

DDN

**THE
CHALLENGE:
GETTING IT RIGHT
FOR EVERYBODY**
8th DDN national service
user conference
19 FEBRUARY 2015
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**MAKING SERVICE USERS FEEL WELCOME,
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INSIDE

*Jackie Ballard profile
Psychoactives in prison
Safe havens for drinkers
Supporting women
Local roundup*



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THE CHALLENGE:

GETTING IT RIGHT FOR EVERYBODY

8th DDN national service user involvement conference

19 FEBRUARY 2015, BIRMINGHAM



PROGRAMME

9.00am-10.00am: Registration and refreshments

10.00am-11.15am: Opening session, followed by audience questions

WORKING WITH SERVICE USERS AT ALL LEVELS...

Linda Chan from **Build on Belief** (BoB) uses her own life, treatment, recovery and work experiences, including managing a drop-in, to look at how we can involve service users in every stage of support and recovery.

BUILDING SOCIAL CAPITAL...

Steve Dixon from **Changes UK**, a user-led community interest company, shares their innovative ways of integrating care pathways and supporting independent and healthy living.

MEANINGFUL ACTIVISM...

Tony Lee draws on 30 years' experience with addiction and homelessness to share how he set up the support group **REPS**. **Anna Millington** adds her unique perspective to this session on peer support and advocacy.

11.15am-11.45am: Refreshments

11.45am-1.00pm: Session two, followed by audience questions

NALOXONE – KEEPING UP THE CAMPAIGN...

Kevin Jaffray looks at how people power – including essential service user voices – is being harnessed to galvanise distribution of this life-saving intervention.

WHERE DO WE FIT WITH PUBLIC HEALTH?...

The change from NTA to PHE has removed the ring fence on treatment funding. **Rosanna O'Connor** from **Public Health England** gives us the state of play.

MEANINGFUL ALCOHOL SERVICES...

A personal perspective on keeping services relevant to the individual.

1.00pm-2.30pm: LUNCH, MUSIC, MINGLING – AND OUR FAMOUS EXHIBITION, with service user groups from all over the country, demonstrations, and a chance to relax in the therapy zone. **Skills-sharing** area featuring advice and **action on naloxone**, with Coact, Release, NAG, NNEF and an inspiring group of activists.

2.30pm-3.30pm: Session three

CLOSING SPEAKER...

Richard McCann offers his remarkable life story to show how he met the challenge of tackling what life threw at him to explore his full potential. Unmissable inspiration.

3.30pm-3.45pm: Closing remarks

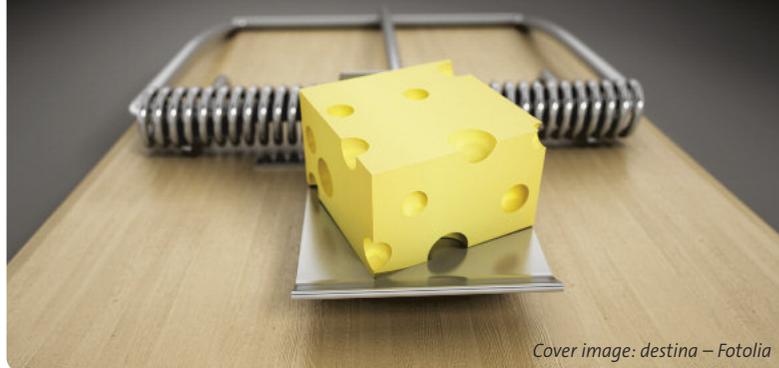
Programme and online bookings at www.drinkanddrugsnews.com
For exhibition and sponsorship packages email ian@cjwellings.com



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Cover image: destina – Fotolia

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EDITOR'S LETTER



'The lifeblood of DDN has always been its vibrant readers... let us know what you think!'

Here we are in February, with our big event of the year just around the corner. The eighth national DDN service user involvement conference promises to be a lively and challenging gathering, offering an open forum for debate and a platform where everyone's views are welcome.

And that's exactly what we've tried to achieve with our 'new look' DDN this month. We've pored over your readers' survey responses and examined our website traffic. We looked at what you found valuable and have responded with a magazine that caters for your need for news and still examines key issues in depth, but invites more participation and interaction. We've created more opportunities for the popular practice exchanges and introduced new local news and events pages for you to let us know what's happening in your area. Our 'secret commissioner' column is the first of many items shining a torch into different areas of practice. Want to share your frustrations – or your ideas for what could work better? Why not get in touch with us to pen a column?

The lifeblood of DDN has always been its vibrant readers – a family that now extends to those joining in from far and wide through social networking. Our shorter stories link to longer versions on www.drinkanddrugsnews.com, giving us the chance to feature more from you and about you. Let us know what you think!

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NEWS

Read the full stories, and more, online
www.drinkanddrugsnews.com



GRAYLING ANNOUNCES TOUGH NPS PENALTIES FOR PRISONERS

PEOPLE FOUND SMUGGLING or using new psychoactive substances (NPS) in prison will face a new range of punitive measures, the government has announced. The Ministry of Justice has written to prison governors setting out the available punishments in a move designed to 'reinforce the prison estate's zero tolerance approach to contraband'.

The measures facing prisoners suspected of smuggling or using NPS include having an extra 42 days added to their sentence, removal of privileges such as TV and additional visits, forfeit of earnings, being confined to their cell for up to 21 days and 'closed visits' that allow no contact with partners or children. Inmates could also be placed in a higher security prison or – if the NPS is a controlled drug – face prosecution and a further sentence.

Concern has been growing among prison authorities for some time over the use of NPS – in particular synthetic cannabinoids like 'Black Mamba' – as they are more difficult to detect and their effects harder to predict than traditional drugs (see news focus, page 6). The substances have also been blamed for increasing rates of drug-related violence and ill health, with prison seizures of the cannabinoid 'Spice' rising from a total of 15 in 2010 to 430 in the first seven months of last year.

The ministry has also announced that it intends to expand its prison drug testing to include a wider range of controlled substances as well as synthetic and prescription drugs when the technology becomes available. It will also train more specialist dog teams to detect NPS in the prison estate.

While Transform said the crackdowns 'completely missed the point', justice secretary Chris Grayling stated that the government was 'determined to make sure governors have every power at their disposal to detect supply, punish those found using or dealing, and enforce a zero tolerance approach' towards NPS.

'Go onto any prison wing and staff will tell you that whilst we've made good headway on drug misuse in prisons, there's a new phenomenon they are increasingly seeing in the form of so-called "legal highs", he said. 'What we're also hearing is that these substances seem to be part of the problem around increasing violence in our prison estate. Prisoners should be very clear – if they think they can get away with using these substances, they need to think again. And the same applies to those who are the suppliers, whether they're inside or outside the prison gates.'



Chris Grayling: 'Determined to make sure governors... enforce a zero tolerance approach...'

OPIUM CULTIVATION UP

OPIUM POPPY CULTIVATION in Myanmar and Laos has increased for the eighth consecutive year, with harvest levels three times greater than a decade ago, according to UNODC.

