DRINK AND DRUGS NEWS
ISSN 1755-6236 APRIL 2015

DDN

NEW
ONLINE SERVICE FROM DDN
DDNHELP.COM
FIND ANYTHING, ANYWHERE!

GET BACK IN THE REAL WORLD...

TIME TO END THE FOCUS ON 'SUCCESSFUL COMPLETIONS'

INSIDE

Should all prisoners be drug tested?

Serving the LGBT community

Educating young people through drama

Join us and have your say: www.drinkanddrugsnews.com

DDNHELP.COM

FIND ANYTHING, ANYWHERE!

with DDN's NEW and FREE online service

DDNHELP.COM – DDN's directories have been upgraded. Our searchable map provides a comprehensive listing of all of the UK's residential treatment centres, training providers, and service user and recovery groups. This magnificent resource can be accessed through DDN's website making it available not only to statutory purchasers and commissioners but directly to members of the public as well. UK providers can now target both the statutory and private sectors.

DDNHELP.COM – Search for jobs and events all over the UK with new sections going live soon.

DDNHELP.COM – Use DDN's new service to target your advertising and save money.

GET ON BOARD NOW!

To make sure you are listed and to discuss all of the options go to www.ddnhelp.com or contact ian@cjwellings.com

DDN

Keep in touch with us via Facebook and Twitter!
/DDNMagazine @DDNMagazine

CONTENTS

ON THE COVER
Putting competent compassion back into services, p8

4 NEWS
'Worsening financial situation' leads to closure of DrugScope. DDN's round-up of local and national news.

6 VOICES
'I believe I have been able to provide something special.' Looking back on life as a drugs counsellor and works chaplain.

8 COVER STORY
'When someone is in need of help, there must be a full range of interventions available to them.' Refocussing services on competent compassion.

11 PRACTICE EXCHANGE
Educating young people and exploring the relationship between substances and sight-loss.

12 PROFILE
'There's still a way to go, but I think progress is being made.' Monty Moncrieff talks about meeting the treatment needs of the LGBT community.

14 OPINION
Neil McKeganey looks at tackling drug use in prison, and our readers share their views.

EDITOR'S LETTER

'It's not all a numbers game... have we lost our focus on competent compassion?'

As the election bus changes up a gear and politicians climb over each other to get our attention, we're being bombarded with statistics on successes, failures and promises. In our cover story this month (page 8), Dr Joss Bray reminds us that it's not all a numbers game, not all about TOPS forms, successful completions and monitoring crime statistics. He points to the destabilising effect of endless rounds of retendering and the devolving of commissioning responsibility to cash-strapped local authorities, and asks – have we lost our focus on competent compassion?

Of course there is hope. Why did you get into this line of work? Because you wanted to tick boxes or because you wanted to change lives for the better? As Bray argues, we need to turn the focus back on individualised care, not getting numbers through the door as quickly as possible. Taking service users' needs and choices into consideration is not the easiest route, but it should be the only route, underpinned by a sound evidence base. A lack of money for infrastructure and staff throws challenges in our faces every day, but we have to stay focused on what gives people the treatment experience we would want for ourselves. Please share your thoughts and experiences with other readers. You can always do it in our 'off the record' column (page 18) if you need to be frank.

Claire Brown, editor

Published by CJ Wellings Ltd, 57 High Street, Ashford, Kent TN24 8SG

Editor: Claire Brown
t: 01233 638 528
e: claire@cjwellings.com

Assistant editor: Kayleigh Hutchins
t: 01233 633 315
e: kayleigh@cjwellings.com

Reporter: David Gilliver
e: david@cjwellings.com

Advertising manager: Ian Ralph
t: 01233 636 188
e: ian@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Publishing assistant: Annie Hobson
e: annie@cjwellings.com

Subscriptions:
t: 01233 633 315
e: subs@cjwellings.com

Website: www.drinkanddrugsnews.com
Website maintained by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover montage by JellyPics

DDN is an independent publication, entirely funded by advertising.

Publishers: CJ Wellings

Partners: fdap
Federation of Drug and Alcohol Professionals

Supporting organisations:
Adfam, Release, SMMGP, ANSA, LDN London Drug & Alcohol Network, Alcohol Concern, The Alliance, drugsandalcohol today, Mentor

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

'WORSENING FINANCIAL SITUATION' LEADS TO CLOSURE OF DRUGSCOPE

DRUGSCOPE TRUSTEES have taken the decision to close the organisation, based on its 'worsening financial situation'. Founded 15 years ago from a merger between the Institute for the Study of Drug Dependence (ISDD) and the Standing Conference on Drug Abuse (SCODA), the charity has long campaigned for evidence-based treatment and against stigma and discrimination.

'It is with a heavy heart that the board has taken this extremely difficult decision,' said chair Edwin Richards. 'I am saddened for DrugScope members whose support for the organisation has been at the heart of its work and governance. The focus going forward is on ensuring that the mission is carried on by other means.'

The charity provided 'an important voice for those working in the drug and alcohol sectors' and proved 'an authoritative and influential contributor in Whitehall and Westminster', said the *Guardian*, which went on to praise its 'topical, non-judgmental and evidence-based approach', while Turning Point chief executive Victor Adebowale wrote that the closure risked creating a vacuum that would be 'a blow for all of civil society, not just for social care'.

The decision to close DrugScope would not affect the Federation of Drug and Alcohol Professionals (FDAP), stated chief executive Marcus Roberts.

