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DDN
Drink and Drugs News

13 December 2004
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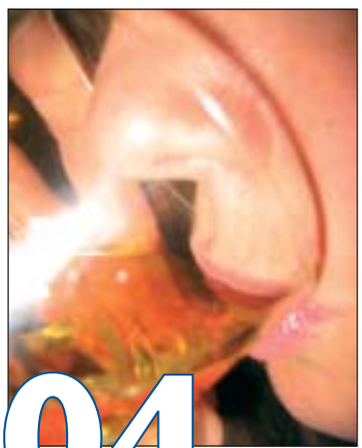

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The 21st Century approach to tackling substance misuse

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Drink and Drugs News

13 December 2004

Editor's letter

The other day I bumped into neighbours who began chatting about Christmas. The kids would be away from home for the first time, and they were at a bit of a loose end. 'We were thinking about working with the homeless... but then our son's friend said he knew someone who'd tried it, and it's not all it's cracked up to be. We'll probably go to Paris or Wales instead.'

How amazing then, that 3,000 volunteers will be turning their backs on the easy option and heading for the Crisis Open Christmas hostels next week – at least half of them 'regulars', who have returned year after year to take pride in creating a 'family' Christmas for people who would otherwise be on the streets.

Testament to its success, the guests return year after year, like the man who's about to count his 33rd Christmas with Crisis. If you can spare a few hours giving much-needed advice on drugs or alcohol, they would delighted to hear from you, as chief exec Shaks Ghosh says, on page 9.

While many of us are winding down for Christmas, the emergency services are getting ready for their busiest time of year, as the party season hits its alcohol-fuelled high. Catch up with paramedic Terry Gibson on page 7. And on page 12, LibDem MP Mark Oaten considers how to get drink and drugs messages to young people without having to wear a baseball cap backwards.

Wherever did the year go? On page 10, Professor David Clark looks back at the drink and drugs stories that made the headlines in 2004.

We hope you have a happy and safe Christmas. See you in the new year, on 10 January.

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In this issue

Resources get results, says Flint

We are seeing the changes from putting more money than ever before into tackling drug misuse, Home Office MP Caroline Flint told conference.

'We are the first government to allocate big resources to drug use… waiting times are down, the workforce has grown, and there is more education in schools. The baseline has gone up,' she said.

Ms Flint was keen to deflect criticism that services were deferred for those who did not fast track by entering the criminal justice system, and said there were huge increases for all those entering treatment as government was 'committed to helping the whole area grow'.

Young people were a particular concern, with 20,000 feeding into the adult population of drug misusers each year. The focus was on early intervention, and a joint vision from government departments was to ensure all young people have the potential to develop.

The government would address under-representation of black and minority ethnic groups through a diversity action plan, according to the minister.

'We need to engage with community groups and think creatively about this,' she said. Mental health issues and dual diagnosis were also high on the agenda, alongside the different, specific needs of women with young children and street workers.

The government and NTA were committed to working together to make sense of combined problems, but engaging all agencies in the new Drug Intervention Programme had been 'a task and a half', she said, but its impact had already been shown in reduced waiting times and crime statistics.

It was important that the positive messages from DIP were conveyed.

'We need to take every opportunity to try and lead people out of drugs and into treatment,' said Ms Flint.

Planning must focus on real lives

The Audit Commission is increasing its focus on the judgements of local people, according to Zoe Billingham, its director of criminal justice, community safety and environment.

While ensuring value for money, AC was intent on improving outcomes for drug users, and was concerned with drug users' journey to a stable life and local agencies' journey to safer communities, she said.

There had been impressive progress since 2001, which was down to local commitment and sensible national strategies. Effective strategy was not just about finding and recognising problems, but about maintaining progress.

Progress varied across the country, but there were too many drug users dropping out of treatment, with repeat services at taxpayers' expense.

'It is critical that agencies act now to shape services to individual need. This could have a profound effect,' she said.

Staff attitudes were very important and could make the difference between success and failure. Another key reason for failure was problems with the overall care package and lack of support for other areas of people's lives, such as housing, childcare and transport.

Coherent local planning was vital to how resources were used, according to Ms Billingham. Many areas had little idea whether their services were value for money.

It was crucial to involve users and carers in planning, and 'critical that plans focus on real outcomes of people's lives'.

Performance indicators had to be target driven, but the Audit Commission was committed to making the reduction of red tape a reality and shifting the perspective to real people.

'We need to move to treating the person, not the addiction,' she said.

Healthcare Commission is 'ever so humble'

The old system of P45 targets – 'meet them, or you're out' – has been replaced by a new focus on public health and developing long-term standards, according to Prof Sir Ian Kennedy, Chair of the Healthcare Commission.

The Commission, created in April, had been 'getting the basics right' in its first year. The next stage was about making and sustaining progress.

'Our whole approach will be based on intelligent use of information,' he said. The Commission would rely on local information to find out what was happening, not occasional 'ceremonial visits'.

In the style of Uriah Heap, the Commission was 'ever so humble', said Prof Sir Kennedy.

'We don't know the right things to measure, the right things to ask. 'We are looking to you to guide us.'

A joined up approach was essential, linking with social care and police. A pilot system was in progress now, to be rolled out in the DATs from April 2005 to 2006, 'to facilitate improvement in a way that's not burdensome or oppressive,' he said.

Halt the trend of filling prisons, says NOMS

'If we don't exploit rare opportunities to provide support, we will miss the chance to change people's lives.'

For the first time in 20 years we have money to invest in bringing drug users out of the criminal justice system, but resources need to be used more effectively, according to Martin Narey, chief executive of the National Offender Management Service (NOMS).

NOMS offered an opportunity to work together in a different way to bring together prison and probation strategy, and was about to introduce offender managers 'to tie up what happens in custody with what happens in the community', giving each offender an individual plan.

A change in prison sentencing practice was essential, for this to be effective. Too many low-risk offenders had been given community sentences over the last ten years, and services were becoming overwhelmed, he said. So much money was going towards prison places, and the huge increase in the use of custody had seemed to go unnoticed.

'We have to halt this trend, or services will become completely swamped,' said Mr Narey. There had been real progress in increasing drug assessments, from no proper assessments in 1998, to 55,000 separate assessments this year. Drug use in prisons had fallen dramatically, to 4 per cent of prisoners abusing opiates and 33,000 prisoners agreeing to be tested voluntarily.

There would always be drugs brought into prisons, said Mr Narey, but it was important to keep a humane system where prisoners had contact with visitors. More progress could be made with maintenance prescribing and improving the quality and range of detox, and prisons should make provision for people to clean gear, without encouraging injecting.

The emphasis at NOMS was on support, helping people to get off drugs, giving them the education to make them employable, and finding them somewhere to live. 'If we don't exploit rare opportunities to provide support, we will miss the chance to change people's lives,' he said.

Prof Drummond: 'frustrated with the slightly half-hearted efforts to get people to drink more sensibly.'

Alcohol policy 'in black hole'

Alcohol policy has been in a black hole, according to Colin Drummond, Professor of Addiction Psychiatry. Compared to drug policy, 'which has been sitting on the beach sipping cocktails' in comparison, alcohol has been the poor relative, he said.

Prof Drummond was frustrated with 'the slightly half-hearted efforts to get people to drink more sensibly' and bemused by Cabinet Office conclusions that soaring alcohol problems are more complex than raising the price or restricting availability.

Efforts to measure heavier levels of drinking were against a backdrop of the 'superpub' – larger venues, open for longer. Problem drinking had increased in the last 12 years by 32 per cent for young men, and by 70 per cent for women of all ages.

The increase affected all age groups, 'saga louts as well as lager louts,' said Prof Drummond, creating a huge burden on the emergency services, a rise in alcoholic liver disease and doubling of alcohol consumption among schoolchildren.

'No effective strategies have been used in the making of this document,' he said of the alcohol strategy and there had been limited results from heavier policing and public education campaigns, which were funded by the drinks industry's Portman Group.

A clear plan with targets was needed, alongside investment in alcohol services, Prof Drummond told delegates. Research to find effective approaches should feed in alongside better training on alcohol issues, to identify problems earlier.

'No broadband for rough sleepers'

While praising government for committing resources, Peter Martin, chief executive of Addaction, was concerned that process was being confused with action.

Different parts of the treatment field were not acting as a co-ordinated community, he said. Prescribing policies showed a lack of vision and a cul-de-sac approach, when all treatment should be about fostering independence.

The state colluded in creating more dependence, according to Mr Martin.

'Medical institutions are slow and say people are not ready to come off methadone. Yet McKeganey's findings [that most users want to achieve abstinence, see DDN, 15 Nov] were borne out by Addaction's findings earlier in the year.'

Calling on government to examine treatment and prescribing policy, he asked delegates to consider the outcomes they were aiming for.

There was a mixed picture of treatment in different areas, but Mr Martin 'strongly questioned' whether treatment was fairer. Service users often didn't get treatment in time, or didn't have access to it. There was 'no broadband for rough sleepers'.

NTA data collection needed to improve data collection before we could expect targets to be meaningful, he said.

Politicians made decisions on graphs, and Mr Martin did not believe that the drug strategy's goal of doubling people in treatment by 2008 would happen.

The NTA had 'signalled a new dawn' however, and he called on delegates to 'engage in supporting the NTA and letting it do its job'.

Integrated working gets results, despite pressure

'Patchy provision and frustrated staff' were making it difficult to integrate substance misuse and mental health, Corinne Harvey, team leader of Doncaster Drugs team told the Mind the Gap dual diagnosis conference in London.

Criminal justice versus health had created pressure, but positive working relationships were bringing representatives of different services together.

Jo Pickles, project worker at the Ontrack Dual Diagnosis Service, said that her work providing support to young people with mental health and substance problems had promoted joint-working between agencies, and allowed informal, flexible access to services. In the role of a link worker, she had been involved in arranging early discharge from wards and supported tenancy set-up and maintenance.

Kerry Maxfield, fellow project worker, said that since the project had been running in June, they had been able to access young people 'who think they've got nine lives', and give them advice on precautionary behaviour – safer drug use, avoiding transmitting infection, and fitting smoke alarms if they lived alone.