Myanmar is the world's second largest opium producer after Afghanistan, with the trade threatening stability and regional integration, according to *Southeast Asia opium survey 2014 – Lao PDR, Myanmar*. Cultivation in Afghanistan also rose by 7 per cent last year meaning lower prices were now likely (DDN, December 2014, page 4).

Report at www.unodc.org

YOUNG SERVICE USERS – NUMBERS FALL AGAIN

THE NUMBER of young people being treated in specialist substance misuse services fell for the fourth year running, according to figures from Public Health England (PHE). Just over 19,000 young people were treated in 2012-13, down from more than 24,000 in 2008-09. In more than 70 per cent of cases cannabis was the primary substance, and in 20 per cent of cases alcohol. The number presenting with heroin as their primary substance was the lowest ever, at 160 people. 'With the right support from local authorities, the NHS and other partners, specialist substance misuse services can continue to focus on what they do best: ensuring that young people who need help get it quickly and that they receive appropriate, personalised support,' said PHE.

CQC CONSULTATION

THE CARE QUALITY COMMISSION is consulting on its proposed changes to the way substance misuse services are regulated. The proposals aim to make sure that services are 'safe, effective, caring, responsive to people's needs and well-led' (DDN, October 2014, page 4). The consultation is open until 19 March, with the new regime due to start from April.

Consultation link at www.cqc.org.uk

MOBILE DRUG TESTS

THE FIRST MOBILE DRUG-TESTING device has been granted type approval and is available for purchase by UK police forces. The Securetec DrugWipe 35 – known as 'Drugwipe' – can detect the presence of cocaine or cannabis within eight minutes by analysing saliva, after which those testing positive can be taken to the police station for a blood test. 'Drug drivers are a deadly menace and must be stopped,' said policing minister Mike Penning. 'Those who get behind the wheel while under the influence

of drugs not only put their own lives at risk, but also those of innocent pedestrians, motorists and their passengers.'

PLAIN TOBACCO PACKAGING

THE GOVERNMENT has announced that it backs the case for standardised packaging for tobacco products, with MPs set to vote on the issue before the election. If passed, the regulations could be in place by May next year, bringing the 'prospect of our first smoke-free generation one step closer' according to public health minister Jane Ellison.

DRINKS INDUSTRY UNTRUSTWORTHY

THE DRINKS INDUSTRY 'can't be trusted' to promote safer drinking and is 'undermining its own pledges' to encourage it, according to Alcohol Concern's *Creating customers* report. The charity wants to see sensible drinking messages drawn up by a body independent of the industry.

STRONG MEASURES FOR STRONG BEERS

THE PORTMAN GROUP is instructing off-licences, supermarkets, convenience stores and other retailers not to place orders for 500ml cans of 9 per cent Carlsberg Special Brew, Skol Super and Kestrel Super after its Independent Complaints Panel (ICP) found that the packaging encouraged 'immoderate consumption'. Each 500ml can contains 4.5 units of alcohol, more than the recommended daily guidelines for both women and men. 'It is important that a can's packaging does not encourage immoderate consumption and we advise producers to seek advice from the Portman Group if they are in any doubt,' said ICP secretary Henry Ashworth. The rulings follow a complaint by homelessness charity Thames Reach.



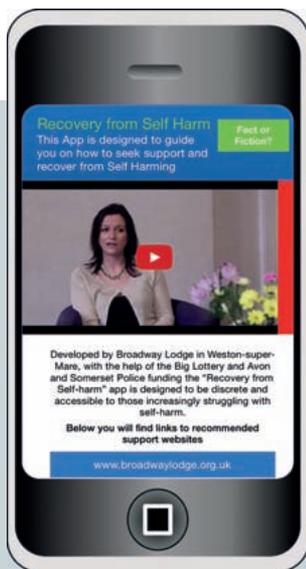
Packaging should not 'encourage immoderate consumption'.

SELF-HARM HELP GOES MOBILE

A NEW APP has been launched to aid self-harm sufferers. Developed by Broadway Lodge in Weston-super-Mare, with help from the Big Lottery Fund and the Avon and Somerset Police Community Trust, the *Recovery from self-harm* app is designed to be discreet and accessible to those struggling with self-harm.

It was developed after findings from Broadway Lodge's annual school visit programme suggested that younger children and teenagers are reluctant to seek help or advice from doctors and charities.

The app is available free from the Apple Store, and users have immediate access to websites, online support groups and advice from professionals. Broadway Lodge is also looking to set up a dedicated facility to support teacher training and treatment of self-harm, including counselling sessions for pupils.



Younger children and teenagers are reluctant to seek help or advice from doctors and charities.



KCA Visions Thurrock, brought together healthcare practitioners and professionals

SHARING KNOWLEDGE IN THURROCK

A RECENT OPEN DAY, hosted by KCA Visions Thurrock, brought together healthcare practitioners and professionals from the police and probation services to learn about what help and support KCA could offer their clients.

Thurrock's mayor Steve Liddiard opened the event with a short speech, welcoming the fact that treatment was readily available. Visions Thurrock staff member Mike Jones, a former peer mentor, offered an insight into his former alcohol misuse and recovery journey.

As well as a chance to meet colleagues and learn about services, guests also took part in a relaxation taster session and overdose awareness training.

For more information about the service, email kcathurrock@kca.org.uk

Sheffield Hallam Universities, alongside representatives from treatment providers in the city, have formed the Sheffield Addiction Recovery Research Group (SARRG).

The group aims to bridge the gap between treatment providers and the research community, and take a positive step towards 'evidence-based' recovery initiatives.

DDN will be taking a more in-depth look at SARRG in a future good practice exchange

COMMUNITY RESOURCE

FRANCIS MAUDE MP visited the social enterprise RE:SOURCE recently, to see how the project is addressing the cause and effect of social exclusion in Cornwall.

Part of Addaction, the project works with the charity's service users and the wider community to collect, clean, repair and refurbish unwanted furniture, appliances, bikes and other goods. The items are then sold in one of two shops to help fund the project.

Mr Maude saw volunteers in their working environment, gaining training and work experience in a range of different roles.



Second Chance Players, opening at the Broadway Theatre, Barking on 5 March.

PLAY IT AGAIN

THE STORY OF CLAUDIA, a woman struggling with drugs and alcohol while trying to stay at the top of her music career, will be told by the Second Chance Players next month.

The drama group, from CRI's The Gateway service in Barking, is made up of service users, led by recovery worker Jean Dyerson.

Their play *The Appointment*, based on a screenplay by Denis Osborne, will open at the Broadway Theatre in Barking on 5 March.

Visit www.eventbrite.co.uk/e/appointments-by-cri-second-chance-players-tickets-15400816256 to register

RESEARCH PROJECT LOOKS TO EVIDENCE

A 'MELTING POT' for researchers, treatment providers and those in recovery has been created to undertake research focused on enhancing recovery from addiction.

