Telford and Wrekin

'There are so many problems. Most importantly we cannot issue our new contracts and service level agreements to service providers. We have not been told if we need to re-do our treatment plan, and there appears to be no negotiation on targets either.'

'We've been told we should just carry on with business as usual, but we don't want to muck our providers around by agreeing and then cancelling projects.'

'I do not blame the NTA for this – it is the ministers who cannot get their act together, which is ironic really because we get shown no mercy when we fall short.'

'We all understand the need to review budgets in difficult circumstances, but reviews and consequent decisions need to be timed to precede planning deadlines.'

'Projects and targets are at risk, and job losses are possible.'

A commissioner's perspective...

'We were expecting a 42 per cent uplift in budget. Now we know there's going to be a reduction – but we don't know by how much. We'd built in plans for development and improvement and already invested a large amount of the uplift. Now we're in danger of having to renegotiate.

'We're already two months into the financial year, but having to put every development on hold. The work we've done from November to March is hanging in the balance; targets will now need to be renegotiated. It's an untenable situation – we've already wasted a sixth of the year, yet they'll want the same output for the remaining ten months as for 12 months.

'There's a rumour that the Department of Health and the Home Office can't agree on the wording for our budget announcement – but how do they expect us to plan? It's causing all sorts of tensions between providers and commissioners. Treatment providers have also invested – but now what, if we haven't got any money and suddenly can't commit?

'They go to all the effort of planning ahead, launch the Models of Care update, then pull the plug on the money. We only discovered there was a problem at the end of March. For the last two months there have been rumours and counter rumours – that at best it might be 30 per cent uplift, at worst no uplift at all. The ripples go all the way through the system.

'In October we'll have our half-year review, and get it in the neck for not improving performance. They'll forget all this took such a long time.

'It's already having an effect on people's health. My local mental health trust has already had to cut alcohol service provision and lost full-time staff. Alcohol services will always suffer because of the NTA money being ring-fenced for drugs.

'We've been waiting for an answer for two months now – wouldn't it have been better to stop stalling?'

'This is a very unsatisfactory position to be in. The delay over when a definitive decision will be made has added to the uncertainty and helped fuel rumours.'

'All new developments have had to be put on hold and existing services have not had their service level agreement signed off due to funding uncertainty. This is having a disastrous effect on staff morale, when there is a chance of job losses. There is also the obvious effect the uncertainty is having on clients – one of the most vulnerable groups who need help and support when they need it, not when we can fund it! This is a position we are trying to manage without any support from government.'

'What about the consequences of the Scots' Benzo policy that has encouraged a huge black market? What about the teens in the M25 corridor who are learning about cocaine – how long before they learn about how, to quote Lou Reed, 'Valium would have helped that crash', and that uppers are always followed by downers? How long before H becomes a drug of fashion again?'

Turning the clock back

I was moved to respond to Rowdy Yates' diatribe (*DDN*, 22 May, page 8).

One critical difference between the research he quotes and that of Dole and Nyswander's first (of many) studies is 'set and setting'.

Dole and Nyswander's pioneering work was subsequently backed up with an overwhelming research and evidence base, extending far beyond their own work.

Regarding Jones and Briggs' research, a prison environment is hardly conducive to free choice, so is not a fitting comparison. I am appalled that these dodgy studies are given credence when they have none whatsoever.

In supporting methadone prescribing, we do not and have never objected to NA *etc*. While I would reserve the right to express my own opinion in debate, it would never prevent me from helping a peer whose goal was cessation of use.

Rowdy Yates takes me back to the worst aspects of the 1980s: would he not give methadone maintenance treatment to a 21-year-old patient who felt this was what they needed?

I was subjected to 15 years of hell and chaos because I was refused and denied the treatment I knew was in my best long-term interest. Solely on the basis of prejudice, I saw my youth burnt away chasing the will-o'-the-wisp.

Yates and colleagues are pushing an agenda that will turn the clock back two decades and see the morbidity rate clime accordingly. Surely they have more pressing concerns than us ageing junkies? What about the consequences of the Scots' Benzo policy that has encouraged a huge black market? What about the teens in the M25 corridor who are learning about cocaine – how long before they learn about how, to quote Lou Reed, 'Valium would have helped that crash', and that uppers are always followed by downers? How long before H becomes a drug of fashion again?

If these people were not so obsessed with 'cleaning' us up they may be able to prevent greater harm befalling the emerging generation of users.

I – and many others – admire Chris Ford's work as inspirational.

Alan Joyce,
advocate, The Alliance

Why shoot the messenger?

Chris Brookes, (*DDN*, 22 May, page 9) in common with most pro cannabis advocates, seems to prefer attacking the messenger rather than examining the evidence. If submitting a referral to the latest research of the harm that cannabis causes is 'sanctimonious', then I plead guilty.

What I did find interesting, is that in his eagerness to attack me, Chris submits that cannabis is detrimental, but only to a 'minority of users'. I would ask him to point me to any medical or scientific evidence that supports his contention. Equally what medical or scientific evidence is there that 'millions' of people find cannabis useful or indeed effective for lasting therapeutic purposes? Or is it a question of making sweeping generalised statements in an effort to defend the indefensible? Denial is a principle characteristic of dependency.

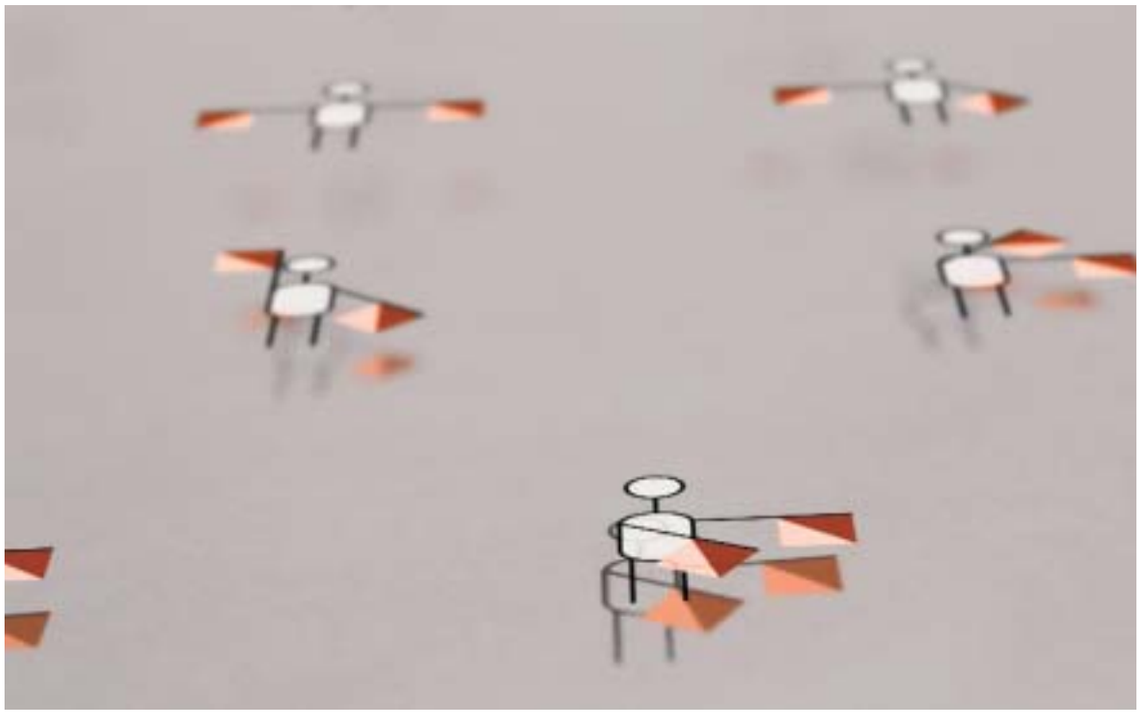
No I don't think upgrading cannabis will do anything to convey the message of just how harmful this destructive drug is, but I think downgrading it implied that it is relatively harmless, when patently it is not. Whatever happened to those messages about the harm that cannabis causes, that the Home Secretary of the day promised us when the decision to retain it as a class C drug was announced? Is it possible that the pro cannabis lobby persuaded him that they too would be 'sanctimonious'?