Providing support with benefit claims, tenancy and practical issues 'from picking a colour to paint the kitchen, to helping pay bills' alongside addressing drug use, had proved beneficial to those vulnerable to mental health problems and had encouraged clients to seek access to services.

Services must adapt to dual diagnosis

'We tend to forget we've come a long way in the last few years,' Steve Winstanley of Doncaster Police told the Mind the Gap conference. 'Ten years ago in the UK, dual diagnosis didn't really exist.'

Many clients were socially excluded and more prone to relapse, said Mr Winstanley.

'They have a long history of distrust and disrespect and are used to being excluded from treatment settings.

More than 80 per cent of referrals from police, probation officers and solicitors had co-existing mental health and substance misuse or alcohol problems, yet there were very few alternatives to custodial sentences and secure residences, he said.

The diagnosis of dual cases was often complex, and it did not matter which half came first, but there was need for services to adapt, if they were to be effective.

'Mental health services need to have more commitment to those with substance misuse... drug and alcohol services have to change their attitude from only working with people who want to be worked with.'

Eight-week alcohol campaign launched for Christmas

The next phase of a Christmas alcohol misuse enforcement campaign is launched this week, to 'tackle drink-fuelled disorder and underage drinking'.

It will target those who cause or promote violence and disorder, and bars that sell alcohol to the under-18s.

Running from 15 December to 1 January, this second phase of the campaign will involve every police force in England and Wales. The Association of Chief Police Officers and the Home Office aim to build on good practice and lessons learned from a campaign in the summer, by partnering with trading standards, fire service, accident and emergency departments, local authorities and the licensing industry.

The campaign will involve: closing rowdy premises for 24 hours; issuing £40 fixed penalty notices for being drunk and disorderly, or for sale of drink to minors; using under-18s for sting operations in off-licences, supermarkets, bars and clubs; and naming and shaming off-licences, bars and clubs after conviction.

Home Office Minister, Hazel Blears, said she hoped the campaign would stop the anti-social behaviour of the minority from spoiling the enjoyment of everyone else at Christmas. Along with the Licensing Act, the summer campaign was 'a step towards changing the drinking culture in this country', which she now hoped could be extended to every area of the UK.

The government says it recognises that it can't change a culture in eight weeks, but hopes to 'kick start a culture change where it will be less acceptable to get drunk and behave in an anti-social or violent manner'.

Listening best for planning

'We need to make sure we don't create a blame culture around families – particularly if parents have failed to get their kids off drugs.'

The need for better co-ordination between agencies and benefits of listening to families when planning treatment programmes, were clear messages to emerge from a meeting of all party parliamentary groups on alcohol misuse, children, drug misuse, parents and families and youth affairs, last week.

Many children of alcoholic parents have known too many agencies, according to Helen Dent of the Family Welfare Association. Co-ordination was vital to introducing a sense of routine to both parent and child.

Shafiur Rahman, of the NAFAS Bangladeshi Drugs Project, drew attention to corporate culture, where 'everything needs to be measured'. Emotional support could not be quantified and sent off to the DAT on an Excel spreadsheet, he said – a reason perhaps, why family support work was 'not as recognised as it should be'.

Mr Rahman called for the National Treatment Agency to make specific targets for family support work. Tom Aldridge, young people's manager at the NTA, said that from 'getting as many people into treatment as possible', the NTA now needed to move on to listening to users and carers on types of treatment. Families were a 'vital ingredient' of treatment planning, he said, and should be 'involved at all levels of the NTA's work'.

Adfam's chief executive, Vivienne Evans, told the meeting that families were an unrecognised source of support, that improved the likelihood of positive treatment. The need to support families themselves was huge, she said, as they were prone to isolation, stigma and stress, which in many cases stopped them from seeking help.

Despite some 'shining examples of good practice across the country', there was inadequate training for professionals who deal with families, said Ms Evans.

'We need to make sure we don't create a blame culture around families – particularly if parents have failed to get their kids off drugs,' she said.

The message was reinforced by the parent of a drug user, who described how her local family support group had retrieved her from desperation by giving her new ways of coping with the devastating effects of her son's drug use.

Addaction campaign for teens

A campaign to give young people the facts about drug misuse has been launched by youngaddaction, the branch of Addaction that provides drug and alcohol services for young people. The information is targeted at 10 to 16-year-olds – the age when young people are likely to start using drugs, according to the charity.

Materials have been designed to be easy to understand and accessible to the age group. A new website, *www.youngaddaction.co.uk* and booklet *What would you do?*, give typical situations that young people might find themselves in relating to drugs and alcohol, and have been developed 'to help young people break the cycle of ignorance and risk-taking,' according to Addaction's chief executive, Peter Martin.

Rebecca Cheshire, youngaddation policy and practice manager, stressed the importance of involving young people in service planning and evaluation and said that services must meet the complex needs of this vulnerable group.

Former drug user, Tony Addison, endorsed the need for trustworthy information. 'When the adults around you just say drugs are bad, but the kids at school are saying they are fun, who are you going to believe? Kids need to know the facts about drugs, so they can make informed decisions.'

Beds DAT scoops first FRANK award

Bedfordshire Drug Action Team have been named winners in the first national FRANK stakeholder awards, for its *Knockout Drugs* card game.

Based on 'top trumps', the card game was praised for conveying drugs awareness quickly and clearly. Young people were able to play the game fluidly after five minutes and key messages emerged after 15 minutes, such as not being able to win your hand if you have crack or heroin cards, because these drugs are dangerous.

Caroline Flint MP said she was really impressed with the standard of entries, which were testament to the hard work by local organisations to promote the FRANK brand and messages.

Public Health Minister, Melanie Johnson congratulated entrants on making FRANK accessible to more young people and providing their parents, carers, and families with credible information.

Crack strategy launched for London

A crack cocaine strategy for London was launched this week – the first strategic regional response to the drug in the UK.

The strategy is from GLADA, the Greater London Alcohol and Drug Alliance, whose partners include the London Drug and Alcohol Network (LDAN), the Federation of Black and Asian Alcohol and Drugs Workers, customs and excise, police and prison service.

Mayor Ken Livingstone launched the report, which gives priorities for action over the next three years. These include improving understanding and awareness, reducing availability, increasing treatment and support services, swift and appropriate interventions, and engaging London's diverse communities in responding to crack cocaine.

Dome to inspire homeless

As *DDN* goes to press, Crisis Open Christmas have announced the Millennium Dome in Greenwich as their main hostel this year.

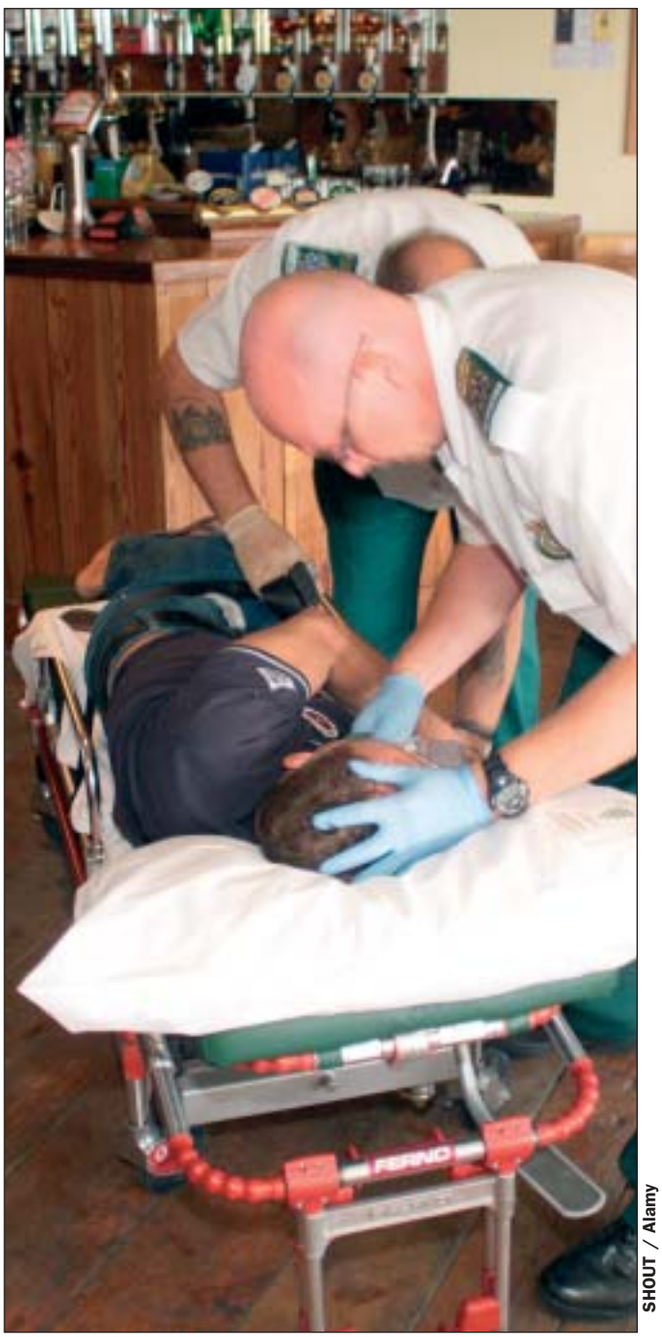
The venue will host the 'be inspired area', with workshops from plumbing, IT, art to basic numeracy, alongside basic medical and healthcare services.

Shaks Ghosh, chief executive, said: 'The Dome was designed to be a building that inspired people. This Christmas it will inspire homeless people to rebuild their lives.'

See feature on page 8.

Christmas duty

The alcohol fuelled Christmas party season means even busier days and nights for the emergency services. But an accurate picture of drug and alcohol related incidents is not straightforward to decipher, reveals paramedic and duty station officer, Terry Gibson.