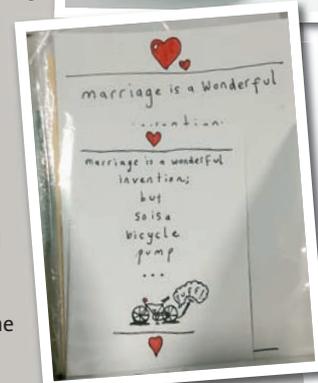
A group of researchers from Sheffield and

BUILDING SKILLS WITH SOCIAL ENTERPRISE

GROUPS OF LEARNERS at HMP Dartmoor have successfully completed a social enterprise qualification (SEQ) developed by EDP Drug and Alcohol Services. The bronze level qualification involves setting up and running a one-off social enterprise activity, creating products to sell at a 'pop-up shop' in the prison and at EDP's head office. Proceeds went to charity and support services, and the prisoners gained transferable skills for their employment on release from prison.

The SEQ equips learners with the social enterprise knowledge to address environmental or social issues. It is a global qualification which is undertaken in a range of settings, including schools, housing associations, youth justice centres, and most recently premier football clubs and prisons.

EDP is now looking to deliver the SEQ in other prisons in Dorset and Devon, and staff are also being trained to deliver the qualification to those preparing to leave prison.





PSYCHOACTIVE CHALLENGE

New psychoactive substances don't show up in mandatory prison drug tests and their use level in jails appears to be soaring, with worrying consequences. **DDN** reports

Last week justice secretary Chris Grayling announced a tough new set of punishments for prisoners using or smuggling new psychoactive substances (NPS), prompted by fears that their use is partly responsible for 'increasing violence in our prison estate' (see news story, page 4).

Whether the punishments will affect levels of use remains to be seen, but the fears do appear to be well founded. According to a HM Inspectorate of Prisons report on HMP Dartmoor, safety at the prison has been compromised by 'the too-ready availability of prohibited drugs' including synthetic cannabinoids 'not detectable with current testing methods', while a report on HMP Altcourse found that assaults and bullying incidents were 'rising sharply', with 38 serious assaults in the four months prior to the inspection. 'Gang issues and the availability of drugs' – particularly synthetic cannabinoids like 'Black Mamba' – were a 'significant factor in much of the violence,' it states, while the substances had also 'been the cause of regular hospital admissions'.

'It causes us problems with violence and with trying to run an orderly regime... But the violence is the bit that bothers me the most.'

Altcourse is one of the three prisons – all run by private sector organisations – to record the most drug finds in 2012-13, according to figures from the Ministry of Justice. The same figures show that the overall number of drug seizures in prisons in England and Wales has increased by 800 to 4,500 since 2010-11, while one of the key findings of the latest DrugScope Street drug survey is the increasing use levels of synthetic cannabinoids – alongside misuse of prescription drugs – in prison environments.

The scale of the NPS problem – particularly in terms of cannabinoids – has started to become apparent over the last six to 12 months, national officer at the Prison Governors Association, Mark Icke, tells *DDN*. 'They were being used before that but probably we weren't as on top of it as we should have been,' he says. 'But prisoners are starting to talk to us a bit more about it now so our intelligence systems are starting to gather more information, and as that intelligence churns out you start to get a better picture.'

So how much of a problem do these drugs represent? 'It's one of the biggest problems in our current history,' he says. 'A lot of the incidents of violence and sickness are related to the use of legal highs, for want of a better expression. It causes us problems with violence and with trying to run an orderly regime. Trying to get prisoners to work and education can sometimes be quite difficult because they're ill or tired, so it causes us huge problems. But the violence is the bit that bothers me the most.'

And is that violence because of the associated drug debts or the unpredictable effects of the substances themselves – or both? 'Both, absolutely,' he states. 'Incidences of violence have increased even over the last three months, and when you start to drill down and look at the circumstances there will either be some kind of hooch background, or, mainly, the legal highs.'

When people take traditional drugs, at least they – and staff – can be reasonably sure what the effects are likely to be, whereas stories of users of substances like 'Black Mamba' having fits and other adverse reactions abound. 'Funnily enough, I was talking to a prisoner this morning who said, "if you smoke a joint you're going to sit in your cell and have a chillout and play your game, have five minutes to yourself,"' says Icke. 'But he said that when people were using this stuff, you're on edge – as he put it, "people who think they've got snakes for arms and want to fight the world". It puts everyone on edge and increases that level of violence.'

Another issue that's creating problems for staff is that the drugs are being used by people who wouldn't necessarily have been part of a prison's usual drug-using population.

'The reason why some people don't use drugs in prison is because we test for them,' he says. 'They don't want to affect their sentence planning because they've got



Legal highs, such as the synthetic cannabinoid 'Black Mamba' are becoming more readily available.

families to go home to or jobs to look forward to, or they're trying to work through to a new category – a B to a C cat – or impress a parole board. So they won't use drugs. But we can't test for these on MDT [mandatory drug testing], so by using them you won't have any consequences. There's less risk.'

While there are plans to expand MDT to include NPS testing – once those tests become available – the fact remains that NPS are also easier to smuggle than traditional drugs. But while drug services inside and outside the prison estate are struggling to keep up with the bewildering array of new substances, support is available for prisoners who develop problems. 'When we identify it, we do refer them,' says Icke. 'Each prison will have a different department, and in the ones I'm associated with it's RAPT. We'll refer the prisoners, or they can self-refer, but I think the best help in this situation is education – whether that's peer-to-peer or staff trying to get the message out there.'

'I also believe there could be deaths linked to this,' he states. 'It's harder to detect and people are less willing to talk about it, but I believe there have been deaths, and that bothers me greatly. This isn't about media headlines – it's about trying to prevent violence and death. We're really worried about it.'

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The War Stories conference aims to begin the process of illuminating and addressing this increasingly significant problem.

TECHNOLOGY



Entering alcohol services can feel like a trap to the uninitiated. *Mark Holmes*, looks at why technology may offer more people the support they need to make changes to their drinking

The first time I was about to step into an alcohol service, I was petrified. I asked myself questions such as, 'What will I find behind the doors? Will people be drunk? Will they be nice to me?' As I entered through the heavy wooden door, I smelt the disinfectant and my anxieties heightened. The door slammed behind me with another door in front of me. Welcome to the 'airlock'. Behind the glass to my right was a worker, the scene akin to stepping into a secure facility. The friendly worker asked me what I had come for. I explained that this was my first day at work as an alcohol nurse specialist.

Once inside, I was met with energy and empathy from staff towards service-users and enthusiasm for specialism of the field of addiction. My first impressions of the 'airlock' nevertheless raised a question: if I was scared to enter this building, how can we expect those that need our support to overcome the fear they feel on entering our services?

There are many reasons why people may not seek support with their drinking. The stigma of entering an alcohol service remains a major one. We know that despite the high numbers excessively drinking, the majority of people at risk of alcohol-related harm are not accessing services. In its 2013 publication, *15:15 the better case for access to alcohol treatment*, Alcohol Concern highlighted that only 6 per cent of dependent drinkers are in contact with treatment services at any one time. Retention is also a problem, with national and international statistics indicating that 40–60 per cent of people who enter alcohol treatment services drop out within as little as two sessions. If we want to achieve the Department of Health's alcohol needs assessment research project benchmark of engaging 15 per cent of the problem drinkers in a given area in treatment, then alcohol services must not only deliver high quality specialist support but also find innovative approaches to reaching risky drinkers.