Peter O'Loughlin,
Eden Lodge Practice

Perfect place for treatment

In *DDN*, 8 May, page 9, Drs Gillespie and Ford correctly remind us about the enormity of the UK Hepatitis C problem. Their sensible suggestion of delivering treatment within a general practice environment should be implemented as soon as possible. It is likely to be the only way that any form of real progress can be made in delivering what we now know as life-saving treatment to the hundreds of thousands who have this virus. Release will be actively advocating for access to treatment for all – as it is both humane and economically extremely sound.

Sebastian Saville,
Release



Residential rehab is recognised as one of our most effective treatment resources, yet the sector is being hampered by mixed messages – government promises of more bed spaces at the same time as lack of commitment to current provision. Time for clarity and action, says Nick Barton.

STOP the

Among NTORS' more memorable conclusions could be found the following statement: 'The clients in the residential programmes presented with some of the most severe problems and complex needs, and these clients made some of the greatest treatment gains.'

Given that NTORS – the National Treatment Outcome Study, started in 1995 – informed much of the treatment strategy, you would be forgiven for thinking that this ringing endorsement would have resulted in a period of stability and security for the residential sector. Not a bit of it. Eight years into the current drug strategy, and only now are we hearing officials talking up the value of residential treatment. Frequently, and for many years both before and since NTORS, it has been described with justification, as a 'national resource'. The trouble is, as a result of neglect, this key treatment resource – especially where the voluntary sector is concerned – is under serious threat.

The essence of the government's belated epiphany lies in the realisation that not every person currently dependent on substances wants to spend the foreseeable future living a life mediated by medication. There is also a growing recognition that a policy of harm reduction, if indiscriminately applied, can lead to harm production. Perhaps, we have had to admit that there has been just a little too much methadone in our treatment madness and that we have herded rather too many pliable clients down a pharmaceutical cul-de-sac.

So, the official talk is now of 'exits'. Strangely, references are made to 'exits from treatment' rather than from dependence, which is what the treatment, including the residential option should presumably be aiming for and what so many clients clearly aspire to. Of course if you restrict your view of what constitutes treatment to methadone prescribing, then seeing residential treatment as an exit from treatment begins to makes sense. Actually, what we should be talking of is entrances to appropriate residential treatment at the appropriate time and to pathways of care within that sector that help sustain recovery and achieve reintegration. In this play of human suffering, only once we have got the entrances right can we sort out the exits. Wasn't this what Models of Care and Integrated Care Pathways were supposed to be about?

With the new found enthusiasm for Tier 4, talk has been emanating from the NTA and the Department of Health of building capacity in the residential treatment sector. While, in one sense, this is a good sign in that it means someone in authority is at least thinking seriously about this important national resource, it raises qualms. Those many providers currently struggling to cope with the financial impact of beds remaining empty over a long period, or, in some cases, contemplating or even managing closures must wonder at the sense of any initiative to add more bed spaces at this time. Surely if we start increasing the stock before we have fully got to grips with the reasons for the serious under use of the residential option, we risk further undermining the current provision.

So what is causing the under use of Tier 4? One of the most significant problems is commissioning – or, more accurately, the lack of it. There has been purchasing but little in the way of genuine, well-informed commissioning. This has partly been the result of there being little or no incentive within the treatment system to arrange for residential treatment to be made available to a local population. (And we must remember that although there may be a local need, in the case of residential treatment there doesn't have to be local provision. In fact it may be better for such provision to be provided at a distance to help extricate a person from the harmful environment of their using. Some research to test this proposition is needed.)

There is little strategic planning where Tier 4 is concerned with which poor local needs assessment goes hand in hand. Good examples – and thankfully there are some – are not emulated. In fact, in many areas no attempt appears to be made to track down examples of good practice, with a stubborn parochialism and attachment to historic practice holding sway. Commissioner/purchaser/referrer attitudes to Tier 4 are often riddled with blind prejudices that are underpinned by personal ideologies, assumptions and beliefs rather than professional knowledge of the range of provision and considered reference to the evidence base.

'Budget Anxiety Disorder' is also a prevalent condition. Residential

treatment may in the short term seem expensive, but we need to consider the costs of someone not receiving the appropriate treatment at the right time. The attitude to providers is often paternalistic and in some instances, downright hostile. There seems to be no induction of new staff when commissioners leave. The model for effective management of the relationship between the various local funding partners and stakeholders, if one exists at all, is inconsistently applied and the relationship itself often seems dysfunctional.

In many instances, where residential treatment is concerned, Models of Care appears to be viewed as a template for operating what amounts to a crude and haphazard hierarchical obstacle course to test a client's motivation or to get away with the least amount of expenditure in the short term. Models of Care should in fact be used as a rational guide to commissioning and referring, to help ensure that clients enter the right treatment at the right time according to a thorough assessment of their presenting need. As a result, clients who should be steered to residential treatment are often inappropriately diverted to day programmes of one kind or another, with the residential option seen only as a last resort or even perverse reward in case of failure, which under such demoralising circumstances is more than likely. Difficulties in getting referred to community based residential units may partly account for the increasingly common reports of people committing crimes expressly to gain access to prison treatment programmes.

Then there is the continuing tension between health and social care funding that inhibits access. Take for instance the case of the person who wanted to go to a residential centre away from his home area where he could receive a detox fully integrated with psycho-social treatment. The local authority would not pay the full cost from the community care budget because detox is healthcare and they said he should use the local NHS in-patient unit for detox and then go to another residential programme funded by the local authority. The trouble is he could not get into the ward because there were so few beds. Anyway he didn't want to, because he knew from previous experience that it was a demoralising over-medicalised environment that would not respond to him as a whole person and was too close to the pull of his home turf. Of course it's impossible not to wonder what happened to the so-called pooled treatment budget in such an instance. We might also ask why we continue to commission high-cost psychiatrist-led services to provide anything other than a safety net for the severest conditions, when there are residential (non-hospital) facilities that arguably offer far better value.

Where contracts that have been organised and funded with residential providers in the voluntary sector, there have been instances of them not having been used – not only a scandalous waste of money, but of lives. In other areas, available funding has simply not been drawn on and therefore it has been clawed back. The excessive amount of the treatment budget that has gone into pharmaceutical harm minimisation has sometimes been at the expense of the comprehensively harm reducing benefit of residential treatment. Residential treatment waits at the end of the queue, which means that those who need its services, who are usually the most harmed and harm-producing individuals are not receiving the help they desperately need. Everyone pays a price for this folly.