SHOUT / Alamy

I have to admit the figures were a surprise. When I requested some statistics for this piece from the London Ambulance Service (LAS) Management Information Department, I expected them to confirm what I believed as a serving paramedic to be the case. That is, '999' calls that are alcohol or drugs related make up a significant proportion of our workload. In fact, 'only' 3.9% of calls are classed as alcohol related, and a further 2.3% as connected with drugs. But these figures don't tell the whole story.

To begin with, at LAS we receive almost a million calls from the public each year – and 6.2% of all calls represents over 52,000 incidents – at an average of 1,000 calls a week.

There will also always be a number of calls in which drug or alcohol consumption have played a part, but where this is not reflected in the official figures. For instance, one call I attended, to a man who suffered multiple injuries in a road traffic accident (RTA), was recorded as an RTA, when in fact he had been hit by a passing car when he got so inebriated that he had walked off the pavement and straight out into the car's path.

And the figures tell us nothing about the incidents behind them and the human beings to whom they relate.

A 'drugs call' might be to a young woman student who has been experiencing difficulty with her course and has taken an overdose of sleeping tablets, or an intravenous heroin user who is unconscious and has stopped breathing after injecting too much or after taking a dose that is purer than usual (sometimes, when a new 'batch' of heroin is on the streets in a particular area, there is noticeable rise in such calls). Then again, the response might be to a night clubber who has been made ill after taking ecstasy or an elderly lady or gentleman who has taken an accidental overdose of prescribed medication.

Alcohol related calls vary too, of course. There will be people with psychiatric problems who may drink alone and then ring 999 in the night when the depression becomes too much. There are the leisure drinkers who overdo it and end up in fights or injured from falls. Or the inebriated man who walked out into the traffic and was hit by a passing car. I have also attended teenagers drinking vodka in the park in the school holidays and gentlemen of no fixed abode who have ambulances called for them whilst they are asleep on the pavement.

Homeless drinkers are a particular challenge, because there is so little we can do to help. Although often neither ill nor injured, the only place to take homeless drinkers is to the local A&E hospital where a nurse can triage them, record some basic observations and give them a bed on which to sleep it off and from which they can then get up and walk out – more than likely before a doctor can see them. Often, when talk in the station mess room has turned to the subject of drinkers with no fixed abode, everyone agrees that what they would like to see are hostels staffed with medically trained care workers, where the drinkers could be taken to sleep it off, if they are otherwise well and uninjured.

So whatever the figures may seem to say at first glance, alcohol and drugs do play a significant role in many of the call-outs we receive – and often with a significant human cost to those concerned. And though I hope that you all have a happy and safe Christmas, the next few weeks will be a particularly busy time for us at the LAS.

'A drugs call might be to a young woman student who... has taken an overdose of sleeping tablets, or an intravenous heroin user who is unconscious and has stopped breathing after injecting too much or after taking a dose that is purer than usual.'

Taking comfort from

It's two weeks to Christmas and national homeless charity Crisis is gearing up to the next level. Chief executive Shaks Ghosh is making final checks before she announces the location of their main centre

The charity has been opening its doors for 33 years to give homeless people a Christmas, so although it's hectic, there's 'a kind of formula', says Ghosh. Recruitment of 3,000 volunteers, to work with the year-round team of four, begins in September. An appeal for empty buildings goes out in October, asking for warehouses as close to the centre of London as possible, and with good public transport links.

Then there's the supplies to feed 1,200 people; food donated by the supermarkets, warehouses full of baked beans, potatoes, turkeys from a farmer in Norfolk, Christmas puddings from chef Anton Mosimann.

About half of the volunteers will be new. The other half will be the regular returning team of 'inspirational, fantastic leaders' that Ghosh says she would trust with her life. These 'green badges' take charge during the three shifts in each of the hostels, briefing volunteers, making sure of security as people are admitted, checking that everything's distributed to plan – and, most importantly, making sure that the guests are comfortable and happy.

'Their job is really the welfare of the guests and they're constantly looking out,' says Ghosh. 'They say to people if there's anything you're worried about, if there's anything that doesn't feel normal, talk to us.'

Getting to know the guests is important, so Crisis can identify any special needs, such as drug or alcohol addiction, and make sure that everyone is placed in the right environment. Crisis doesn't need to know any of the guests' identity, but they are searched – gently patted down to make sure they are not carrying any weapons, needles or bottles – as they enter the hostel. At this point, the trained eyes of the green badges pick up if anyone is particularly vulnerable. There are smaller, specialist centres, one for the many 'really really damaged women, who don't want to be in an environment with lots of rowdy men' and two quiet centres 'for people who live very isolated lives and can't cope with being jostled and the queues'. Another of the smaller centres caters for drinkers and has substance misuse specialists on hand.

Guests are not allowed to take drugs on site, but there is a needle exchange and they are allowed to drink, when it has been decanted into plastic bottles. 'We don't provide drink, but people can provide their own and that's fine,' says Ghosh. 'It's for people who can't get through the Christmas period without a drink… I think that counts for many of us as well!'

'Open Christmas' does not mean open to those who might exploit the opportunity to access hundreds of addicts in one place – 'a dealer's market', as Ghosh points out. Green badges will clamp down on dealers as soon as they are spotted, often with the help of guests, who are likely to tip off a member of staff. The police have provided wonderful support in the past, says Ghosh, rigging up cameras within hours, when one of the centres 'was getting hit by so many dealers', a couple of years ago.

Apart from all the 'obvious stuff to do with food and clothing and shelter' that's on offer, many guests return to Crisis for the closest experience to a family Christmas. There's a man who's returned each year for 32 Christmases, recounts Ghosh, There are others who have a few years off, then come back because 'they remember it as somewhere where they get a lot of love and affection and they're not bothered by anybody'.

Of the 1,200 people expected, about 500 will sleep over. Some will stay for the whole eight days, but many will have drifted back to where they came from by 30th December. About a third will be rough sleepers, a third will live in the hostel system, emergency shelters and B and Bs, and a third will have some sort of permanent accommodation. These people come back to Crisis because they feel part of the homeless community, says Ghosh.

They also come back because they can be sure of a festive welcome from the volunteers who have given up their own Christmas. That's what makes it special, according to Ghosh.

'For every homeless person there are three volunteers. They're doing it for love, and people know that,' she says. There's 'all the Christmassy stuff' – presents for everybody, Father Christmas, turkey and trimmings.

Part of Crisis's approach has been 'the traditional charity way of doing things', providing solutions to immediate problems and fixing people up with medical services. But there is a different flavour to this year's event, as the charity wants to invite its guests to 'think about their future, their lives and where they're going'.

'We're moving towards a model of trying to help people to help themselves, so this year's a bit of an experiment,' explains Ghosh.

'Homeless people can't just put their lives on hold until they've got all their problems sorted out. They need to gain the skills to find their own route of homelessness,' she says. 'As a charity we have to find far more enabling and empowering ways of delivering services.'

The result of these thoughts is a 'be inspired' learning and skills area, in the main centre. There will be computers and careers advice, help with

Crisis

©Andy Sewell/Crisis

'...there is a different flavour to this year's event, as the charity wants to invite its guests to think about their future, their lives and where they're going.'

numeracy and literacy, a book club, and an 'activity and engagement area' with yoga, drama and debate.

'It's all about getting people to wake up,' says Ghosh. 'We're trialling something which is again very, very preliminary – the passport system. We're saying to people "you're only here for eight days, but here's your passport". It's a symbolic and psychological thing. They'll be handed something that says "this'll enable you to get somewhere, all year round".' An activity centre at Crisis' London headquarters in Commercial Street aims to encourage people to follow up their Christmas visit by coming to see them regularly, to explore new options.

Leading people away from substance misuse is an obvious ambition for a charity that sees 80 or 90 per cent of guests addicted to alcohol or drugs, and Ghosh is extremely keen to provide better links to drug and alcohol services.

'We connect very badly with other services… we always need more drug and alcohol advisers.' The problem, she says, is that if you want services run by other charities to give up their Christmas, you have to pay for them.

Alongside the essential counselling, needle exchange and harm reduction services, Ghosh is always on the look out for anyone doing anything new and different.

'I'm always intrigued by things like virtual healing. You can try out so many different and wonderful things, and something might help somebody.'

Novelty aside, 'a dream come true' would be helping guests to sign up for detox services, while they're with Crisis for the festive period.

'Christmas is a time of year when you reflect on your life,' she says. 'It's not far from New Year and people think well, maybe my life is going to be different next year.' Ghosh is painfully aware of the likelihood of short-term solutions, and recalls a moment of 'lost faith' a couple of years ago, from watching people go through the painful process of detox, then going back on the street.

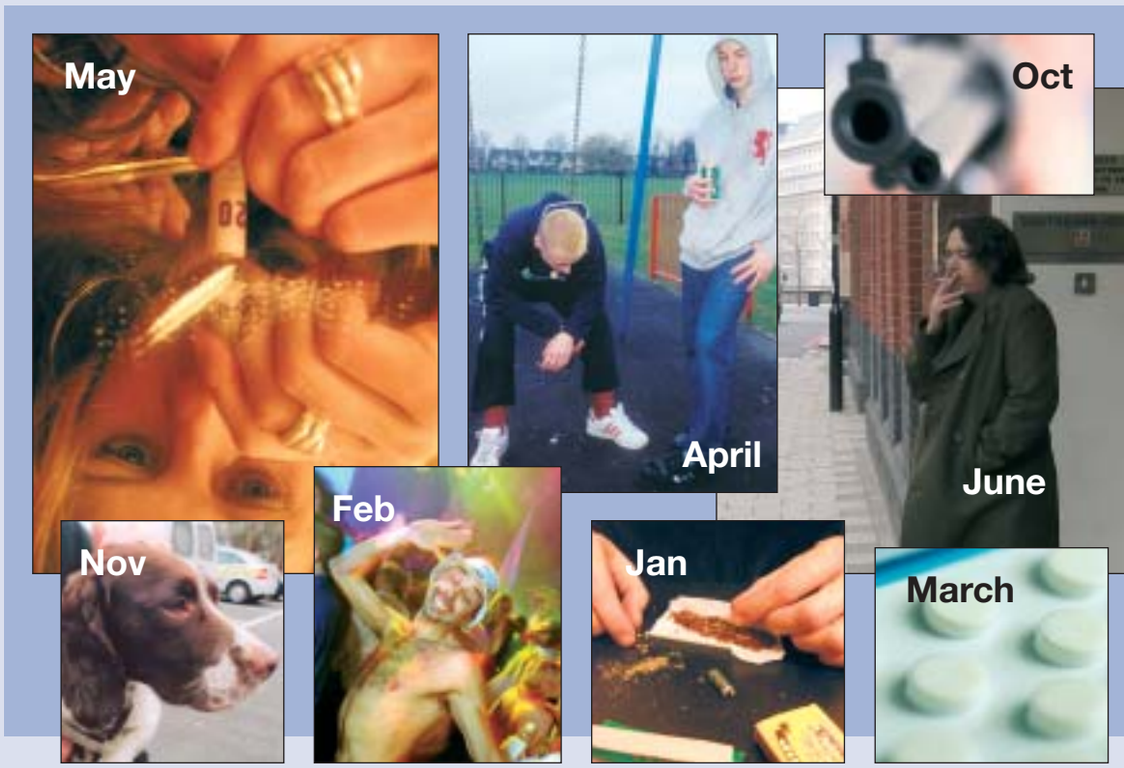
'I thought, "What is the point of running these services?" People put themselves through hell when they're detoxing, it's painful to watch. And what do we do with them? Put them back in a hostel with everyone else who's a drug user.'