IS TECHNOLOGY THE ANSWER?

Telehealth technology is increasingly being looked to as a way to reach people with all sorts of health advice, information and support, with the most promising option offered by Voice over Internet Protocol (VoIP). But what of the 'therapeutic alliance' and that magic ingredient, rapport, I hear you say? VoIP has been proven to be on par with face-to-face contact in terms of the quality of human interaction (Roberts, Vlahovic, Dunbar 2013).

The acceptance of telehealth solutions to alcohol misuse and other health issues should not be a surprise, with the general population spending more and more time online. Last year, Ofcom reported that 'we're now spending more time using media or communications than sleeping.' With so many people having access to the internet and becoming increasingly comfortable with its use, there is a real opportunity for alcohol treatment providers to take alcohol interventions to an online audience.

'Behind the glass to my right was a worker, the scene akin to stepping into a secure facility. The friendly worker asked me what I had come for. I explained that this was my first day at work as an alcohol nurse specialist.'

AVOIDING T

ONLINE INTERVENTION

Alcohol action charity HAGA, based in north London, has gained a reputation for innovation and has recently focused on bringing a variety of technological innovations to the early identification and treatment of alcohol misuse. In particular, they have strived to attract those drinkers that are currently under-represented in alcohol services – typically those increasing and higher risk drinkers scoring 8-19 on the Alcohol Use Disorders Identification Test (AUDIT) – and to offer them psychosocial interventions in the right place at the right time.

HAGA first developed an online screening, advice and referral tool, DontBottleItUp (dontbottleitup.org.uk), and then DrinkCoach (www.drinkcoach.org.uk), a smartphone and tablet app. Around 40,000 people visited DontBottleItUp in 2014 and it is currently commissioned in seven local authorities (with four more due to launch in the next month). Working with Alcohol Concern recently, they piloted offering VoIP-based interventions to higher risk and mildly dependent drinkers identified via DontBottleItUp.

This initial pilot was successful, with service users and staff giving excellent feedback. Qualitative findings are soon to be published, with service users reporting the main advantages as ease of use, avoiding their concerns about going into an alcohol treatment service, and the relative anonymity of the interventions. One told us that: 'The main appeal was that it was easy; I didn't have to go anywhere. For me it was the only option, when other options weren't available.'

Staff also found the concept of VoIP sessions acceptable, with the benefits of no travel times between sites, the ability to see more service users in their working day and potentially accessing a new cohort of people seeking help for alcohol problems top of their list of advantages. There were positive experiences too in delivering the sessions despite some initial anxieties about using their therapeutic skills in a different medium. A HAGA worker commented: 'I found the session more comfortable than I expected. I had concerns about if the interactions would be "cold" – ie difficult to build up a therapeutic relationship.'

The pilot is now turning into a mainstay online alcohol extended brief intervention appointment option, launching in Haringey this month via DontBottleItUp, and more widely in April.

Even though 'airlocks' have largely become a thing of the past, the poor image of alcohol services looms large in the public psyche. Developing online alcohol support is one way that HAGA is striving to break down the barriers experienced by people affected by alcohol misuse, and to open the door onto new options for change.

Mark Holmes is telehealth coordinator at HAGA, a charity working with and on behalf of people, families and communities affected by alcohol, www.haga.co.uk

COMMUNICATION AGE

- ▶ NHS ENGLAND in the 2013 document *The NHS belongs to the people: a call to action* describes how it is working to harness technology to fundamentally improve productivity, putting people in charge of their own health and care: 'It's about changing the physiology of the NHS, not its anatomy.' The NHS is committed to delivering more care at home, yet too often patients have to travel to healthcare providers.
- ▶ RESEARCH suggests that telehealth solutions are highly acceptable to those looking for support with alcohol problems (Muench et al 2013, Marsch and Dallery 2012).
- ▶ THE AVERAGE time spent browsing online was 36 hours 49 minutes per month in March 2014: 'We're now spending more time using media or communications than sleeping. The convenience and simplicity of smartphones and tablets are helping us cram more activities into our daily lives' (Ofcom, 2014).
- ▶ EACH HOUSEHOLD in the UK has, on average, three different types of internet-enabled devices and 86 per cent have at least one. Seventy-seven per cent of adults have broadband (Ofcom, 2014). Almost three in ten people have used VoIP services, like Skype or FaceTime, on mobile phones. Nearly all (98 per cent) of 16-24s and 25-34s are now online.

THE AIRLOCK



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Groupwork skills	1 & 2 October
Adolescent development & substance misuse	13 & 14 October
Project management	26 & 27 November
Working with concerned others	3 & 4 December

ONLINE BOOKING AVAILABLE



WOMEN FIRST

Lisa Goodall and **Caryn Smith** tell DDN how the North Ayrshire Council Addiction Services (NACAS) changed parts of their service to support women

It is widely acknowledged that men and women have different routes in and out of addictive behaviours, with more men accessing treatment services. Generally, women do well in treatment but they present later. So if we were going to design a women's group-work programme, what should it look like?

Research suggested that gender-specific group work should focus on empowerment and promoting healthy relationships, helping women make more effective use of treatment.

Women have unique problems, such as experiencing higher levels of stigma and lower levels of self-esteem. In light of this, the design of the Women in North Ayrshire (WINAs) group had to ensure a safe and non-judgemental environment in which women could improve their confidence.

Mindful of the potential barriers between facilitators and group members, staff don't wear their name badges and sit among the group members. Sessions are both practical



and creative, and include specific sessions on accessing support for moving forward into employment and education.

One of the ways in which we tackled attrition rates was by asking the women to help design the course, encouraging them to feel they had invested in the programme. Listening to our service users improves the



rate of access, and the women now have both greater access to the service and better representation of their views.

The WINAs group is designed as a rolling programme, eliminating the need for a waiting list. Sensitivity is given to child-care requirements, and the group is run within school hours.

It has given an alternative path out of addiction and a core group of women have now undertaken peer research to examine the 'barriers to treatment' for women in North-Ayrshire.

Lisa Goodall and Caryn Smith are addiction workers at NACAS

NACAS service users were asked to help design the programme

A SAFE PLACE



Brian Cowie explains how a 'designated place of safety' is providing a safe haven in Aberdeen for individuals to sober up and find support

In 1982 we identified that we needed to find somewhere in the city where those who were too drunk to look after themselves could be given sanctuary. This resulted in the opening of our support hostel, which housed people in recovery, with the additional accommodation in the basement used as the place of safety. After a service review in 2003, a specific four-bed unit was then built with all the required safety features, single rooms, toilet and shower facilities.

Police, ambulance and local organisations are able to bring referrals to the unit. The unit also acts as a funnel for those suffering from alcohol issues to access services, as there is a full care assessment, risk assessment and care plan put in place for each individual.

We have a highly trained, motivated and caring staff team, some of whom have suffered such problems in their own lives.

There is a full counselling service, staffed by volunteers who are specifically trained in using a CBT approach.