While I question the need to build capacity in these circumstances, I acknowledge that in the end if we get the system functioning as it should, there may well be a need for more facilities. The NTA's 2005 needs assessment for residential rehabilitation and in-patient treatment conducted by Dr David Best, Professor Ed Day and their teams respectively, certainly made a convincing case. But before we rush off to the planners and builders, we must get to grips with the question as to why so many of those people who need this intervention are not currently gaining access to it. Once we have understood and removed the blockages in the current system and it is running properly, we can begin to invest in reorganising and extending its provision.

Creating a new, or expanding an existing facility is always an exciting proposition and it might well be a venture that attracts capital investment from government. But of course that is only a small part of the story. Where is the revenue going to come from to sustain the project? Few existing services can generate enough income to pay their way, let alone acquire sufficient resources to make a concerted effort to improve quality and effectiveness. Residential treatment has a high proportion of fixed costs, many of them prescribed by the exigencies of registration. The few variables are related to the numbers of patients or clients in beds at any given time, such as food and laundry. Despite the government's target date of April 2006, it remains almost impossible to achieve 'full cost recovery' in negotiations with statutory authorities unless you are prepared either to receive no referrals or to compromise on quality.

There is also the question of who is going to run and staff new facilities. As any employer in the sector knows, it is devilishly difficult to recruit practitioners of the quality needed to ensure a safe and effective service. That is something we are trying to do something about at Clouds where our training programmes in partnership with the University of Bath are now responsible for producing a very significant proportion of new counsellors to the field and for helping to develop existing professionals. However, as productive as we are in this respect, we could not turn out enough graduates to staff a greatly expanded sector in the short term without increased resources.

The essence of the government's belated epiphany lies in the realisation that not every person currently dependent on substances wants to spend the foreseeable future living a life mediated by medication. There is also a growing recognition that a policy of harm reduction, if indiscriminately applied, can lead to harm production.

There is a serious underestimation of what is needed to provide a safe, efficient and effective residential treatment service. This is one of the reasons that in terms of quality, the field has historically settled for less than should be provided and can be provided. No-one has been well served by this state of affairs: clients, their families, referrers, funders, or taxpayers. What has been achieved has often been so in spite of what's provided, not because of it.

Although it is very late in the day, we do have an opportunity once and for all to establish a sustainable and effective residential treatment resource. We need to get a move on before even more damage is done.

Nick Barton is chief executive of the charity Clouds, whose services include Clouds House, a residential treatment centre in Wiltshire.

mixed messages

Lion's breath restores city pride

'The City of Fear' – a front-page headline from the *South Wales Echo* – was one of several sensational reports following the BBC documentary 'Drunk and Dangerous' in February 2004 which followed Cardiff police over a month, as they responded to city centre incidents. The programme presented scenes of mass brawls, random violent assaults, public vomiting and urination and a general high level of drunk and disorderly behaviour.

The Lion's Breath project was designed to examine the accuracy of these reports and to reduce alcohol-related harm. The project team included Cardiff University academics, South Wales Police, substance misuse workers and other members of the Cardiff Community Safety Partnership.

The project developed existing community-based strategies, which have been used in New Zealand, Canada, Sweden, Finland, Australia and the United States. Two interventions were delivered – Responsible Beverage Server (RBS) training and information-sharing about the city centre locations of binge drinking based on breath analysis and interviews of drinkers. The impact of these was assessed by ongoing breath analysis and auditing the environment. Surveyors were stationed at one of three locations around the city – selected on the basis of high density of licensed premises, good street lighting, large numbers of drinkers and visible policing (to ensure surveyors safety). The surveys were done between 11pm and 3am one Friday and one Saturday each month over 12 months.

Surveyors monitored the immediate environment (*eg* litter bin state, litter type, glass breakage, headcount) and recorded disorder (*eg* shouting, fighting, public urination, vomiting). Drinker age, gender, employment status, area of residence, alcohol consumption that night (units of alcohol, type of alcohol, location of last and most alcohol consumption and start time of drinking session), smoking status, drug use that night, intended mode of transport home and ratings of happiness and drunkenness, were recorded on ten-point scales.

Respondents were then breathalysed to give blood alcohol levels. Surveyors rated three characteristics used by the police to identify drunkenness, namely gait (normal or staggering), eyes (clear or glazed) and speech (clear or slurred).

Licensed premises known to be associated with drunkenness were offered free bar staff training comprising Unit One of the National Bar Persons' Certificate (using a self-study booklet) awarded by the British Institute of Inn-Keeping Awarding Body. The certificate examination was telephone-automated, lasted around 30 minutes and was made up of a series of 30 multiple choice questions focusing on licenses and licensing hours; young people; dealing with trouble; the drinks you serve; the strength and effects of drinks; drugs; preventing and dealing with violence; and social responsibilities issues. A score of 21 or above was required to pass.

The project engaged the whole community through local press, radio and television as well as all the relevant agencies. The training was used as evidence of 'due diligence' on the part of a local brewery in the context of test purchase failures.

Agata Matusz works at The

Lion's Breath findings

- **Number of underage drinkers was very low: less than 2 per cent of drinkers surveyed.**
- **33 per cent of drinkers were below the drink drive limit.**
- **33 per cent of male drinkers and 20 per cent of female drinkers were more than twice the drink drive limit.**
- **Males outnumbered females in the city centre by two to one.**
- **Three quarters of respondents were non-smokers.**
- **60 per cent of respondents used taxis to get home: less than 3 per cent used public transport. More men than women walked home.**
- **Street litter comprised mainly pub and club advertising flyers, food wrappers and glass bottles.**
- **RBS training did not affect blood alcohol levels.**
- **Slurred speech was found to be the most reliable sign of drunkenness.**
- **40 per cent of males and 25 per cent of females had slurred speech.**
- **Interviews identified problem premises, facilitating targeted training**

Breathalysing drinkers and assessing Cardiff's late night city centre street environment produced findings useful for all city centres. Nick Perham, Simon Moore and Jon Shepherd report.

Yard Bar and Grill on St Mary Street and scored full marks on the exam. She said: 'I found the training useful, particularly the information on the law and licensing. I found the exam easy after two hours of preparation. The qualification will be very useful when I go for promotion because it has given me essential knowledge.'

A number of recommendations resulted from the project – not least that responsible drinking campaigns are an urgent priority, and surveys such as this, organised on a partnership basis, should be instituted from time to time in city centres to identify and locate alcohol misuse and to target prevention resources.

It was agreed that campaigns should be targeted at males in particular, and that new reliable tests of drunkenness are needed – the best option at present being a verbal test.

Existing measures to curb underage city centre drinking were found to be effective and should be maintained, and it was agreed that in-house server training does not need to be supplemented by additional training.

It was decided that night-time transport policy should focus on taxi services much more than public transport in future, and that half-hourly removal of city centre street litter should be a major priority.

Councillor Judith Woodman, executive member for social care and justice within Cardiff Council and also Joint Chair of the Cardiff Community Safety Partnership, endorsed the 'extremely important' work of the project.

'It's through a partnership approach that the best results can be gained in tackling binge drinking and related problems such as anti-social behaviour,' she said. 'The project systematically got to the root of the problems in Cardiff city centre by using community-based intervention and this has to be the way forward. All the key partners can use this report to further their excellent work in improving the drinking habits of Cardiff residents and visitors.'