She wants 'proper policy' from the Home Office, support with finding accommodation and getting back on track, to make the passport system 'really meaningful'.

Meanwhile, Crisis will be preparing the centres, looking forward to the 'total organic experience' that makes the Crisis open Christmas so different from anything written in their manual for volunteers.

2004: A year in headlines

Professor David Clark looks at how the popular press covered a range of issues related to substance use and misuse.



January: Cannabis reclassified from a Class B to a Class C drug. Guardian survey reveals widespread confusion and inconsistencies about how the police will enforce the new law. Tennis player Greg Rusedski tests positive for the steroid nandrolone – claims 47 other players had elevated levels. Report claims that only one prison out of 138 in England and Wales has a recognised alcohol abuse programme in place.

February: *The Scotsman* runs a week's worth of articles on 'Alcohol: A National Excuse'. The country's leading alcohol experts not only dismiss Scottish Executive claims that alcohol consumption has remained stable for two decades, but emphasise the considerable problems arising from excessive consumption in Scotland. *The Observer* editorial calls for reform of women's prisons, emphasising the problems of suicide, self-harm, drug abuse and mental health problems. Research in Glasgow casts doubt on the mental and physical tasks that police have been using for three years to try to crack down on what is feared to be an epidemic of drug driving. The average UK household spends more each week on alcohol to drink at home than on fresh fruit and vegetables, according to the Office for National Statistics. Tony Blair announces that schoolchildren will be subjected to random drug testing. *The Guardian* claims that recreational drug users are turning to a new generation of psychedelics, obtained from the US via the internet.

March: A report by the Academy of Medical Sciences calls on the government to take immediate measures to cut drinking to 1970 levels. The report points out that per capita consumption of alcohol has risen by 50 per cent in the UK since 1970, whereas in France and Italy it has more than halved. The Prime Minister's Strategy Unit launches the long-awaited *Alcohol Harm Reduction Strategy*. A *British Medical Journal* editorial calls it "the dampest of squibs". Greg Rusedski cleared of taking the steroid nandrolone.

April: Nick Davies continues his series of thought provoking articles on the criminal justice system in *The Guardian*. The Home Office confirm that underage youths will be used by police in sting operations to catch shops and pubs which sell alcohol to minors.

May: The Royal College of Physicians of Edinburgh calls for considerable extra resources to improve detection and treatment rates for hepatitis C. *The Observer* claims that 'soaring levels of cocaine use among young British professionals have led to a record number of deaths'. Drugscope reveals that police sniffer dogs are being used regularly in more than 100 secondary schools in England and Wales to search children for drugs. But 'super-mice' may replace sniffer dogs: 'He wears no mask or cape, but America's next super-hero could turn out to be a genetically modified Mighty Mouse with a sense of smell 10,000 times stronger than normal.' *The Guardian* editorial claims that obesity will soon supersede tobacco as the greatest cause of premature death in this country.

June: A majority of people across all social classes back a workplace smoking ban according to an ASH survey. The health secretary, John Reid, says that smoking is one of the few pleasures left for the poor on sink estates and in working men's clubs. British Airways is to test its 47,000 staff for drugs and alcohol, following embarrassing incidents in which pilots have been arrested for drunkenness. The effective strength of cannabis consumed in Britain has remained stable for the past 30 years, according to the European Monitoring Centre for Drugs and Drug Addiction. The Chair of the Police Federation claims that there is still widespread confusion about how to treat blatant cannabis smokers who went beyond 'acceptable behaviour' in public.

July: UK universities and the charity Cancer Research UK sign a joint protocol on good practice for universities on the issue of funding of research by the tobacco industry. A lottery winner who scooped a £9.7m jackpot is jailed for five months after breaching a drugs testing and treatment order. David Blunkett warns that heavy drinking has fuelled a culture of 'thuggery and intimidation'. Research shows that 41 per cent of Britons support cannabis legalisation, but only 8 per cent endorse the view that adults should be free to take any drugs they wish. *The Independent* claims that ministers are considering a radical scheme to vaccinate children against future drug addiction. Guardian investigation discovers that the Ministry of Defence has been buying a new stimulant in bulk.

August: The US blames Britain's 'lack of urgency' for its failure to arrest the booming

opium trade in Afghanistan. Kostas Kederis, the Greek athlete expected to light the Olympic flame, and Katerina Thanou miss drug tests, fake a motorcycle accident, spend several days in hospital recovering, and then withdraw from the Olympics. Study reveals that one in 50 people in three major English cities are injecting drugs. Same study suggests that only one in four drug misusers are in treatment programmes. The Office for National Statistics reports 4,767 deaths in England and Wales between 1993 and 2002 involving antidepressant overdoses. Around 80 per cent of these deaths were recorded as suicides.

September: Foreign Office launches a campaign warning of the dangers of becoming involved in drugs abroad. Survey suggests that one in four young women who regularly go to clubs and pubs had their drinks spiked last year. Six out of 10 women sent to jail while they await trial are acquitted or given a non-custodial sentence, a report reveals. Drugs charities accuse the government of abandoning plans to set up a network of doctors prescribing pure heroin to addicts. Study shows that Glasgow has at least 60 pre-teen heroin addicts, and there could be many more. Market research suggests that British women aged between 18 and 24 drink more than women of that age in any other European country.

October: Turning Point claims that a lack of joined-up services in health and social care is costing Britain more than £7bn a year. The General Medical Council resumes its hearing into charges of serious professional misconduct against doctors writing prescriptions for people with a drug problem at a leading private drug clinic. Conservatives claim that they will undertake a 10-fold expansion of drug treatment programmes. *The Scotsman* claims that Scottish jails will give heroin injection kits to prisoners to combat the spread of deadly diseases. In Scottish study, almost 60 per cent of clients said the only thing they were aiming for was abstinence from drugs, when they were asked what change in their drug use they were seeking to bring about on the basis of coming forward for treatment. The scale of gun crime becomes a major concern in the press.

November: The communications regulator Ofcom brings in new rules to regulate alcohol advertising. The Institute of Alcohol Studies claims that the rules are cosmetic and likely to have little tangible effect. Thieves escape with a phial of allegedly drug-tainted urine from an Olympic gold-medal-winning horse. NTA officials are accused of misleading ministers and inflating the number of problem drug users in treatment programmes. The Duchess of Northumberland has been given permission to grow drugs – cannabis, opium poppies, tobacco, coca plant – in her world famous public garden. The American 'super-cop' brought in by the Home Office to cut Britain's crime rate warns that the nation's binge drinking culture is spiralling out of control and fuelling an epidemic of violence outside pubs and clubs that threatens to overwhelm the police An underworld contract has been taken out on one of the drug dogs operating at Manchester prison because it has become too successful.

December: BALCO boss Victor Conte claims he provided superstar athlete Marion Jones with a steroid and a variety of banned drugs leading up to the 2000 Olympic Games in Sydney. Medicines regulator decides there is no evidence that the class of antidepressants known as SSRIs (selective serotonin reuptake inhibitors) causes increased self harm, but says such drugs are too readily prescribed. Inquiry is criticised for looking at summaries provided by drug companies, rather than the full clinical trial data. *The Guardian* reports that giant coca plants found in Colombia are probably due to aggressive fertilisation or natural mutations, rather than being due to drug traffickers trying to develop genetically modified cocaine bushes. Next day, *The Independent* reports that Colombian government officials claim that drug cartels have developed a genetically modified giant coca "tree" that produces eight times the usual cocaine crop and is capable of withstanding herbicides used by the anti-drug agencies.