The organisation can also offer work with external clients looking for help and support. We offer ongoing support to those in recovery by providing access to recovery support practitioners at times convenient to the client, recovery support groups, and a 24/7 telephone helpline.

In far too many cases, we are finding people who are alcohol dependant being referred as they have nowhere else to go. Government is looking at the idea of 'drunk tanks' – instead, perhaps they could look at the model created in this unit as an effective and comprehensive initiative for dealing with alcohol use.

Brian Cowie is services manager at Alcohol Support Ltd (ASL)



Policy makers would do well to look at the example of the ASL support hostel in Aberdeen.



PROFILE

Read the full interview online
www.drinkanddrugsnews.com



Just over six months into her new job, Alcohol Concern chief executive Jackie Ballard talks to *David Gilliver* about communication, information, and standing up to big business

FIGHT THE POWER

What attracts me to any job is that it's a cause that I can believe in, care about and think I know a little bit about,' says Alcohol Concern chief executive Jackie Ballard. 'And that there's a challenge there, a job to be done.'

And there's quite a job to be done when it comes to taking on the drinks industry, as she's fully aware. With its massive marketing budgets and mighty lobbying power, how does any organisation go about tackling that? 'At various different levels,' she says. 'There is a level of trying to talk directly to the public, trying to encourage individuals to change their behaviour, and for us the primary vehicle for that is the Dry January campaign.'

Encouraging people to give up drinking for a month also gives them 'a breathing space to rethink their relationship with alcohol', she says, with the 'vast majority' going on to drink less throughout the year. 'They realise, "I can manage quite well without it, I've saved some money, lost some weight, I wake up in the morning feeling more lively".'

We have to make the public aware of the kind of choices the government is making – choosing to allow self-regulation, not to put duty up on alcohol, things like that,' she says. So how confident is she that Alcohol Concern can get its message about minimum unit pricing [MUP] over convincingly?

'With the public discourse, I can only assume that it's misguided information from the drinks industry that's overwhelming the health messages,' she says. 'The heaviest drinkers are spending 33p per unit on booze, because they're looking for the cheapest way of getting drunk or blotting out their problems. But the lowest-risk drinkers, who read the *Daily Mail* and think,

"ooh, this will affect me", are spending £1.10 per unit... This will have no impact whatsoever on them, but it will have the impact on the heaviest drinkers and young people who are pre-loading before going out.'

'I can only assume that it's misguided information from the drinks industry that's overwhelming the health messages...'

The charity is still hopeful that 'at least one' of the main parties will have MUP in their election manifesto, and that even a Conservative-led government after May would ultimately implement it.

What about the government's responsibility deal

with the industry, which recently included a new set of pledges, including an end to the sale of super-strength drinks in large cans – does she have any confidence in it to deliver? 'No,' she states. 'The primary purpose of any business is to sell their product and make a profit.'

She also backs the all-party parliamentary group on alcohol misuse's recent recommendation that there should be warnings on all alcohol labels. 'When I talk to people and say, "alcohol is the second biggest risk factor for cancer" they say, "really? I didn't know that". People don't tend to know about all the other conditions associated with alcohol, and it doesn't trip off the tongue that there's a safe, sensible limit in terms of drinking and that you should have a couple of days a week where you don't drink at all. Alcohol is a poison. Every other bottle of poison in the supermarket has a warning label on it.'

Ballard has a wealth of experience in the charity sector, heading up RSPCA, Action on Hearing Loss and Womankind Worldwide. But there were also some personal reasons for taking the job at Alcohol Concern, she explains. 'I do know something about the issue. When I was a teenager my parents were landlords of a pub, and my father was also a very heavy drinker and ultimately died of cirrhosis of the liver.'

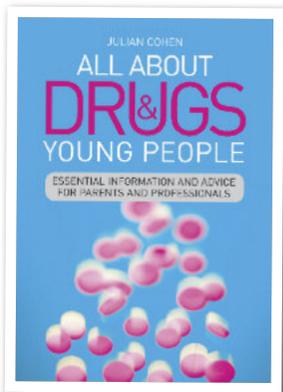
She was also an MP for four years, 'surrounded by people who were drinking more than they ought to' in parliament', she says. 'The more I looked into it the more I realised that there was a huge issue here, with a big imbalance between the people who are trying to get a change to our culture and those who are pushing and marketing their products. I don't think it's a hopeless cause but it is a challenge, and that fires me up.'

Picture: Emli Bendixen/Third Sector

REVIEWS

BOOKSHELF

Recommended reading – from the drug and alcohol sector...



All About Drugs and Young People: Essential Information and Advice for Parents and Professionals

Julian Cohen, Jessica Kingsley Publishers, £16.99

DRAWING ON COHEN'S LENGTHY CAREER IN THE SECTOR, the book – and in particular the practical advice – is

based on what he has learned from fellow workers, parents and from working directly with young people.

The book is based on several key principles. The first is the notion of equating 'drugs' with a broad range of legal and illegal substances – that nearly everyone 'self-medicates' and has a lifetime career of using mood-altering substances. Cohen looks at our increasing use of caffeine and medicines, alongside the increasing consumption of alcohol and the vast range of illegal and other socially taboo drugs.

Rather than just examining 'what drugs do to people', the book looks at the importance of taking full account of 'what people do with drugs', as well as the role of other factors and life experiences in influencing the ways we use drugs. It emphasises the importance of understanding young people's drug use, and the need to focus on harm reduction and the promotion of health and safety rather than attempting to simply prevent all drug use. It raises the importance of understanding the context of young people's drug use in

order to engage honestly, sensitively and effectively with them.

Cohen explores the functionality of drug use, including dependent use, in people's lives, as a means of putting the focus on understanding people, their circumstances and their motivations to use as they do.



About the author: Julian Cohen has worked in the drug and alcohol field for 30 years, specialising in young people's drug use. He has written several books and training packs, and runs training courses throughout the UK.

Audit tool for the implementation of NICE public health guidance 52

Exchange Supplies, £16.80

THIS AUDIT TOOL was developed to enable services to measure themselves against the NICE public health guidance 52 recommendations for needle and syringe programmes to provide a high quality of care. Written originally for commissioners, the toolkit makes use of an easy-to-use checklist to efficiently and objectively identify compliance.

It offers effective guidance by turning recommendations – such as consultation with service users, analysis of data and developing services for young people – into action points. The clear and concise format makes it easier to identify actions that achieve compliance across more than one recommendation.

In encouraging services to engage with the guidance, Exchange Supplies enables collation of evidence that good work is being done in the field, while also helping to map the existing gaps.

About the author: Exchange Supplies is a social enterprise that develops products and publications for the drug sector, with the aim of improving the harm reduction response to drug use.

MEDIA SAVVY



LEGALISATION would no doubt suit places such as Vancouver, New York or Liverpool. But how would it work in wretched barrios around the cities of central and South America, townships of Africa and eventually dormitory towns of China and Bangladesh?... Because if hard drugs are legal, who is going to make them? Presumably the experts who already do, working not for narco syndicates but Big Pharma, another kind of cartel. And do we really trust Big Pharma to manufacture methamphetamine and process crack or heroin in order to sell as little as

possible in the developing world? That's not how Big Pharma works; that's not how capitalism works.