Fellow joint chair of the partnership, Chief Superintendent Bob Evans, South Wales Police's Divisional Commander for Cardiff, also commended the Lion's Breath team's work. The project's findings had identified areas where the partnership was working well – as well as a number of improvements.

'We fully appreciate that Cardiff is effectively a 24-hour city these days, but that its infrastructure needs to operate at a level that will maintain Cardiff's reputation as a safe city and one that welcomes visitors from all over the world,' he said.

'I also hope the report can act as a form of early warning to those who drink excessively and to educate them to drink more sensibly, enjoy themselves and get home safely – which thankfully, the majority of people do.'

Professor Jonathan Shepherd is director of the Violence and Society Research Group; Dr Simon Moore is a lecturer at Cardiff University and Dr Nick Perham a research associate. For information about the project contact Simon Moore, Violence and Society Research Group, Oral Surgery, Medicine and Pathology, Cardiff University. Tel: 02920 742442; email:mooresc2@cardiff.ac.uk.

The Lion's Breath website is at www.lions.cf.ac.uk/index.htm

Post-its from Practice

Stabilising users

Dr Chris Ford gets a call from a patient who's just about to be discharged from prison – can she give him a buprenorphine script to keep him stable in the community?

During the afternoon surgery the receptionist buzzed through and asked me if I would take a collect call from the local prison. I said yes, and a patient of mine, Harry, came on the line. He said he was sorry to bother me but he was getting out tomorrow (Friday) and could he have an appointment. I agreed willingly, and gave him a time to come in.

I knew he had only been in for a couple of months for a traffic offence and I had discussed with the prison about continuing his methadone maintenance, to which they had agreed. I was so delighted when he arrived, as he said he remembered my nagging him about the risk of overdose when tolerance was lost after detoxification or prison, and he had made the surgery the first stop post discharge. He had also watched the excellent DVD *Going Over* several times and now handed it on to others (1).

However I was slightly confused as to why his methadone had been stopped in prison. He explained that he had received it for two weeks but on the twelfth day he had had a urine test, which showed amphetamines as well as methadone. His maintenance was immediately stopped and he was detoxified from 120mg of methadone over a few days. Harry explained, as stated so many times before, that it was easier to get drugs inside than out and said he had accepted the amphetamines to help with the boredom.

It always seems slightly odd to me that drug users are punished for using drugs, whether in prison or out in the community – would asthmatics have their inhalers removed for smoking? Although I realise the situation is slightly different in prison, the futility of detoxing someone because they use drugs on top of their script is, I feel, ridiculous and solves no problems at all.

Anyhow, he explained that he had discovered buprenorphine in prison since his methadone was stopped, and he felt well on it and would like to continue with it. I agreed, and so far four weeks on, he is doing well on 28mg of buprenorphine – an interesting way to transfer to buprenorphine from high dose methadone, but not one I would completely recommend!

For me, one of the many advantages of general practice treatment is that Harry could restart his treatment immediately he was out of prison, avoiding that risky period of waiting for his reassessment appointment to re-enter drug services. As he was about to leave with his buprenorphine prescription in his hand he asked 'do you mind seeing my mate who was also released today and whose drug service can't see him for about two weeks?' Could I possibly have said anything else but yes?

We need much clearer pathways between prison and community and community and prison to avoid completely preventable deaths. This also needs to happen if people are discharged early from rehab, again because of the high risk of relapse. People who require prescribing need to be able to enter directly into a safe prescribing service.

Dr Chris Ford is a GP at Lonsdale Medical Centre and Clinical Lead for SMMGP.

(1) Going Over: Four overdose stories told by the people who were there, DH and Exchange supplies, 2002

Best of the best

Winners of the Home Office's first annual Tackling Drugs Changing Lives awards collected their £10,000 prize from Drugs Minister Vernon Coaker and BBC news presenter Dermot Murnaghan on 23 May. An individual winner and winning team were chosen from 20 regional finalists in England and Wales. DDN talks to the winners.

David Gordon won the title of Drug Worker of the Year for his harm reduction work, running a mobile needle exchange from the Swaythling Clinic in Southampton.

David Gordon's philosophy to 'hit issues head on as they come up, and not shy away from them' has characterised his harm reduction work in Southampton.

While working as prescribing co-ordinator for Tier 3 service New Road, he realised the needle exchange facility was neither adequate nor confidential. His response was to form a working

Marty Spittle was among the team from Cyswllt Ceredigion Contact, the Aberystwyth day service that won the title of National Drug Team of the Year. The service gives advice and support to drug users and their families.

Since Cyswllt Ceredigion Contact was set up in 1992 by Gary Jones, who was himself in recovery, the service has aimed to be as accessible as possible to people who need help. The day service is free at the point of access, to remove barriers for those waiting to get funding, explains Marty Spittle, the service's business manager.

Now the eleven-strong team, which includes six clinicians, provides after-care and family services, as well as counselling, support and a drop-in facility. A recently won DIP contract gives contact with clients 'who perhaps wouldn't have contacted us before', she says.

Set in Aberystwyth, the service is used to dealing with people who are geographically and socially isolated, and helps them make the first step, Spittle explains. Winning three years' support from the European Social Fund has helped them 'go global' with their online information service, which signposts people towards local services and gets others used to making contact, before they see somebody face to face.

Potential clients can get in touch with a counsellor via the website and 'talk' – with a webcam if they want to – in the hope they will come and make contact in person when they feel comfortable enough and sure of confidentiality.

Time is precious at the service, but they are committed to seeing people within ten working days at the longest. An initial half hour appointment will introduce clients to the kinds of support they need, whether it's help with housing, writing a letter to someone they owe money to – 'whatever reduces their chance of relapse' in many cases.

Winning the award has given momentum to an ambitious period for the team. They aim to create a second base in Cardigan, to save clients from travelling up to Aberystwyth; many are women who find it difficult to manage

group, which concluded that the needle exchange should become a stand-alone service – and from there he lobbied the DAT to tender for a needle exchange service in Southampton.

'I felt strongly that this had to be in the NHS, because we had the expertise and the professional departments that we could pull on to make it a quality service around infection control and wound care,' he says. His interest 'and the need to see it through' led him to apply for the job managing the needle exchange from Swaythling Clinic – and planning began in earnest.

Gordon set up the van for the mobile service, but says there were certain things he wanted to put in place before it hit the road. His first mission was to engage NHS colleagues in designing a patient group directive for distributing injectable water, to cut through the usual hassle familiar to anyone working in harm reduction.

Out on the road, the team then set about using word-of-mouth to let users know about the needle exchange, to circumvent the 'usual hostile reaction' from advertising through the general public. 'We wanted to get out there, find the users, and take it to the users,' he explains.

Cultivating trust between the service and clients is vital to Gordon, who takes pains to explain issues of confidentiality to each new client. 'We were aware that lots of users who were in treatment were using on top, and that had been going on for years,' he says. 'So we felt it was a good idea to have a firewall of confidentiality that gave the client the option of telling us who they wanted to talk to and who they didn't want us to talk to.' This has worked well alongside a duty of care for exceptions, such as cases where clients might be suicidal, or pose a risk to the community.

Thorough planning has been key to an approach that's both proactive and responsive. Clients' phonecalls are directed straight to the van, which will come to exactly where they are – 'because the drug business is done very much on a serve-up basis, with drive-bys past phone boxes and on street corners'.