Some quotes on the topic of the year:

Alcohol

'Household surveys, which a lot of these statistics are based on, grossly under-report total alcohol consumption. For one thing, the really heavy drinkers are never in when researchers call – they are always at the pub.'
Johnathon Chick in *The Scotsman*

'Scotland has had a problem for years but we've never really faced up to it. As a nation, we make excuses – it's not our fault. All the characteristics of the individual alcoholic can be applied to the culture as a whole.'
Dr Stuart Hislop in *The Scotsman*

'A strategic programme is needed now to curb the nation's escalating level of drinking in the interests of both individual and public health. The country has reached a point where it is necessary and urgent to call time on runaway alcohol consumption.'
Academy of Medical Sciences

'Which is more dangerous: the new drugs on the block or the oldest drug on the market? The British Crime Survey shows a mere 16 per cent of violent acts by strangers are prompted by drugs; but 53 per cent by alcohol. Similarly with domestic violence: 12 per cent are drug-related, alcohol 44 per cent.'
***Guardian* editorial**

'Why then are we all so complacent? One reason is that it's our favourite drug. Most people in England drink, and many of us—including prime ministers, journalists, judges, doctors, policy pundits, and medical journal editors—like to stack it away. Righteous indignation about ecstasy is easy because we don't use it and don't want to.'
***British Medical Journal* editorial**

'The giants of the drinks industry must start sharing the risk that alcohol poses with a share of their huge profits, to support those who become dependent on alcohol.'
Peter Martin, CEO of Addaction

'The problem with politicians, is that they want quick results. But this is not something that can be solved quickly. It requires cultural change. Too often this government has looked like it's thrashing around looking for a solution.'
Ian Hutchison of Saving faces about alcohol

From The Guardian:

'I had watched British drinking levels rise throughout the 1990s with increasing alarm,' recalls Griffith Edwards, professor of addiction behaviour at King's College, London. 'I was very keen to have a more scientific discussion about alcohol. But the most extraordinary process evolved.' Edwards, together with fellow board members, argued that to counter the harm caused by alcohol, Britain would have to reduce its overall consumption. 'The civil servants looked aghast. They said "no" and consulted other experts,' Edwards says. Sir Richard Doll was solicited for an alternative view. 'The alcohol-related cirrhosis figures are shocking,' he says. 'Drinking in moderation is fine, even good for you, but we are drinking ourselves to death. Every scientific committee I have ever sat on has concluded that reduction in harm caused by drinking can only be achieved by reducing our overall consumption. It just doesn't work to target a minority. The only people I have seen recommend this is the strategy unit."

And the quote of the year...

'It's a big injustice, I have never used banned substances – honestly. All these people who crucify me on TV are the same people who wanted to be photographed with me after every success. But after crucifixion comes resurrection.'
Greek athlete Kostas Kederis

Getting the balance right

Mark Oaten, LibDem MP, considers ways of putting across drink and drugs messages to young people, without preaching.

Connecting with young people can be a real problem for politicians, says LibDem MP Mark Oaten who, at just turned 40, is considering how to get healthier lifestyle messages to teenagers who 'can drink and drink' with no thought about the effects.

'The minute politicians start suggesting things, it's a turn-off,' he says. 'But there are lots of interesting things that can be done in an evening that don't involve eight pints of lager... seeing live bands, playing music, a café culture where people can sit and chat over coffee in a really buzzy environment, like you see in mainland Europe.'

Oaten is the first to admit that we're a long way off a café culture in Britain. According to his teenage constituents, they would be happy to loll about on comfy sofas with the newspapers, making a cappuccino last two hours, but are 'shoved on after half an hour, and told we want the seats'. Poor competition, it seems, to happy hour in the pub across the road.

Back in March, when the alcohol strategy was launched, Oaten went on record as saying that the government really needed to tackle the problem at its root, instead of running scared of the alcohol industry.

While he believes that a ban on advertising would be 'a step too far', he believes in the need to talk to industry about issues to do with happy hour, pricing of drinks, and making non-alcoholic drinks available at cheaper rates.

He would like to see a levy imposed on pubs and nightclubs, as a contribution towards policing, and calls for a dialogue with the drinks industry – about health implications, as much as the 'yob culture problem'.

Another slice of responsibility he gives to schools, believing in the need for 'sensible' talk about drugs and alcohol. He would, however, feel 'hostile' to the Conservatives' proposal for random drug testing in schools, seeing it as a step too far:

'I wouldn't want my children to be randomly tested. I think it would create quite a peculiar climate,' he says. What he does want, is 'for teachers to be able to spot the signs of people taking drugs, and be able to deal with it on a pupil basis – targeting those pupils, rather than just randomly testing everybody'.

The LibDems were the first major party to openly support legalising cannabis and have called for ecstasy to be downgraded from class A to B – policies which Oaten calls 'tough' for 'facing the reality of what's going on'.

Reclassifying ecstasy is the only way of being taken seriously by young people, he says, who need to learn to treat 'the absolute killers, heroin and cocaine' as in a different league:

'Ecstasy is taken by two million people a year and obviously that is wrong, and I regret that that happens,' he says. 'But I don't want people to assume that because they've taken ecstasy, it's equally right that they can look at other drugs in the same category and think "oh well, ecstasy, heroin, crack cocaine, they're all in the same category. I'll have some of that as well".'

The LibDem message is not soft on drugs, he says, but 'grown-up, mature and a tough policy decision to get a tough message across'.

Voicing support for his political opponents' promises of increased resources for rehabilitation, Oaten is keen to add his party's support for 'ASBO plus' – where treatment accompanies any anti-social behaviour order for a drug-related issue.

'Ecstasy is taken by two million people a year and obviously that is wrong... But I don't want people to assume that because they've taken ecstasy, it's equally right that they can look at other drugs in the same category and think "oh well, ecstasy, heroin, crack cocaine, they're all in the same category. I'll have some of that..."'

He's also keen to get to vulnerable individuals 'through the youth system', before they get involved in crime, identifying 12, 13 and 14-year-olds, looking at their truancy and social services records, and identifying where problems could arise before they have actually happened.

The model is a positive one, he says, getting these youngsters involved, getting them to meetings, talking to them: 'you nip it in the bud before it's even happened, by identifying who's likely to fall into that category before they have.'

Oaten says he is wary of stereotyping young people, but keen to reach those who are at risk. Throughout his discussion of young people, drugs and alcohol, he seems aware of the need to hit the right note, or lose the audience – that tricky feat for a politician:

'You can't have politicians pretending to be something they're not, wearing baseball caps backwards to try and get the message across,' he says. 'It's painful and it backfires.'

16 December – London
Taking effective, sustained action on alcohol misuse
Organised by CPPS. Examining how local and national action can be taken forward. Chaired by Sandy Macara of NHF and BMA. Speakers include Cathy Hamlin of DH, Geethika Jayatilaka of Alcohol Concern and others. For more information.
t: 01422 845004
e: info@cppseminars.org.uk
w: www.cppseminars.org.uk

2005

25-26 January – Leics
Familes, carers and drugs
This second national conference, organised jointly by DrugScope and Adfam, will highlight new research, innovative ideas and the latest from frontline services. An opportunity for professionals, researchers and carers to exchange expertise and experiences, whilst hearing from speakers and workshop leaders with in-depth knowledge of issues surrounding substance misuse and families. DrugScope. Loughborough.
e: events@drugscope.org.uk,
t: 020 7928 1211.

28 January – London
Release drugs university IV
'Drugs – the politics, philosophy and economics' – the fourth Release Drugs University will examine the theme of drugs, the law and human rights. Speakers include: Professor Craig Reinarman, University of California; Shami Chakrabarti, Director, Liberty UK; Dr Peter Cohen, University of Amsterdam. Release,
w: www.release.org.uk

3 February – London
Dealing with drugs: A housing agenda
Event for people with a strategic responsibility for housing and drug treatment. The aim will be to increase the understanding of the role of housing and housing related support services in the pre-treatment, through care and aftercare of drug users.
Contact National Housing Federation.
t: 020 7067 1069
w: www.housing.org

21-22 February – London
National drug treatment conference
Organised by Exchange Conference in association with The Alliance. A two day annual event. Keynote plenary sessions, parallel workshops, discussion, paper presentations and fringe meetings. Essential for drug workers, drug activists, criminal justice workers, prison healthcare staff, clinicians, researchers, policy makers, service providers and commissioners. Contact Monique.
t: 020 7928 9152
e: moniquetomlinson@wdi.co.uk
w: www.exchangesupplies.org

24 February – Liverpool
2nd perspective on cannabis conference
Organised by HIT and Liverpool John Moores University. This conference will bring together internationally renowned experts to share their knowledge and perspectives about many cannabis related issues. Topics include: Cannabis and severe mental illness: is there a link?; communicating with heavy, frequent cannabis users; the impact of long-term heavy cannabis use; developments in the treatment of cannabis related problems in Australia and Cannabis education and young people: the Australian experience.
Contact: HIT
t: 0870 990 9704
e: cannabis@hit.org.uk.

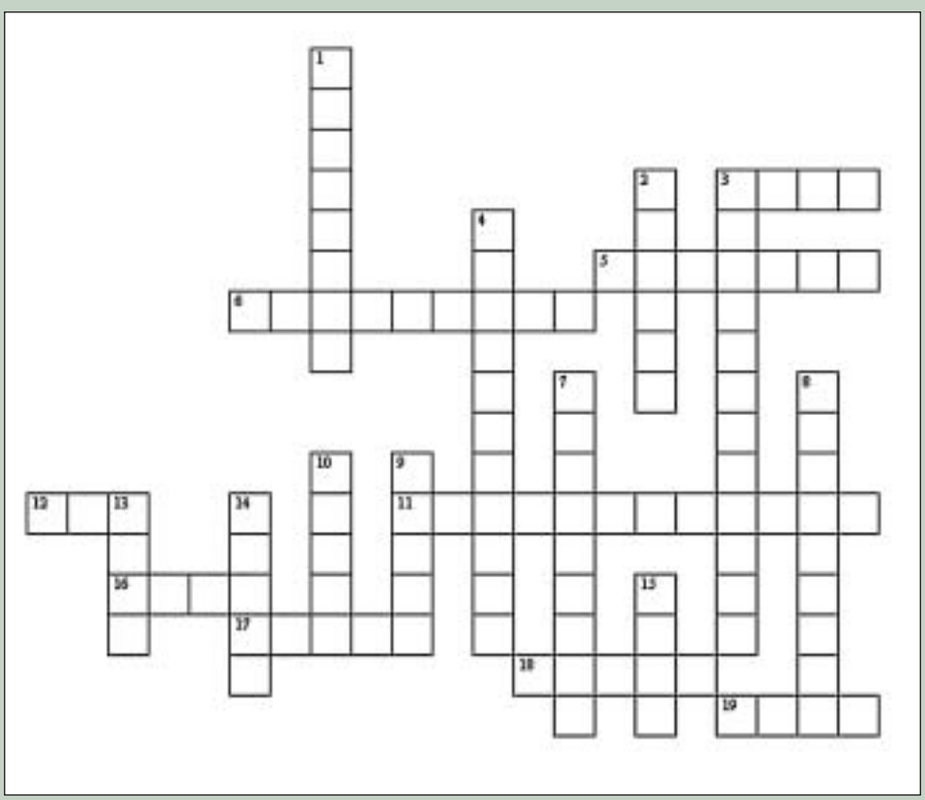
OVERSEAS EVENTS

25-27 November – Denmark
7th international symposium on substance abuse treatment
'21st century drug free treatment? Between evidence and belief'. Looking at whether treatment is more or less effective than in the early 1970s, and if not, what we should do. Centre for Alcohol and Drug Research.
e: sat@crf.dk.