Ed Vulliamy, Observer, 18 January

THE EMERGENCE of the more toxic PMA following the so-called 'success' in reducing MDMA production is just one of many examples of how prohibition of one drug leads to greater harm from an alternative that is developed to overcome the block...let's stop pretending that these PMA deaths are unexpected effects of rogue 'ecstasy' and tell the truth: they are a consequence of our current illogical and punitive drug policy.

David Nutt, Guardian, 5 January

FOR CANNABIS it is the 'tobacco moment'. The long-suspected link between consuming cannabis and developing schizophrenia has been repeatedly confirmed by recent studies. Observers say that for cannabis the present moment is similar to that half a

The news, and the skews, in the national media

century ago when scientific proof of a connection between smoking tobacco and cancer became so strong that no serious doctor or scientist could deny it.

Patrick Cockburn, Independent, 6 January

IT MAKES LITTLE SENSE to deal with new substances in isolation. If there is a solution to the difficult problem of seeking alternatives to the war on drugs, it very likely lies not only in looking forward, as New Zealand attempted, but also looking back and reflecting on the laws we already have.

Ross Bell, New Scientist, 12 January

IF YOU WERE BORN after the 1960s, then policy-wise, drug prohibition is likely all you know. From the day we're born we're taught that drug use is bad and perhaps immoral. Whether or not they are very successful, I personally, believe drug laws are generally at least driven by good intentions. As it is unlikely that drug policy will change

anytime soon, it is important to consider how our attitudes are shaped under such policy.

Joseph Palamar, Independent, 13 January

IF STANDARDISED PACKAGING – there is nothing plain about a cigarette pack emblazoned with graphic health warnings and holograms – does not deter some people from smoking, then it is hard to understand why the tobacco industry fought tooth and nail to prevent its introduction in Australia. The industry knew that if these unbranded, anti-smoking packs became the norm in one large and affluent country, there would be a domino effect. Sure enough, the UK, Ireland and France are all in the process of toppling... Will standardised packaging deter children in the UK from smoking? If it works, even modestly, in Australia, there is no reason to suppose it will not have the same sort of effect here.

Sarah Boseley, Guardian, 22 January

LETTERS AND COMMENT



VETERAN SUPPORT

I read with interest *DDN's* recent article about veterans in treatment (*DDN*, December, page 6). Firstly, I was wondering where you found the statistical data to back up the quote that 'military veterans do not tend to do well in traditional treatment settings.'

'It's crucial that we challenge the media perception of veterans as "damaged goods", and the claim that they're more likely to fail in treatment does the community no favours whatsoever.'

I work for Veterans Aid, a UK charity that assists ex-service personnel in crisis. I'm responsible for coordinating all of the drug, alcohol and/or gambling treatment services for veterans who present to the charity. For the past six years we've supported around 40 veterans per year into treatment and, as far as I'm aware, this is the only service in the country tasked with specifically doing this. I don't know of any other service that holds data relating to ex-servicemen and women in treatment

(average age, verified service, length of service, time spent since leaving HM armed forces, substances used, treatment completion, etc).

Rather than sending all of our clients to one veteran-specific treatment centre, our approach is to match the most appropriate programme with clients who're suitably motivated. This ethos appears to be absolutely the right way forward, as our statistics tell us that veterans actually do even better than civvies in treatment in terms of completion.

While I understand the writer Jacquie Johnston-Lynch wanting to promote her service, I think it's crucial that we challenge the media perception of veterans as 'damaged goods', and the claim that they're more likely to fail in treatment does the community no favours whatsoever. Indeed, such claims could dissuade people from coming forward to access help, or for care managers across the country to rethink their help offered.

Veterans Aid has seen a great number of people complete treatment and go on to rebuild their lives. It's really important that veterans are given as much support and encouragement to access treatment as possible.

Phil Rogers, Veterans Aid, London

DEBILITATING STIGMA

Given your recent conference report, *Community chest* (*DDN*, November, page 9) and the subsequent letter from Laurie Andrews (*DDN*, December, page 18), it may be appropriate to clarify here precisely the point I was making at the RiTC conference. My point was not whether we call addiction a 'disease' or a 'disorder' or an 'anti-social behaviour'. I'm not terribly concerned about that. What does worry me is the promotion by some of the idea that this is a problem which is intrinsically incurable.

It isn't. Hundreds upon hundreds of addicts every year get out from under their addiction. Some will do so by completing a programme in a therapeutic community. Some will attend mutual aid meetings. Some will simply stop. All will be hampered by a stigma that says, 'I won't employ this ex-alcoholic because sooner or later he will start drinking again and give me major problems.' Or, 'I don't want this ex-heroin addict living next to me because she'll start using again and be a danger to my children.'

How do I know this as an employer or a neighbour? Well, all the treatment



'My point was not whether we call addiction a 'disease' or a 'disorder' or an 'anti-social behaviour'... What does worry me is the promotion by some of the idea that this is a problem which is intrinsically incurable.'

professionals tell me that this is incurable. And this is the root of the stigma. Try applying as an ex-addict for a job as a policeman, or a nursery nurse, or a teacher. Can't be done. The stigma is all-pervasive and debilitating. And it's based on a belief that addicts never change and will always go back to their bad old ways.

Now it's always convenient to blame the media for this stigma but in truth, significant numbers within the treatment and fellowship camps are promoting the same message. 'This is incurable,' they say. 'The best we can do is to manage it with medication.' Or, 'This is incurable. The best we can do is to manage it with regular attendance at

meetings.' Both messages encourage a view of addiction that supports a belief within the general population that recovery is a chimera.

I'm not attacking any particular type of intervention here. Nor am I arguing that addiction isn't a serious problem, often with serious physiological complications. But I am saying that it behoves us as treatment providers or supporters or recovery advocates, to celebrate recovery wherever we find it. To hunt it down where we can't find it. And to abandon forever the defeatist mantra of the 'incurable disease' (or 'disorder' or 'anti-social behaviour').

Rowdy Yates, president, European Federation of Therapeutic Communities; senior research fellow, Scottish Addiction Studies, University of Stirling.

NICE LITTLE EARNER

Of course addiction isn't a disease (Laurie Andrews, *DDN* letters, page 18), and is only generally speaking an illness, malady or sickness.

Furthermore, it is because its true nature has not been widely identified and admitted that progress in curing addiction has been slow.

It is vital to recognise the absurdly obvious – that if an individual never uses a particular addictive substance, he or she will never become addicted to that substance. They cannot, because it is the addictive substance itself that generates the addiction. Not 'blame the user', 'abuse' or 'misuse', but straightforward 'usage' on two or more occasions.

Twenty-five to 30 per cent of users are more susceptible to intense addiction than others, but in all cases it is the actual fact of 'usage' which initiates and holds in place the addictive condition the drug generates.

DDN WELCOMES YOUR LETTERS

Please email the editor, claire@cjwellings.com, or post them to DDN, CJ Wellings Ltd, 57 High Street, Ashford, Kent TN24 8SG. Letters may be edited for space or clarity.