The user might call his dealer and arrange for him to meet him with some heroin in ten minutes; he then calls the mobile needle exchange, which 'has to be there in five, to get there before the dealer'.

Being this responsive has been hard work for the last three years, but there's plenty more in the pipeline. Gordon is in the process of expanding a partnership with the local working women's project, and does outreach with streetworkers on a Thursday night.

He's involved in expanding the needle exchange's wound care service, and is planning to use his £10,000 prize money for a wound care room. Next on the list is a steroid users' clinic, which will keep records of steroid users and 'give the lads an MOT once a month, make sure things are working and they haven't got inflamed livers and so forth'.

Gordon is respected by service users who championed him for his award, and puts good communication down to the service's interpretation of harm reduction.

'We decided to stick to the UK Harm Reduction Alliance's interpretation of harm reduction as closely as possible,' he says, 'and that was about being non-judgmental. We don't coerce into treatment, we are involved through users' choice.

'I'm not in the business of getting people clean and stopping people taking drugs – that's for other services. What we deal with is the frontline smack and crack users as they turn up, and the chaos they come with.

It's an approach that's not only appreciated by service users who benefit, but by those who have judged Gordon's harm reduction work worthy of recognition. **DDN**

the practicalities of childcare, or getting back to pick up their children before the school day finishes.

Family work is a core part of the service, made a priority by director Maureen Fyffe. The group sessions are 'so powerful, there is so much pain', says Spittle, 'but you can see the release from people talking to one another'.

Judges picked out the team because they were impressed not just with the service, but the way in which they work alongside the NHS, Citizen's Advice Bureaux, social services, criminal justice, housing agencies and voluntary agencies to make sure drug users are in contact with the services they need.

Some of the prize money will go towards another counsellor, to keep step with the increase in referrals that has accompanied their success in making themselves increasingly accessible. **DDN**

Cyswllt Ceredigion Contact's website is at www.recovery.org.uk

Cyswllt Ceredigion Contact's winning clinical team (left to right): Susan Lee, support worker; Ivan Courtier, counsellor; Maureen Fyffe, director; Adam Weston, senior counsellor; and Annie Durrant, counsellor. The judges said they were an outstanding example of a service providing vital support and working well with other agencies, to provide the best possible service for drug misusers.

Runners Up

Regional individual winners:

East of England
Diane Barlow of Peterborough Community Drug Team

East Midlands
Andrea Fox of The Drop Inn project, Belper

London
Perminder Dhillon of the Drug and Alcohol Action Programme, Middlesex

North East
Sharyn Charlton of South Tyneside DAT

North West
Laura Brown of The Maden Children's Centre, Lancashire

South West
Andy Wright of Shaw Trust's Progress2Work

Wales
Bradley Fellows of West Glamorgan Council on Alcohol and Drug Abuse

West Midlands
Noreen Oliver of the Burton Addiction Centre

Yorkshire and The Humber
Carol Darbyshire of Drug Sense

Regional team winners:

East of England
The Clockwise Centre, Essex

East Midlands
SPODA, Chesterfield

London
Health E1 Homeless Medical Centre, Tower Hamlets

North East
ESCAPE Family Support, Northumberland

North West
Addaction Cumbria Structured Day Care Team

South East
Brighton Oasis Project

South West
Gloucestershire Young People's Substance Misuse Service

West Midlands
The Manor Hotel, Walsall

Yorkshire and The Humber
Dads Against Drugs, Hull

The awards were judged by chief executives Martin Barnes of DrugScope; Vivienne Evans of Adfam; and Paul Hayes of the NTA.

I am being driven insane by my colleague. Not only is he unable to keep his own workload under control, but he is patronising beyond belief and treats me as if I am hormonal if I raise genuine concerns. His work is getting shoddier and I am worried that his incompetence is starting to affect service to our clients. How can I handle him tactfully?

Anne-Marie, Cardiff

Keep cool

Hi Anne-Marie
Keep your cool! I was in a similar situation a couple of years ago. My colleague patronised me in front of clients and acted like he ran the show – but came to me for support when he needed his ego bolstering or his records supplementing with my notes.

People like this slow down the system by trying to transfer their inadequacies onto colleagues. If you haven't the time or energy to put up with this, get a grip of the situation, before it gets to you any further. Working in our field is challenging enough, without having to do someone else's job.

I got to the point where I could barely deal with this man, and ended up losing my temper publicly. Don't let it reach this stage: choose your moment and tell him that you are willing to be supportive – but there are boundaries that he must respect if you are to work well together.

Some people show total lack of respect in the most devious ways. Don't be fooled by back-slapping camaraderie if this colleague is undermining you.

Good luck!
Jennifer, Shropshire

Get a grip

Anne-Marie
Waste no time in telling your colleague to get a grip! These people shouldn't even be working in the field if they can't see beyond their own egos. If he clearly can't do the job, have a word with your manager, or leave a few training leaflets on his desk.

Whatever you do, don't put up with this any longer. There are plenty of people who could make your work environment stimulating and enjoyable – seek them out!
Kim, Southampton

Softly softly

Dear Anne-Marie
Your situation sounds frustrating and de-motivating so all credit to you that you wish to sort it out 'tactfully'.

I'm concerned to hear that your colleague (especially given the field we work in), is treating you disrespectfully. If he actually calls you 'hormonal' then he's being sexist which should be treated seriously. As you've tried to raise your concerns and he's proved reluctant to listen you can either say to him very assertively 'I feel like you're not listening to me and I really need you to'.

If that fails, something you could try is a meeting with a third party present (preferably a line manager) who would be a witness and mediate and clarify if necessary. You could come with a list of things you would like to be different and how you'd like that to happen.

Being solution focused will stop you sounding like a whiner and show how committed you are to a positive outcome. Whilst in the meeting, you could ask your colleague and third party for their suggestions on how to improve things.

I'd also suggest making your list and any feedback you give your colleague as specific and detailed as possible so that he both is clear about, and can't wriggle out of, any agreed changes.

Good luck, difficulties with colleagues are very disheartening not to mention the effect they have on service-users
Linda Spence, by email

Bullying by any other name

Anne-Marie
He is obviously an insecure man worthy of your contempt – or sympathy. How dare he attribute changes in your behaviour and work patterns to your hormones. You have the right to be judged on your performance in your job and to be treated with respect by your work colleagues. This person is obviously trying to undermine you and cover for his own inadequacies – don't let him.

You have a duty to stand up to this type of behaviour and should confront him about it, the sooner the better. He obviously thinks this kind of bullying behaviour is acceptable, you have a chance to show him it is not. If you don't put him firmly in his place now he will continue to act like this.
Maria, by email

Beware trading insults

Dear Anne-Marie
The first thing you have to remind yourself is that he is the one acting unprofessionally. You need to ensure that you do not get pulled down to his level. It would be all too easy to find yourself trading insults with this guy and that would be a disservice to your employer and yourself.

You should find the time to speak to your colleague in private and explain your frustrations with his attitude, it is possible that he is unaware of how he comes across and does not intend to patronise. If this is the case it does not excuse his behaviour but you will at least have given him the chance to change. If this does not work you have the option of taking the matter further through a formal complaint to your line manager or to your human resources department.