7-11 February – Brussels
Through and after care for drug-using prisoners
The first in a series of six training academies taking place in various European locations from February 2005 to November 2006. Looking at good practice in Europe and assisting participants to develop plans for models of intervention. Future academies will cover peer support and peer education, harm reduction, working with cocaine, crack cocaine and stimulant users, research methodologies, working with women, juveniles, staff support and supervision.
Contact Vikky Bullock, Cranstoun Drug Services
e: vbullock@cranstoun.org.uk.

Just for fun

Try your hand at Drink and Drugs News word puzzle. Answers all relate to drink and drugs or have a festive theme... Good luck!



ACROSS
3 – Professional body for drug and alcohol workers – sounds a little brassed off (1,1,1,1)
5 – Oceanic source of drug. (6)
6 – An aura Jim mixed up with a narcotic (9)
11 – Newton, Einstein, Darwin? (12)
12 – Three letters to give you a free fortnightly news round up from the field? (1,1,1)
16 – Is this organisation going to munch one? (1,1,1,1)
17 – Carl had no song? (5)
18 – DNA test frequently indicates the presence of alcohol (5)
19 – You'll have heard of this name for Christmas? (4)

DOWN
1 – This chief executive looks after his flock (8)
2 – Sexy drug? Corrupt and sick at heart? (6)
3 – Sinatra at home. Unusual scene for a kingly gift (12)
4 – Cow in barrel, don't call our editor that (11)
7 – You will be 'glad all over' when you read his daily dose (9)
8 – Quick dance (9)
9 – Common type of alcohol, Dot Cotton's friend? (6)
10 – King of beer returned (5)
13 – Christmas, without the 12th letter? (4)
14 – Onomatopoeic drug (5)
15 – Palindromic slang for coke (4)

Answers
DOWN: 1, SHEPHERD. 2, EROTIC. 3, FRANKINCENSE. 4, CLAIREBROWN. 7, DAVECLARK. 8, SPEEDBALL. 9, ETHYL. 10, LAGER. 13, NOEL. 14, CRACK. 15, TOOT.
ACROSS: 3, FDAP 4, COCAINE. 6, MARIJUANA. 11, THREEWISEMEN. 12, DDN. 16, EATA. 17, CAROL. 18, PROOF. 19, YULE.

NTA has misled on stats

Your readers may have read (*DDN, 29 Nov*) Paul Hayes' 'disappointment' about 'claims' in Druglink critiquing statements from the NTA, but not seen the documents being referred to. The *Druglink* report included evidence of pressure to distort treatment statistics to meet government targets, which readers will either believe or not. But the so-called 'claims' about misleading presentation of statistics can be verified from material available through the NTA itself. What is truly 'disappointing' is that these mistakes are not owned up to in a way that gives confidence that they will not continue to occur. These were the NTA statements being questioned and the reasons why.

1. 'An estimated 154,000 people are calculated as being in contact with treatment services in 2003/04.'

We know (and so should the NTA) that this statement from their September national media release is false; the 154,000 deliberately included people known *not* to have been in contact during 2003/04. To make it comparable with the previous year, it included at least 14,000 'virtual' people thought to have been double-counted or never actually heard of during 2003/04. This is clear from Manchester University's report *Bridging exercise comparing drug misuse treatment data 2002/03 and 2003/04* available through the NTA web site.

2. '54 per cent more drug misusers were in contact with drug treatment services in 2003/04 by comparison to 1998/99.'

This further statement from the media release (comfortably close to the 55 per cent target) is based on a comparison of the 154,000 figure with a 1998/99 baseline of 100,000. In fact, the only defensible statement would have been something like, 'We're pretty sure we've got more people in treatment but we don't know how many.' The problem is that the 154,000 was never intended to be comparable with the baseline. It included the deliberate errors noted above which would almost certainly not have been replicated in 1998/99. The effect was to artificially boost the percentage increase. But the baseline itself was a questionable estimate. The NTA seems now to have recognised the hopelessness of this exercise. From here on they will be using as their baseline the estimate of 125,900 individuals in contact with structured treatment in 2003/04 (NTA, *Briefing for drug treatment stakeholders*, 8 November 2004) – but not before they have used questionable data to establish that progress in the second half of the 10-year strategy will build on an 'on-target' first half.

3. As *Druglink* pointed out, the NTA has previously presented convenient but questionable statistics as if they were facts. Last December, an NTA media briefing said, 'There has been a four-fold increase in the length of time clients stay in treatment from 57 days in September 2001, to 203 days in June 2003.' It said this was based on a 15 per cent sample but otherwise the statement was entirely unqualified – no ifs, buts, or maybes. Now we are being told (NTA, *Briefing for drug treatment stakeholders*, 8 November 2004) that these figures 'were never intended to be seen as official national performance data.' But at the time, that is exactly how they were presented, as the second point under the heading 'Progress against targets'. And they continued to be presented in that way after the NTA was told that this supposed increase conflicted with national drug treatment monitoring data, after the responsible person at the NTA said 'there was no effort made to ensure that data would be comparable across different time periods', and after its chief executive acknowledged the need to understand the conflict with the other figures (emails between the NTA and myself and/or *Druglink*). Still there is no apology or admission that for months the NTA allowed this misleading claim to be presented and no sense that anyone at the top of the organisation feels they did anything wrong.

> '...claims about misleading presentation of statistics can be verified from material available through the NTA itself. What is truly disappointing is that these mistakes are not owned up to in a way that gives confidence that they will not continue to occur.'

4. The first point in the briefing referred to above said, '141,000 people accessed drug treatment in 2002/03. This represents a 41 per cent increase since 1998.' As *Druglink* pointed out, from the *Bridging exercise* we now know how pumped up this figure was. It included two different sources of double-counting, people never heard of during the year, people not accessing treatment at all but tier two support and harm reduction services, and in the 'vast majority of areas' incomplete records meant an estimate had to be made of how many people *should* have been reported. Together these added tens of thousands to the figure. That's why they were considered 'provisional' yet they have never publicly been revised.

Unfortunately, the obfuscation continues. In *Drink and Drugs News* Paul Hayes compares the data now available to the NTA to that produced by the National Treatment Outcome Research Study, implying that the NTA's sources are vastly superior because NTORS drew its data from 'approximately 540 individuals, the NTA is now able to draw on data from over 125,000 individuals.' Actually NTORS drew its data from 1075 individuals and the richness and reliability of the dataset available to the researchers from directly talking to clients bears no comparison to that available from national monitoring. The key difference is NTORS measured post-treatment *outcomes*, so was in a position to assess quality, not just quantity. Above all, when the NTORS researchers present their figures, we may query interpretations, but we can believe what they tell us.

Mike Ashton

Substitute for abstinence?

The reported findings by Professor McKeganey are of great interest. (*DDN, 15 Nov*) However, as a practitioner within the substitute prescribing, at an agency operating under the harm reduction umbrella and an ex-service user, such findings are of little surprise. In my experience, the majority of individuals presenting for treatment, especially substitute prescribing, when asked of their treatment goals at both initial and follow-up assessments, indicate such goals to be that of abstinence from the drug to which dependence has developed, and rarely harm reduction intervention or abstinence from all psychoactive drugs.

Although for many individuals abstinence is the desired treatment goal, employing such a rigid goal may have great negative impact upon those presenting to services that are not ready to make such commitments, and therefore prevent such individuals' presentation for needle exchange, advice and information, and substitute prescribing services. As demonstrated long-term, substitute prescribing to individuals not yet ready to commit to achieving abstinence can aid the reduction of harms both to the individual and society at large, by reducing drug intake and crime. For such individuals, short-term methadone reduction goals are likely to be unrealistic and promote poor outcomes.

The harm reduction model, when implemented to its greatest capacity, can be highly effective, simply due to its ability to work with individuals 'where they are at' and thus neither condemning nor condoning drug use. Abstinence is always an optimal treatment goal, as what better treatment goals could be employed to elevate drug related harms? The harm reduction model allows flexible and collaborative working between the practitioner and client in order to reach commonly negotiated treatment goals, which may greatly differ between clients.

In my experience, it is unrealistic for all individuals dependent on a particular substance to achieve abstinence, and some do not wish to do so. Furthermore I believe it unrealistic for all individuals to reach contentment with maintenance on substitute medication. Clients may wish to work towards goals perceived by a practitioner to be unrealistic or a little too ambitious, even after being presented with the practitioner's argument. Through collaborative working, it is important to be experiential and to facilitate the clients treatment direction – we may learn something new, or the client is able to learn for themselves that their aims were a little ambitious and maybe scaling down to smaller goals will be more effective.

An operational structure of abstinence may, rightly or wrongly, promote discrimination, feelings of being judged, and reinforce low self esteem, when goals are not met – all of which are likely to have great impact upon the therapeutic relationship and treatment retention/outcomes. Therefore is it a question of abstinence or harm reduction, or is it a question of making sure service providers hear the voice of their clients, to ensure the harm reduction models are fully utilised?

Paul Hammond, by email

Harm reduction is more than just a substitute

As I read the article about abstinence versus harm reduction (*DDN, 15 Nov*), I got really angry because harm reduction was minimised to just a methadone script.

Harm reduction means a lot more then this! It gives a completely wrong picture of it, which has to do with your view of tackling drug use in the UK. Your system is only focused onto treatment, there is very little that has been done in the direction of harm reduction. Only in the last year have needle exchanges started giving out ascorbin and water as well, and even some filters instead of just syringes and swabs.