'It is vital to recognise the absurdly obvious - that if an individual never uses a particular addictive substance, he or she will never become addicted to that substance.'

In addition to illicit drugs such as cannabis, cocaine and heroin etc, 'hypnotic and addictive reinforced demand substances' (which include the benzodiazepines, the 'Z' drugs, chloral drugs and derivatives, plus clomethiazole, and some of the anxiolytics and barbiturates) can have the same physical and psychological effects. And because they are dangerous, all of these are 'prescription-only' drugs, and thus a matter of physician specification rather than patient selection.

Bearing in mind that for all the officially reported UK addicts on illicit substances, there are many more addicted to prescription drugs, paid for by the taxpayer. All of which makes prescription drug production and distribution a nice little earner.

Elisabeth Reichert, school head, East Sussex

HIDDEN MENACE

I recently read in the national press that there has been a huge increase in the prescribing of gabapentin and pregabalin medication, both associated with addiction or its treatment.

It seems to me that this could be a hidden menace awaiting the attention of medical and addiction professionals. I addressed this within my own service but was met with some reluctance to pursue it, as it was viewed as non-addictive and the drugs were being prescribed by doctors who must be aware of the implications. I did some ringing around and it seems that these medications are regularly prescribed within the prison service and may be

seen as less problematic when compared to other medical requests within HMP.

I fear that failure to address this relatively new addiction will mask individuals' recovery from more obvious drug and alcohol problems. Services should work together to elicit change from those promoting this medication.

Ken Crawford, by email

RECOVERY CRAWL

Annemarie Ward is absolutely right to highlight the reducing support of local authorities for addiction rehabilitation and recovery (DDN, December, page 18). But in these 'cash-strapped-days', can we really blame them?

If psychiatric professor John Strang's four-year time-wasting 'piloting' of payment by results (PbR) had produced a viable system for providing 12 months free of addictive substance usage and thus an effective basis for delivering the coalition's 2010 drug strategy, local authorities would be rushing to implement that brilliant strategy. But Strang has merely proved that OST, methadone and buprenorphine can still only deliver a less than 3 per cent abstinence result, and that residential 12 steps still delivers only a 20 to 30 per cent abstinence result over a four-year period.

So, in respect of the requirements of the coalition's drug strategy, local authorities are being asked to invest in recovery programmes that have a far greater likelihood of failure than success. Would you?

In addition to spreading the false idea that addiction is incurable, the infamous PbR 'pilots' have been used to hide the fact that there exist alternative approaches to addiction recovery other than continuing OST addiction to prescription medication.

In fact those alternatives (based on training in self-help resurrection of personal responsibility and resumption of control of one's life) have not only been excluded from the 'pilots', but have also been regularly attacked by lobbying and black propaganda because certain vested interests know that training in self-help addiction recovery is the sure way to lasting abstinence for a clear majority of substance addicts.

Kenneth Eckersley, CEO Addiction Recovery Training Services (ARTS)

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PROVIDENCE PROJECT

@The_Provy 13 Jan 2015
@DDNMagazine after speaking with a worker at Cardiff, it seems as though residential rehab is no longer available to Cardiff residents.

CARDIFFSOUL

@CardiffSoul 21 Jan 2015
@DDNMagazine Awful news. Same here. In Cardiff they are to scrap the CADT (Cardiff Alcohol & Drug Team) altogether with no other alternative.

PERRY CLAYMAN

@PerryClaymanPCP 8 Jan 2015
@DDNMagazine good to see, we're seeing ever increasing numbers of people coming to us as a result of addiction to so called "legal highs".

BOLTON CCG

@BoltonCCG 28 Jan 2015
Having a #DryJanuary? Well done for proving to yourself you can say no to a tippie or two! Only a few days to go...
<http://dryjanuary.org.uk>

HEPATITISSA

@hep_sa 20 Jan 2015
Got something to say to your MP about #HepC? Don't wait till it's too late. Do it here:
<http://hepatitissa.asn.au/special/parliamentary-inq.html>

KIRSTEN HORSBURGH

@kirstenlh23 16 Jan 2015
Member of the Scottish Parliament? Please support this motion to highlight the importance of #naloxone in Scotland:
<http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=54M-12082&ResultsPerPage=10>



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COMMUNITY



PUMP UP THE JAM

Christina Cornberg recalls how the Recovery Jam event brought together workers, volunteers and clients from Leeds' recovery community in a massive collaborative effort

EARLY IN 2014, a team of representatives from city-wide services, as well as volunteers, service users, peer mentors and members from local recovery centre The Space, got together to plan for an event that would showcase the wealth of creative and musical talent in addiction and recovery, and increase the visibility of Leeds' growing recovery community.

The event was free of charge, family-friendly and accessible to people at all stages of recovery. Held in a licensed venue often used for music events, we wanted a safe, drug and alcohol-free environment that felt very much like a gig.

The show spanned four hours of constant entertainment to a crowd made up of service users, staff, supporters and families. The Leeds

recovery community is continuing to grow both in terms of numbers and visibility, and supporters and acts came from cities all over the North East and Yorkshire.

Twelve acts, all in recovery, took part in the show, which included a monologue, recovery shares, singers, a DJ and a band – and all served to inspire and encourage the audience.

With the event costing around £350 to stage, and more than 300 people coming through the doors on the day, Recovery Jam cost just over £1 per head to produce – making it a successful part of a wider movement to make Leeds an increasingly recovery-friendly city.

Christina Cornberg is an aftercare practitioner at Multiple Choice aftercare service



Pics from top: team Recovery Jam – staff, service users, volunteers and mentors from across Leeds and West Yorks; Andy Darby (vocals) and Shaun Anderson, Long John and Multiple Choice peer mentor Paul McArdle.

THE CHALLENGE:

GETTING IT RIGHT FOR EVERYBODY

8th DDN national service user involvement conference



We're under no illusions that service user involvement is meeting its toughest challenge yet. The DDN conference will bring together inspiration and ideas from all over the country, to debate what's happening, put forward ideas on surviving and thriving, and gain strength from networking.

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THE SECRET COMMISSIONER

Off the record – DDN brings you thoughts and advice from our insider



NEW WORLD, OLD DATA

Commissioning is based on information. Nearly every diagram that tries to explain the commissioning cycle starts with the word 'understand'.

But as a commissioner, the last few years have been challenging and here I am sat in 2015 trying to understand the current situation using data that feels ten years old.

Criminal justice data, drug-related offences, waiting times, percentage in effective treatment... this was data all set up by the last government to meet their

objectives, which were largely focused on reducing acquisitive crime. It filled an information void which had existed before.

Yet despite the change of government, and the world moving on, the data I receive is not significantly different.

So what do commissioners need to know in 2015? There is a far greater focus now on alcohol, safeguarding, domestic abuse and mental health issues. Emerging new drugs (novel psychoactive substances) are cause for concern, as are the number of individuals presenting for alcohol-related hospital admissions.

'This is the type of information I want..'

This is the type of information I want – rather than the number of offenders triaged within six weeks of referral who start a modality within the month.

Of course we do what we can locally within our own organisations and with our partners to try and acquire this data ourselves, but it is not easy.