This type of complaint can be extremely difficult to prove as I'm sure he will deny saying things or will claim that you have taken his comments the wrong way. Never the less if you do feel strongly about this you have the right to have your complaint taken seriously.

Organisations often have dinosaurs such as this on the premises – often they are tolerated with an 'oh you mustn't mind old Fred type attitude'. While being 'stuck in his ways' is not an excuse, you do have to weigh up the pros and cons of making a formal complaint, against how possible it is for you to ignore him and concentrate on your own work.

I know you shouldn't have to, but by rising above it and maintaining a high standard of work yourself it will highlight his own failings and ultimately this is what will find him out.
Sally, Worcestershire

No kid gloves

Dear Anne-Marie
My feelings are very clear on this and I feel if you search your heart so are yours.

Yes you want to be fair to a colleague, as one should – especially in this cut and thrust climate at present. Yet this seems to be, by your letter, a situation that has already gone possibly too far.

You mentioned his workload and inappropriate behaviour when pulled up on 'shoddy' work. I have every sympathy for you Anne-Marie – yet to be perfectly frank, I have more for the clients of this inadequate at best, and downright obnoxious and offensive at worst, so-called professional.

I am so sorry my friend, this is no time for kid gloves. Very rarely do service users 'get away' with unacceptable engagement. This is a menace to service users and colleagues alike – but at least colleagues haven't possibly got their script, treatment, or God forbid liberty, in this fool's hands.

On the other hand, there is this person's career at stake. Think carefully – is it an aberration, is he having personal problems or could there be other socio, environmental or psychological reasons?

If he has been consistent, then in this field, bad treatment and bad advice can kill. I do apologise for being dramatic, but the reality is there.

Anne-Marie, you should do something. What if something other than stupid or offensive remarks and 'shoddy' work happens. Some people just should not have caseloads, and as someone who has tried very hard since recovery to get into this field, I have not had it easy. Now my foot is on the bottom of the ladder, I had better watch out as this one falls… he may knock me and others off.

Why should service users have to be cursed with bad workers when there are obviously good ones out there Anne-Marie? You know what to do – it's up to you. Good luck. Do seek good advice before you do anything though. Take a watertight approach, I suggest.

Fight the good fight Anne-Marie.
Tony B, Glos

Reader's question

I have a friend who is worried about her son. He is showing an interest in drugs and they've had several arguments where he takes the line 'it's not use that's bad it's abuse'. His school work is slipping, he and his friends are increasingly dishevelled in appearance and we are convinced he is smoking cannabis, if not more. Whilst I can appreciate that experimentation is a teenager's right how on earth can we get him to stay on the straight and narrow for just one more year until he sits his GCSEs?

Lorraine, Bristol

Email your suggested answers to the editor by Tuesday 13 June for inclusion in the 19 June issue of DDN.

New questions are welcome from readers.

The drug experience: heroin, part 7

In his latest Background Briefing, Professor David Clark looks at the research of Patrick Biernacki in the mid-1980s showing that people can recover from heroin addiction without treatment.

Many people believe that if you try heroin, then you are on the path to ruin. They consider that addiction to heroin is inevitable, and the route to being drug-free again is extremely difficult, if not impossible. Many treatment professionals believe that it is essential that a person who becomes dependent on heroin has treatment to recover.

In this Briefing, we describe research showing that recovery from heroin addiction without treatment is possible. We also look at the characteristics of this recovery process, since we need to learn from this research to help others take this pathway.

The subjects in Patrick Biernacki's study were 101 people, who had to have been addicted to heroin for at least one year, and had been free of addiction for two years. They had not received treatment for their heroin addiction. Subject interviews were analysed by Grounded Theory.

Biernacki described the findings of his research under four main headings: resolving to stop; breaking away from addiction; staying abstinent; and, becoming and being 'ordinary'.

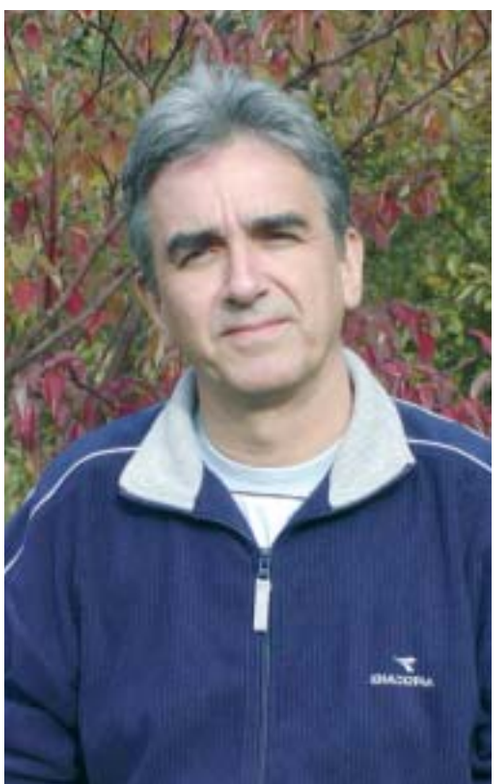
Resolving to stop fell into three broad categories. A small number of the sample (4-5 per cent) stopped using without making a firm decision to do so. These people simply drifted away from their addiction and got involved in other things. They seemed to be people who had become dependent on heroin, but had never developed a strong commitment to the illicit world of addiction.

For two-thirds of the sample, ideas of stopping heroin use developed rationally and were stated explicitly. The rational decision to stop often occurred after an accumulation of negative experiences, along with some significant and disturbing personal event. The experiences were usually expressed in terms of serious conflicts between continued drug use and other desires.

The third category involved people (about 30 per cent) who had hit rock bottom or had experienced an existential crisis. The decision to stop 'emerged out of a highly dramatic, emotionally loaded life situation'.

Breaking away from addiction. When people who have become dependent on heroin resolve to stop using the drug, they are often uncertain about what they should do with their lives instead.

While their life with heroin may now be perceived in a negative light, this does not mean that they know what line of action to take. This point is particularly pertinent to those who have immersed themselves in the world of addiction, since they have lost most of the conventional social relationships in their lives.



'Few, if any, stories circulate in the addict world about people who have succeeded in their voluntary efforts to stop further opiate use.'

Biernacki emphasised the absence of recovery models. 'There is little, if any, subcultural folklore to give them insight into how they might go about ending their addiction. In fact, they may feel they are treading a path on their own.'

One of the reasons for the dearth of recovery models is that people who become abstinent without treatment generally cease to associate with those who remain addicted. In fact, in many cases, ending these associations is a necessary condition for becoming abstinent.

'Thus few, if any, stories circulate in the addict world about people who have succeeded in their voluntary efforts to stop further opiate use. And those addicts who try to quit, but fail, commonly return to the addict world and serve to reinforce existing beliefs in the futility of attempting to quit without undergoing a formal course of treatment.'

Many people who come to the point of resolving that they must stop using heroin are doubtful of whether they can abstain successfully and permanently. They remember initial resolutions to stop using as being fragile and weak, and they remember past failures of trying to stop.

The situation is made worse by the fact that the person is likely to be suffering from low self-esteem. They must also now deal with feelings of anxiety, which they may not have done for years, because they could mask previous anxiety with their heroin use. The person will also have to face the physical symptoms of withdrawal, in what is likely to be in a poor physical and psychological condition.

These problems are worse for those people who have been caught up in the world of addiction and have cut themselves off from family, friends and mainstream social life.