You do not have any safe environments for drug users like shooting galleries, and we don't even want to start discussing drug-checking for consumers. So what do you know about harm reduction? A methadone script can be so difficult to get with waiting lists of five to six months. What are the users going to do, meanwhile? What type of harm reduction is offered to them? I worked for about five years in a shooting gallery in Germany and we had about 500 people coming in every day. There was another drop-in which the government wanted to feature more, because it was abstinence based and not in the centre of the city – they had a shuttle bus getting users over there – and they were lucky when they had seen three people a day. How does that fit into your calculation that users only want to go for treatment? Then the needle exchange in Germany changed into proper buses, cafes where you go inside instead of being seen on the outside of a van. Drug users are marked from society everyday in the papers, which is ridiculous because all of us drink or take drugs if we are honest! We had people coming into the needle-exchange bus on Saturdays or evenings who were working their butts of – nobody knew that they were taking drugs (they were normal people not offending and working every day), but nobody talks about them. Then the whole drug-deaths number was reduced so much via harm reduction as they had suddenly a safe place to go where they were not chased by the police, and they were looked after if anything happens. In their own flats they are scared to call the ambulance because they might get arrested.

There are a lot of people in the city who are homeless, lonely with nobody to understand them. Harm reduction places have done so much for them, accepting them in the way they are, but showing them that somebody cares and making them care about themselves. They will never get discharged from a harm reduction place. I had so many clients over here who went through residential treatment, then ended up on the street again.

This is such a chilly way to react to people who are different, and which do not fit into society like they 'should'. One day you are going to be like the States, if you cannot accept the ways of minorities. Think about it!

Martina Jung, Drugswork, USA

It's the combination that counts

I would like to thank all those who read and especially those who responded to my article on drug users' aspirations from treatment (*DDN, 15 Nov*). Most academic work is ignored, some of it is liked, some of it is hated and a small amount is liked and loathed in equal measure. I suspect that the paper 'What are drug users looking for from drug treatment services: abstinence or harm reduction?' recently published in *Drugs Education Prevention and Policy* and covered in *Drink and Drugs News* falls into the latter category.

The responses to the article encompass that range of views. Robert Newman (*DDN, 29 Nov*) is surely right that if you ask most people suffering from a medical condition whether they would like a cure or to have their illness controlled, they would choose the former. The trouble with that question though, is the fact that it is not what we asked our respondents. What we asked them was to tell us what they wanted to get out of treatment. The fact that the overwhelming majority said that they wanted to become drug free and only a small number said they were looking for harm reduction advice is a clear message, no matter how naive we as researchers are alleged to have been. The key question following from this research, however, is to ask whether our drug treatment services are indeed combining abstinence and harm reduction in the way that so many have claimed. This is an easy claim to make, but one where the data is conspicuous by its absence. How many people are indeed moving along the abstinence harm reduction continuum and how many are being warehoused in a state of long-term dependence? We need much better information on the quality of our drug treatment services, whether they have a harm reduction or an abstinence focus.

It is easy for drug treatment professionals to say that they are listening to their clients, but this is not the same as acting in accordance with your client's wishes. The fact remains though that in many areas, you get what you are given in terms of drug treatment, irrespective of your own preferences. Drug treatment needs to move into the world of client and customer choice. Just because you are a drug user should not exclude you from expressing your preference or from having those preferences influence the treatment offered. Other areas of health and social care have responded to the consumer movement and it is now time that the world of drug treatment did the same. If most addicts are looking for abstinence, then we had better ensure that we have services in place that can respond to those wishes and ditch the patronising voice that says 'we know what addicts need, irrespective of what they think they want'.

'It is easy for drug treatment professionals to say that they are listening to their clients, but this is not the same as acting in accordance with your client's wishes. The fact remains though that in many areas, you get what you are given in terms of drug treatment, irrespective of your own preferences.'

Neil McKeganey, Professor of Drug Misuse Research, University of Glasgow

State-sponsored insanity

As an alcohol worker in Exeter, Devon, I have watched as this drug phobic parallel universe has been created – not by drug users, but by the government and drug agencies, and even the drug workers themselves who are all responsible for creating and maintaining this drug mania, especially the insane methadone regime. Insane to all except the drug companies and the government of course.

In the 20 years I have worked, I have never been on more than a year's contract. In fact 60 per cent of the time, it has been six-month contracts. We have had to beg, steal and borrow every single year since I can remember – despite the huge rise in alcohol abuse on every level.

The biggest insult came from my post as an alcohol worker in prison, where I had worked for 12 years. Last year we lost two days' funding in prison, and where did the money go? To buy state of the art kennels for the prison's drug sniffer dogs. Worse was to come: six months after that we lost all our days to fund the post of a new admin worker. You may think we have been doing a bad job, or perhaps we were not busy and that's why they got rid of us. In fact the opposite is true – we were the most respected and hardest working team in the prison, we really were making a difference.

Now no alcohol work goes on apart from AA, when most of the inmates had alcohol problems. Across the board this is totally irrational, and it's impossible to break through it. We just watch our work go up and the funding go down. In fact it's possible we may not survive after April 05 as all the commissioners are denying responsibility regarding alcohol, and the DAAT is so terrified of not producing its targets for drug users, that they are refusing to part with any money for alcohol. Unfortunately the word 'discretion' is the alcohol tragedy, with the government leaving it up to them whether to spend on alcohol and at the same time making it almost impossible for them to do so.

I see on average six clients a day, yet of two fabulously funded drug contracts I know of, one has seen 13 clients in three months, and the other five clients in three months. That's four full-time workers seeing a total of 18 clients over a period of three months. It's the same with our alcohol arrest referral: last year we had 13 per cent drugs-related offenders and 87 per cent alcohol related, and the majority of them violent offences, yet the difference in the funding is huge.

When is this waste going to end? Is there any more we can do? With respect, your magazine is great but we have all been going on about this for years and no-one takes any notice, or palms us off. I'm not that political, but I have plenty of passion and energy, and feel at times we all make nice polite noises but no one takes the least bit of notice. What can I do down here, is there anything we can do to help?

Norrie Mckechnie, alcohol worker, Exeter.

TACKLING SOCIAL PROBLEMS. THAT'S THE POINT.

We turn lives around every day, by putting the individual at the heart of what we do. Inspired by those we work with, together we help people build a better life. Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

ACAPS ADULT PROVISION, BRIXTON, LONDON This is an innovative, expanding provider of services, working with people who have substance misuse related problems. We provide counselling and work preparation programmes for people wishing to return to work or education after addressing substance misuse issues.

NEXT STEPS PROJECT WORKER • £21,114 – £23,562 including London Weighting Working as part of the Next Steps project, you will support service users in achieving their goals and progress into education, voluntary work or employment. With at least a year's relevant experience, the role will involve some outreach work within the South London area. **Ref: 150.7.**

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OUR BENEFITS In return you can look forward to a final salary pension scheme, generous annual leave allowance, a season ticket loan and employee assistance programme – and some flexibility in working hours including the opportunity to jobshare if appropriate.

HOW TO APPLY For more information about these positions and to apply online, please visit www.turning-point.co.uk To request an application pack, you can also call 020 7265 2019 (answerphone) or email se-recruitment@turning-point.co.uk quoting the relevant reference number. Closing date: 22 December.

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A resettlement agency working with single homeless people in Swindon

Substance Misuse Worker - 38hrs p/w *(averaged over a 4 week period)*

An innovative service will be based at Threshold's new resettlement accommodation project, for single homeless people with substance misuse issues. Working closely with residents and staff the post holder will provide advice and support regarding substance misuse issues.

A successful applicant will have current knowledge of drug and alcohol issues, risk and needs assessments, treatment and rehabilitation processes, together with experience of making referrals to treatment groups and working in a residential setting: facilitating group and individual sessions and experience of staff supervision and appraisal. An ability to develop, implement and evaluate strategies to reduce risk and harm to the individual and others is essential, as is the ability to collaborate effectively with external specialist agencies and primary health care providers. An integral part of the resettlement process is excellent team working skills, therefore the willingness to share information and support co-workers is essential to the success of this project and client care.

The salary commences at £23,520pa with 25 days annual leave plus public holidays. On successful completion of the probationary period an increment of 2.5% will be applied to the annual salary plus employer stakeholder pension contributions of up to 5%. In addition to this a performance related bonus benefit of up to 2.5% is also available. Shift work is required with a sleep in allowance of £30 per night.

This post also brings with it qualification of low cost key-worker accommodation within Swindon.

For an application form or an informal discussion, please phone Cher Sawyer on 01793-524661

Advanced Counsellor Training for established counsellors

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Job seekers

If you are looking for a new job in the substance misuse field - why not register for FDAP's fortnightly email update, which includes details of all the jobs advertised in this magazine. To register, email us at jobs@fdap.org.uk.

Drink and Drugs News

t: 020 7463 2081
e: ian@cjwellings.com

We help people dependent on drugs and alcohol to transform their lives

For almost 20 years, the Chemical Dependency Centre has been helping vulnerable people with alcohol or drug addictions. A progressive and influential charity, we provide residential care, intensive day treatment and after care. We now have vacancies in London and our new SHARP (Self-Help Addiction Recovery Programme) project in Liverpool.

Senior Counsellor
Liverpool Salary £22,396 + benefits

This is a pivotal role in the new project and will involve managing and developing teams of Counsellors to make the maximum difference to clients' lives. You will deputise for the Project Manager and personally manage a caseload, so every day will bring a new and rewarding challenge. Two years' experience of leading and motivating a care team, a Diploma in Addictions Counselling or similar qualification and knowledge of the 12-step model is required.

Counsellor/Project Worker
Liverpool Salary: £19,114 + benefits

As a key member of a multidisciplinary project team, you will provide case management, counselling, support and care to clients and their families. You will have experience of helping clients and their families recover from substance abuse. A recognised qualification, knowledge of the 12-step model, clear understanding of professional boundaries and the ability to run groups and workshops and carrying a caseload is required.