My hope is that behind the scenes, Public Health England and other national bodies are working together to develop this data and make it accessible to local areas.

Because only when the understanding is right, can we get commissioning decisions right.

A DECADE OF DDN

In January 2005 we canvassed opinion on cannabis reclassification, a year after it was changed from a class B to class C drug...

The politician: **Mo Mowlam**

'This is an absurd situation. An activity which is very common, much enjoyed and relatively harmless, is made illegal.'

The doctor: **Clare Gerada**

'Long-term use can lead to acute and chronic bronchitis, lung cancer and asthma and is also associated with mouth, tongue and stomach cancer. There are also the mental health risks, especially schizophrenia.'

The substance misuse worker: **Stacy Bunting**

'The law has made little impact. Most young people view cannabis to be the least harmful of all the illicit drugs, and "it's not as bad as drinking alcohol or smoking fags"'

The user: **Kate**

'Everyone does it, you don't need to bother hiding it anymore. Everyone's totally blatant about it now.'

The police officer: **Gordon Blake**

'There is now a belief that it is actually legal and you can't be arrested for it. They are very surprised to learn that if you are found with cannabis on you, you are still likely to be arrested.'

The youth worker: **Steve Aherne**

'Most young adults think cannabis should be legalised and freely available from your local chemist. This would help with the drug's purity and lower the amount of dealers on the street.'

The magistrate

'There has been a slight decrease in the number of prosecutions for personal possession... usually as a result of being picked up by the police on an unrelated matter such as a driving offence.'

The transport worker: **Ben Franklin**

'We have always had problems with people smoking dope on buses and in the bus stations... the majority of people smoking are kids who know they won't get prosecuted.'



DDN back issues are available to search and read online at www.drinkanddrugsnews.com

DDN will be hosting The **8TH NATIONAL SERVICE USER INVOLVEMENT CONFERENCE**

on 19 February 2015, in Birmingham.

BOOK YOUR TICKETS online at www.drinkanddrugsnews.com/SUconf15

Here's a little reminder of what we got up to last year...



MARKET PLACE EVENT

NHS ENGLAND (NORTH MIDLANDS) IS INVITING ORGANISATIONS TO ATTEND A MARKET PLACE EVENT FOR PRISON HEALTH CARE SERVICES ACROSS STAFFORDSHIRE AND WORCESTERSHIRE



The market engagement event will be held on the 9.2.2015 in Birmingham.

The aim of the event will be to:

- inform interested healthcare providers about the 'prime provider' model that NHS England will be commissioning;
- provide an opportunity for healthcare organisations interested in joining a 'prime provider' consortium to make links with other interested parties;
- provide information on the range of service being commissioned;
- provide an opportunity for interested bidders to inform how the prison healthcare services on offer are 'lotted' into contract packages;
- receive information on how the procurement process will work.

NHS England (North Midlands) as part of this market engagement is looking for potential bidders to comment upon proposed lotting strategies. If you would like to attend the market engagement event and/or contribute comments on the potential lotting strategies then you should register your interest and submit your request to attend by accessing the GEM Bravo Solutions e-procurement portal at the following address: <https://gemcsu.bravosolution.co.uk> on pqq_94

The closing time for registration and completion of the optional survey on lotting strategies is 5.2.2015 at 17:00 hrs. Please note places at the market engagement event will be limited to 2 for each organisation attending.

Space will be available for stands for organisations to showcase their services. If you require a space then please indicate this in your request to attend. There will only be a small number and will be allocated on a 'first come first served basis'.

The use of the phrase pqq in this notice does not imply any pre-qualification process for any subsequent procurement. This notice is intended for potential bidders to register for the market engagement event and to gather comments on potential lotting strategies. An expression of interest and completion of the questionnaire will not automatically entitle involvement in any future procurement exercise. Any procurement conducted as a result of this event will be advertised separately and all organisations wishing to participate will need to respond to the procurement advertisement as and when it is published.

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- Must have personal experience of the 12 Step Programme
- Group therapy experience preferable

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*This role is exempt from the provisions and requirements as contained within the Equality Act 2010. Further details on request.

"War on drugs has been an utter failure" Barack Obama

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ADVANCE NOTICE: CONFERENCE SWANSEA MARCH 12th 2015

- Baroness Meacher (Chair UK All Party Parliamentary Group on Drug Policy Reform)
- Anne-Marie Cockburn (www.whatmarthadidnext.org)
- Nuno Capaz (Health Ministry Portugal)
- Dave Bewley-Taylor (Director Global Drugs Policy Observatory, Swansea)
- Rick Lines (Director, Harm Reduction International)
- Josie Smith (Wales National Public Health)

For expression of interest: info@sandscymru.org



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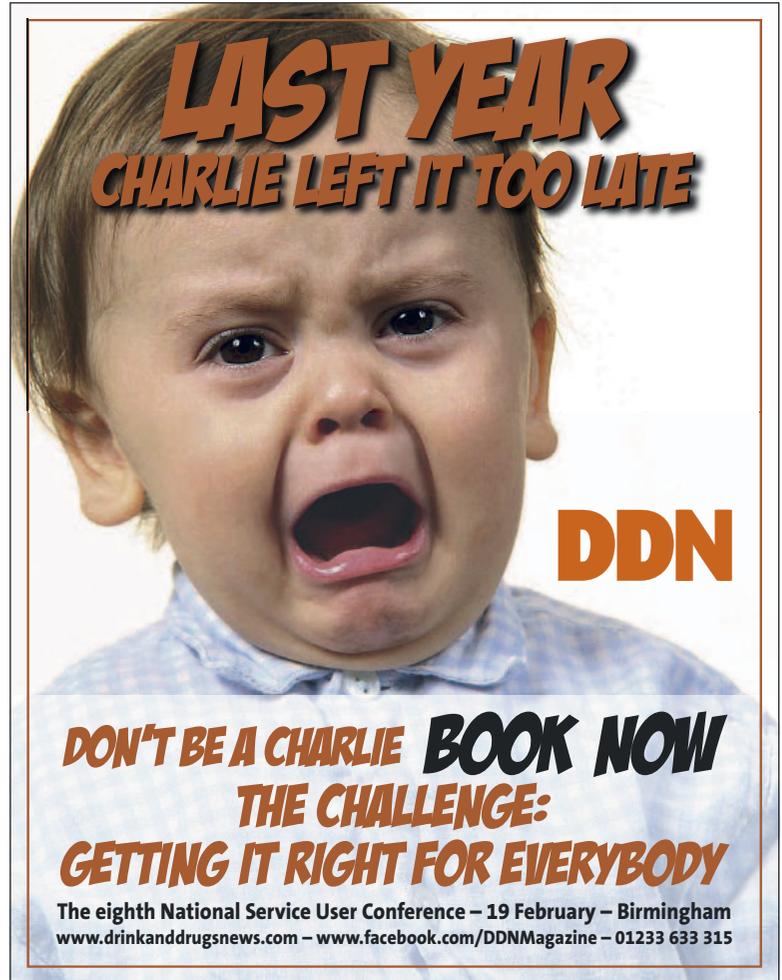


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