When considering what will replace their addict lifestyle, the person may have serious doubts as to whether they can establish and maintain relationships with 'ordinary' people. They share little in common with non-users and also face the stigma that is associated with heroin addiction.

They may also worry about their criminal record, their lack of education and skills, whether they are employable, and whether they can keep off the drug. 'All in all, they have many and often justifiable fears that they will not be able to get along with people in the conventional world.'

At the same time, those problem users who have managed to maintain good relationships with people who are not involved in the world of addiction generally have an easier time moving through this period and realising their desire to change their lives. They can find support from non-users and realise their new identities.

Recommended Reading: Patrick Biernacki (1986) Pathways from heroin addiction: Recovery without treatment. Temple University Press, US.

appiChar finds the way for Compass

When drugs charity Compass needed to upgrade their IT systems to a centralised system accessible from all their sites they called on appiChar to help them find a solution

Compass are a non profit NGO, providing services to people concerned with the health and social impact of drug use. In their 17 years of operation, they have established a network of agencies across the country, providing a comprehensive range of services spanning health, social and criminal justice care agendas.

Compass were suffering from having unconnected IT systems around the country with little control over how they were managed or maintained.

There was also concern about data security, from file access rights all the way through to whether backups were being done properly.

Finally, a new application was being purchased to manage client information and would need to be rolled out across all 18 sites. There was concern that this would be hard to support in the long run and would not allow for data to be centralised with the existing systems. The new system needed to solve all of the problems and be able to allow for rapid growth of the organisation, allowing new sites to be added easily with minimum disruption.

Sharing of information across the sites was also a key factor in the design. As the organisation is spread across the country, information would need to be easily available across site boundaries. The installation also had to be completed in a short space of time.

After a thorough selection process, appiChar were asked to design a system that would allow all of the systems and data to be run from the Compass head office in York.

The final design was based around **Microsoft Terminal Services** which allows all data and processing to be centralised. Rather than the traditional set up with applications installed onto PCs, software is only required on a small number of central servers and resources are then shared between users. One server can run 20-30 users at a time resulting in greatly lowered support and management costs.

The system was implemented on budget over a three month period. Although it was a complete change in terms of architecture, training requirements were kept to a minimum by ensuring everything was simple to use and support was readily available.

Compass now benefits from a system that stores all data centrally in York where it is backed up daily. With applications based on central server at head office rather than local PCs it has greatly lowered support costs and reduced downtime. As all processing is done centrally there is the added advantage of not requiring new desk top PCs and home workers have secure access to their documents and files wherever they are. The new system provides a single monitoring database producing reports for all sites and new sites are simple and inexpensive to add. The entire system is totally scalable and will grow with the organisation.

> ***"appiChar have helped us to greatly improve the reliability of our systems and at the same time significantly reduce the overall running costs - opening new services is now a fraction of the cost of our traditional systems. Overall the service has been first class and I would recommend appiChar highly"***
>
> Steve Hamer, Compass Director

With any system ongoing support is essential and users can contact the appiChar helpdesk directly whenever a problem occurs and we are able to fix 80% of problems remotely while the user carries on with their work.

Overall the new system has greatly simplified the Compass IT systems and has allowed the organisation to easily implement a new monitoring database.

appiChar's technical solution

- Three Windows Server 2003 Terminal Servers to allow all remote computers to run applications from York
- The existing file and email infrastructure was upgraded to allow for the additional load on the Head Office infrastructure
- A reliable and fast SDSL line from Zen Internet at the Head Office to ensure the system was responsive
- Cyberguard hardware provided a Virtual Private Network (VPN) between all the sites to allow the organisation to have one single network
- Data and applications migrated away from the remote sites
- All PCs updated and virus software installed to ensure the systems were secure

NCIDU06

National Conference on Injecting Drug Use

Thursday 12th and Friday 13th October 2006
Lord's Cricket Ground, London

The full programme will contain over 30 plenary and parallel sessions designed to inform practice, explore policy and develop skills.

Key conference themes:

- 20 years of needle exchange: evaluating progress, identifying priorities;
- prisons: viral transmission and needle exchange;
- femoral injecting;
- snowballing and non-opiate injecting;
- HIV – what do the figures mean?;
- hepatitis C; and
- wound care.

For full details, including online booking, see www.exchangesupplies.org

---

Call for papers

Papers and ideas for presentations are welcomed. We invite prospective delegates to submit abstracts relevant to the conference themes. Submissions may be accepted for either oral paper presentations or poster displays. We are also very interested in receiving submissions of film or video work that can be shown at the conference. All abstracts/film submissions will be peer reviewed and judged on their relevance to the conference. The deadline for abstracts/film submissions is 1st August 2006.

Abstracts can be submitted online from the conference page of our website: **www.exchangesupplies.org**

www.exchangesupplies.org

See the website for updates and programme details. We are committed to developing a permanent free online archive of conference abstracts, reports, delegate lists, evaluations and powerpoint presentations from our conference on our website.

Mailing list

If you are not on our mailing list and would like to receive full details and a booking form, please click on the mailing list link on our website or call us on 01305 262244.

Exchange
tools for harm reduction

Organised by Exchange Supplies in association with:

NNEF
WWW.NNEF.ORG.UK

FINDINGS

FRONTIER MEDICAL PRODUCTS
Main Conference Sponsor

Addiction Counselling Trust

A Company Limited by Guarantee No. 3164431 &
a Registered Charity No. 1054524

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

CHIEF EXECUTIVE OFFICER

Circa £38,000 pa plus benefits

Applicants will be able to demonstrate:

- Excellent leadership and general management skills
- A sound knowledge/experience of drugs 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 are ready for the challenge, please contact us by telephone 01296 425329 or email us at justine@addictioncounsellingtrust.com for an application pack.

The closing date for applications is noon on Friday 16th June 2006.

ACT is an Equal Opportunities employer and is an Investor in People

addaction

rebuilding lives... restoring hope.

Project Worker

Tower Hamlets E1 • up to £24k plus benefits

You'll be there to help our clients address their substance misuse issues. Acting as both supporter and facilitator, you'll draw up care plans to assist them through and beyond the challenges they face, and work with them to make positive changes.

With experience in the substance misuse field, you'll have excellent listening skills balanced with a team orientated and proactive attitude.

We offer 28 days' annual leave, 6% contributory pension, plus excellent opportunities for personal development.

Please visit our website for further details and to download an application pack. Alternatively email j.boateng@addaction.org.uk or call 020 7017 2865 quoting ref. ADDLR84.

Closing date: 26 June 2006

where everyone's unique

Charity no. 1001957

www.addaction.org.uk

drink, drugs and edp

EDP Drug & Alcohol Services is well recognised as the leading non-statutory service provider of drug services within Devon. All Staff are fully committed to evidencing the highest standard of service provision and outcomes for service users.

Peer Mentor Coordinator – REF: 14/06

Based: Exeter
Hours: 0.5 Part Time fixed term for 3 years.
Salary: Commencing salary £24,708 rising to £27,411 Pro-rata (NJC Scale 32-36)

We are looking for a committed individual to develop and deliver a peer mentor programme with the aim of achieving accreditation. This may include group work, one to one coaching and workbook learning. Peer mentors that will attend the programme will be ex-service users and will be trained to support existing service users in successfully completing treatment. You will need to demonstrate excellent delivery, communication, organisation, planning and report writing skills. You will also need an understanding of addictive behaviour and the issues related to working with substance misuse. You should be committed to working with this client group, setting and maintaining professional boundaries and also have experience of delivering programmes and conducting assessments. The individual will need to be flexible in the hours worked each week in order to meet the needs of EDP and to achieve best service delivery. Although at present this is a part time post, if additional funding is allocated the post would increase to full time.