Female* Administrator/Liaison Worker
Hope House, London Salary: £20,001 + benefits

*(*Section 7(2) (e) of the Sex Discrimination Act applies to this post)*
This is a vital role working in a treatment centre for women. You will provide support to the Project Manager and be responsible for the administration of the project, financial management and the database. You will have excellent computer skills and experience of operating a petty cash account and basic bookkeeping. You will possess a clear telephone manner and be able to work both sensitively and assertively with clients.

For an application pack please call 0207 349 5763
or alternatively email: sheetalp@thecdc.org.uk
Closing date for completed applications: 21st January 2005

CLOUDS

Leader of Therapeutic Services – Familes Plus
Up to £26,000 + benefits
Salisbury, WIltshire

You don't have to be addicted to alcohol and drugs to suffer from alcohol and drug addiction.

Since 1983, the charity Clouds has directly and indirectly helped thousands of people from all walks of life to recover from the effects of alcohol and drug addiction. Families Plus was established by Clouds specifically to respond to the needs of anyone personally affected by someone else's addiction and this division is now acknowledged as a field leader in the delivery of professional services to these beneficiaries.

To build on the substantial progress made since 1998, we are seeking to recruit a dynamic Leader of Therapeutic Services. You will be (or soon become) an authoritative professional champion for the needs of families affected by addiction. By designing and overseeing the delivery of high quality services that respond effectively to the needs of beneficiaries, you will lead and supervise the Families Plus practitioners and clinically supervise family counsellors across Clouds. You will work with the Clouds' professional education department to deliver short courses to treatment professionals on working with Families.

Ideally you will have a Diploma in Family Therapy as well as an accredited addictions counselling qualification and a strong educational background. A qualification in supervision or previous leadership/management experience would be a distinct advantage. Don't be put off if you do not fit the ideal just yet but you might soon be able to with our help.

Reporting to the Head of Families Plus, you will be responsible for the management and professional development of practitioners to ensure delivery of services to a high standard, You will advocate on behalf of beneficiaries, help promote the work of Families Plus and contribute to fundraising activities.

For a confidential discussion, please contact Emma White, Human Resources Manager, on 01747 832013. Alternatively, you can email Emma White on emma.white@clouds.org.uk

Hatton Chase recruitment & training

Hatton Chase, the specialist agency dealing with substance misuse, are delighted to offer these opportunities:

Project Officer
(Enhanced Arrest Referral Officer) Based in North West London

You will be required to promote awareness of the Arrest Referral Scheme with police officers and other criminal justice agencies and to provide an initial assessment in order to determine the most appropriate intervention. You will also be required to provide harm reduction/risk reduction advice to clients who have been referred to the scheme.

You are required to have at least 6 months experience working in a substance misuse service provision. It would be desirable if you have experience in a criminal justice setting.

This role is a Temp to Perm position for which the permanent position is paying £20,000 and £27,000 YOU MUST HAVE AN ENHANCED CRB CHECK

Project Officer
(lead for stimulant/crack services)

You will be required to provide advice and support to the organisations clients. You will be expected to deliver stimulant/crack specific interventions and services to clients. You will also be required to provide training and presentations to other service providers. You must have one years experience in a substance misuse provision and specific knowledge relating to stimulant/crack users. This is a Permanent role paying £20,000 and £27,000

After Care Workers and Project Officers
(based in East London)

A large substance misuse organisation requires several after care workers to work within a newly formed day programme. Some experience in substance misuse is required. The job description is still being reviewed but if you are interested please forward your CV for further details.
Salary is between £20,000 and £27,000

To enquire about any of these roles, contact 020 7463 2068 or email your CV to drugmisuse@hattonchase.co.uk

Challenging addiction

At Phoenix House, we give substance misusers the opportunity to rebuild their lives in a way that ends their dependence on drugs and alcohol. That takes more than good resources. It takes commitment, creativity, compassion and a determination to deliver services that make a real difference to people's lives. Have you got what it takes to join us at the London Rehabilitation Service?

TEAM MANAGER

London • c.£26,747 – £27,409 (inclusive of allowances)

As Team Manager your priority will be to develop and lead the team and coordinate the day-to-day activities of the service with special emphasis on monitoring the client's progress through the therapeutic programme. Using a multi-disciplinary approach, you will ensure that the highest standards of care and practice are met at this needs-led project. You will have a relevant qualification or previous management experience. Your positivity and enthusiasm for this work will be utilised to motivate the team and enhance the service. **Ref: LRS/TM 2101.**

DRUGS WORKER

London • c.£21,656 – £22,221 (inclusive of allowances)

Join us in this role and you will act as a support, guide and mentor to the service users – assisting them to rebuild their lives through the provision of a positive and challenging experience within a structured learning environment. You will help individuals achieve their goals through your ability to facilitate one-to-one and group activities, using your experience to identify strategies for change. Along with a flexible approach, you should possess – or be working towards – a qualification in counselling and/or substance misuse. **Ref: LRS/ DW 2102.**

Innovation isn't confined to the way we deliver our services: it extends to the way we develop and reward our people. So along with an attractive salary you can expect first class training opportunities, ongoing professional development, ample scope for promotion and a range of benefits that includes a final salary pension scheme.

For further information or to download an application form and job description please visit www.phoenixhouse.org.uk or email recruit@phoenixhouse.org.uk quoting the appropriate reference number. Alternatively please call 020 8291 8971 (24hr answer phone). Closing date: Wednesday 29th December 2004.

phoenixhouse
www.phoenixhouse.org.uk Rebuilding Lives

Committed to a policy that promotes equality and diversity
Charity registration number: **284880**

Central and North West London NHS
Mental Health NHS Trust

The Caravan Project is a Tier 2 service that provides a range of services to active drug users. Our aim is to provide holistic, specialist care for those excluded and disadvantaged by substance use. We promote a safe, non-judgemental environment that values diversity, where all can expect to be treated with dignity and respect.

DRUG WORKER
£28,944 - £33,200 p.a. inc. (Subject to Agenda for Change)

We currently have a vacancy for a Drug Worker with experience of group work to work in the Drop In that is open daily and to develop and deliver the groupwork programme. The successful candidate will have good engagement skills, be able to respond effectively in a crisis and be a team player with a healthy sense of humour.

Applicants should note that Pay Modernisation under Agenda For Change is being implemented from 1st December 2004. All posts will be subject to review and transfer to these new Terms and Conditions of service

For an application pack please call **0870 0660254** quoting Ref: SM/538. For more information please call Mary Bell Macleod on 020 7886 1972
Closing date for applications is **12 January 2005**.

Please mention
Drink and Drugs News
when replying to adverts

RAPt

REHABILITATION for ADDICTED PRISONERS TRUST
'STOPPING ADDICTION, STOPPING CRIME'

RAPt, the charity that provide 12-Step drug and alcohol rehabilitation and CARAT services in prisons and the community, are currently looking for new team member in the following positions and locations:

12-Step Addiction Counsellors (full and part-time) at HMP Coldingley, Surrey

Full Salary Range £16,822 - £22,654 (excluding regional & therapy allowance)
We are looking for one full-time counsellor and one part-time counsellor (20 hrs per week) to join our team at HMP Coldingley. To be successful, you would need to have a thorough knowledge of, and commitment to 12-Step. Counselling qualifications and experience are essential, with experience of working with addicts desirable. Some level of training will be provided for staff with limited experience of working with this client group. You will also need to be efficient, enthusiastic and determined, with the ability to work in a challenging, sometimes pressurized environment.

CARAT Drug Worker at HMP Leeds
CARAT Drug Worker at HMP Pentonville, London

Full Salary Range £16,822 - £22,654 (excluding regional & therapy allowance)
We are looking for one CARAT worker to join our team at HMP Leeds and another to join our team at HMP Pentonville. For these positions, a good understanding of the drugs field and experience of working with this client group is essential. Previous experience and a clear understanding of the CARAT system are also highly desirable. You will need to be enthusiastic and very determined to be able to work within the challenging environment of a prison.

Throughcare Drug Worker at HMP Leeds

Full Salary Range £16,822 - £22,654 (excluding regional & therapy allowance)
We are looking for a Throughcare Drug Worker to join our CARAT Team at HMP Leeds to provide throughcare services to CARAT clients from the Leeds/Bradford area. For this position, a good knowledge of the drugs field and experience of working with this client group are essential.

The successful candidate will usually be placed on a point in the middle of the advertised salary range, depending on relevant experience and qualifications.

If you are interested in the above position and would like to receive an application pack, please send a SAE for 42p to Sophie Civardi, Riverside House, 27-29 Vauxhall Grove, London, SW8 1SY, stating clearly which post you are interested in.

Closing date for completed applications: Midday, Monday 20th December 2004

RAPt strongly encourages applications from Black and Minority Ethnic individuals and from those in recovery from addiction.
NO AGENCIES PLEASE Registered Charity no. 1001701

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Responses for the Future

Date: 6 April 2005 **Venue: Business Design Centre, Islington, London**

Drugs and Alcohol Today is the only event that will bring representatives from all tiers of the drugs and alcohol sector together under one roof. This rapidly-expanding sector, incorporating social care, community safety, crime and youth justice, generates constant political debate while at the same time leading the way in developing best practice models of care.

Who should attend?

Everyone working in the drugs and alcohol sector including:

- drug action teams
- drug agencies
- alcohol agencies
- police
- social workers
- youth offending teams
- youth justice teams
- NHS workers
- prison workers
- community safety officers
- probation officers
- education services
- voluntary sector
- all those working within the drugs and alcohol fields.

Drugs and Alcohol Today 2005 will also offer a packed programme of cutting-edge seminars featuring leading policy makers, front-line staff and service users, and showcasing good practice from around the UK.

Advanced booking exhibition tickets -

Only £18 (inclusive of VAT)

Group discount:

Buy 5 tickets for only £60 (save £30)

Tickets on the day: £20 per ticket

If you would like to attend this event visit: www.drugsandalcoholtodayexhibition.com or call our customer service team on: **0870 161 3505.**

If you are interested in exhibiting at this event contact Graham Hoare on **0870 161 3505 ext 222** or email: **grahamh@pavpub.com**

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