EDP are looking for individuals who possess:

A motivation to achieve, a commitment to evidencing professional responsibility and accountability in all that you do, a desire to learn, develop and reflect upon practice and a complete enthusiasm for working in this sector.

EDP will provide you with:

Training, support and supervision and opportunities for career development within the organisation.
An excellent employee package including 5% employer pension contribution and annual leave entitlement which rises to 30 days per year with service.

Closing date for applications: Friday 16th June 2006 (12 noon)

Application forms for all posts available from: Georgina Burford, Human Resources Officer,
EDP Drug & Alcohol Services, Dean Clarke House, Southernhay East, Exeter. EX1 1PQ.
Or e-mail: **recruitment@edp.org.uk** quoting the reference number. For an informal chat about this post, please ring Michelle Dolbear, Learning and Development Manager on: 07951 341126 after 12.06.06 Please request application pack first as this would answer most questions.

Please mention DDN when replying to ads

KINESIS
Mental Health Professionals

NEED EXPERIENCED STAFF?

Kinesis will provide...

- ✔ Recruitment solutions for ALL substance misuse services
- ✔ A selection of suitable CV's on request
- ✔ Excellent candidate-to-role matching - so your service finds the most appropriate project staff, nurses and consultants
- ✔ Experienced candidates for roles within...
  Drug Action Teams **Treatment Services**
  Youth Services **Arrest Referral**
  ...and more

Please call us now
0207 622 4827
www.kinesislocum.com

We are always pleased to receive CVs from experienced candidates

Kinesis Locum Ltd. are regulated by the Commission for Social Care Inspection
We are an equal opportunities employer

TOWER HAMLETS

Lifeline Project

Helping Drug Users Since 1971

LIFELINE LONDON – YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICE TOWER HAMLETS

The Young People's Substance Misuse Service in Tower Hamlets provides a range of early intervention and treatment services to under 19s across the Borough. It is managed by Lifeline, an organisation with a considerable track record of working with young people and substance misuse. Tower Hamlets is introducing a common Early Identification and Assessment Framework in relation to substance misuse by young people. It is also committed to ensuring that those who work with young people are able to address substance misuse effectively. This post is charged with delivering training to support these aims.

TRAINING AND DEVELOPMENT CO-ORDINATOR (REF: TH 001)
£24,708 - £28,221 inclusive of Inner London Weighting

To co-ordinate the delivery of training in the Early Identification and Assessment Framework to services working with children and young people across Tower Hamlets. To work with services for young people in Tower Hamlets to ensure staff have knowledge and skills in assessment and screening for substance misuse and are able to deliver appropriate education, advice, information and support.

You will be an effective trainer, with at least 2 years experience of designing and delivering training packages. You will have knowledge of issues relating to substance misuse by young people. The ability to work effectively across a variety of agencies will be essential. A relevant degree or qualification would be an advantage.

For an informal chat about the post, please contact Quentin Marris on 0207 093 3007. For further information and an application pack, please write to Charmain Wright at Lifeline London, Unit 59 Skylines, Limeharbour, Marsh Wall, London, E14 9TS or email her at charmain.wright@lifeline.org.uk. The closing date for receipt of completed application forms is Friday 16th June 2006.
Interviews will be held on Monday 26th June 2006.

Lifeline Project is an Equal Opportunities Employer and invites applications from all regardless of race, colour, nationality, ethnic or national origin, religion, marital status, sex, sexual orientation, age or disability.

For further information on Lifeline see: www.lifeline.org.uk

---

worcestershire countycouncil

TACKLING DRUGS & ALCOHOL CHANGING LIVES IN WORCESTERSHIRE

JOINT COMMISSIONING MANAGER
Worcestershire
Substance Misuse Action Team
PO3: £33,315 - £35,772

The Outcome: Reducing harm, saving lives and saving years of life lost to substance (drugs and alcohol) misuse for individuals, families and communities of Worcestershire.

The Challenge: Commissioning effective and evidence based adult substance misuse services to address the needs of the county of Worcestershire.

The Support: Working for Worcestershire Substance Misuse Action Team (Drug Action Team), housed within an excellent local authority and having strong links to the NHS. You will be working within a team noted for its commitment to the issues, for being friendly and supportive and within a culture of solution focused thinking and professional and organisational development.

The Opportunity: To make a positive difference to the lives of people within the county; to develop and/or enhance your commissioning skills within this field or to see the other side of the fence from a service perspective. Wherever you come from, you'll know you're going somewhere.

The Link: for further information please go to: www.worcestershire.gov.uk/SMAT

The Small Print

Informal discussion:	Contact: Phil Deakin on 01905 766009
Application packs:	Via the above web link or contact: Adult & Community Services Human Resources on (01905) 728589 or (01905) 766975.
Closing date:	Wednesday 14th June 2006
Interview date:	Tuesday 27th June 2006

Product Specialist

£23,000 basic + London weighting + bonus + car + share options

Altrix

London & The South East

Dedicated Professionals, Substance Misuse, Expertise and Passion... make a difference

Altrix Healthcare PLC is a rapidly growing healthcare company marketing a revolutionary range of testing technologies for use in substance misuse clinics and the criminal justice system. The company has over 500 sites using its products which include testing services for both drugs and blood borne viruses.

This role represents a unique opportunity to enter the commercial world, where you'll spend your time with existing customers, working and building relations with a wide range of professional staff at the sharp end of substance misuse. The role will place a great deal of emphasis on the provision of training as well as the provision of management information.

A dedicated professional in an area such as health, probation or social care, you'll be passionate about providing outstanding customer service with a desire to make a real difference. With excellent communication skills, you'll be curious and inquisitive, well organised, self-motivated, analytical and service oriented. Naturally we'll provide all the necessary training but it's essential that you have a full driving licence and a flexible approach to your working hours.

To apply please contact our retained recruitment adviser COLIN SMITH, quoting ref. CS107 by sending full career details to The Recruitment Management Group, Eleven Abbots Park, Preston Brook, Cheshire WA7 3GH. Fax: 01928 711884, email: recruit@rmg-uk.com or telephone: 01928 711800 for an initial discussion. Interviews will be conducted in the London area.

rmg recruitment management group

excellence in executive search & selection

LOOKING FOR HIGH QUALITY, SKILLED, SUBSTANCE MISUSE STAFF?

Consultancy, Permanent, Temporary

We Talk Your Talk…

- *A comprehensive database of specialist substance misuse personnel*
- *Providing staff for Public, Private, Voluntary and Charitable organisations*

We Walk Your Walk….

- *Recruitment consultants with many years experience in the substance misuse field*
- *Meeting all your recruitment needs for the substance misuse field: Criminal Justice; Treatment; Young People; Communities; Availability*

Solutions in Action Management Recruitment & Consultancy

Contact us today:
Tel. 020 8987 6061
Email: SamRecruitment@btconnect.com
Or register online www.SamRecruitment.org.uk

www.SamRecruitment.org.uk