'I would like to take this opportunity to thank staff – past and present – for all their exceptional hard work and loyalty which has ensured DrugScope's high reputation within the sector and beyond,' he said. 'It has been an immense privilege to lead such a skilled and dedicated staff team. I'd also like to thank all those who have worked as DrugScope trustees – now and over the years – for their support for the organisation and its mission.

'DrugScope has had the opportunity to represent the exceptional individuals and organisations who support individuals and communities affected by serious drug and alcohol problems,' he continued. 'This is one of the most marginalised groups in our society and the work of the drug and alcohol sector saves and transforms lives and plays a critical part in creating safe and healthy communities.'

Victor Adebowale: 'A blow for all of civil society, not just for social care.'

FUNDING FEARS

THE AREAS with the highest levels of alcohol-related harm – often those with high levels of social deprivation – are also the most likely to be reducing funding for alcohol treatment, according to Alcohol Concern. Its *Measures of change* report looks at how the transfer of public health responsibility to local authorities has affected alcohol services. 'Only 6.5 per cent of dependent drinkers access treatment in the UK which means that both treatment and prevention services need to be given clear prioritisation and investment, by all responsible agencies including clinical commissioning groups,' said head of policy Tom Smith.
Report at www.alcoholconcern.org.uk.

ONLINE HELP

CRI HAS JOINED FORCES with digital healthcare provider Breaking Free for Breaking Free Online, an evidence-based internet treatment and recovery programme which covers nearly 40 substances. CRI can now 'offer all its service users 24/7 access to confidential treatment and recovery support via the internet every day of the year', says the organisation. 'I'm very excited to see CRI embracing technology-enhanced recovery,' said new technologies lead Michael Lawrence. 'It is a comprehensive and adaptable tool that includes a range of evidence-based psychosocial interventions.' *www.cri.org.uk*

CUTTING AGENTS

MORE THAN 50 different cutting agents have been identified in cocaine, including some that can cause 'serious medical harm', according to an ACMD evidence review. ACMD initiated the review because of concerns over 'increased consumption and a perception that the drug is "safe",' it says.
Report at www.gov.uk

EVIDENCE IS BEST

EVIDENCE-BASED practices are the best means of preventing and treating drug misuse, said UNODC chief executive Yury Fedotov in his closing message to the 58th Session of the Commission on Narcotic Drugs (CND) in Vienna. Harm Reduction International (HRI) used the event to launch its '10 by 20' campaign, which wants to see governments redirect 10 per cent of the money they spend on the 'war on drugs' to harm reduction by 2020.

'Evidence-based practices are the best means of preventing and treating drug misuse.'

BEREAVEMENT TRAINING

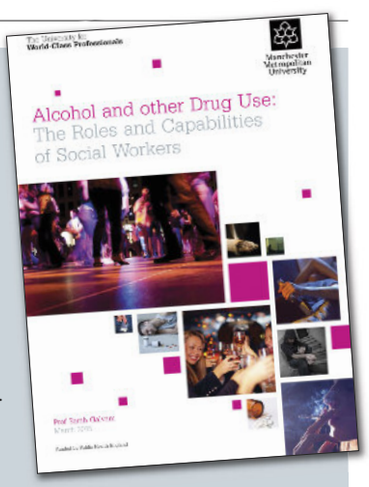
THE PILOT ROUND of training for Adfam and Cruse's drug and alcohol-related bereavement project is now open, the organisations have announced. Anyone who has been bereaved as a result of drugs or alcohol and would like to offer peer support to others going through the same thing is invited to get in touch, with initial training taking just two days.
Details at www.adfam.org.uk

GOVERNMENT LOOKS TO 'GENERAL BAN' ON NPS

THE GOVERNMENT is 'developing plans' for a general ban on the supply of new psychoactive substances across the country, according to crime prevention minister Lynne Featherstone. The announcement was made as the Home Office outlawed two more substances – synthetic opioid MT-45 and stimulant compound 4,4'-DMAR – as class A drugs.

SOCIAL WORKER GUIDE

THE FIRST NATIONAL GUIDE for social workers on working with people experiencing drug and alcohol problems has been launched by Manchester Metropolitan University, the British Association of Social Workers and the College of Social Work. 'Social workers specialising in adult and children's social work practice are working regularly with people with substance problems, be it alcohol, other drugs or a combination of both,' said the guide's author Sarah Galvani. 'As a profession we've not equipped them adequately for this work. They need clarity about what their role and remit is and how their supervisors and managers can support them.' *Alcohol and other drug use: the roles and capabilities of social workers available at www.mmu.ac.uk*



Sarah Galvani: '[Social workers] need clarity about what their role and remit is.'

DRUGS WORKER TO RUN LONDON MARATHON

A DRUGS WORKER based in Somerset will be running the London marathon to raise money for Addaction.

Ex service user Joe James, who has been in recovery for five years, has been working as a substance misuse practitioner for 18 months and runs regularly as part of her recovery. She aims to raise money to support the services that helped her during her treatment.

'A drugs service kept me alive and offered me hope when I didn't think I had any,' said James. 'I'm so passionate about raising as much money as I can for this cause. It's a personal mission.'

To sponsor Joe visit www.justgiving.com/Joey-James

Joe James: 'A drugs service kept me alive and offered me hope when I didn't think I had any... It's a personal mission.'

David Reade, Adele Birbeck, Jane Ellison MP and Tony Margetts, the commissioning manager of drug and alcohol treatment in the East Riding.

HUMBERCARE CHANGES WORK RECOGNISED

HUMBERCARE CHANGES staff were recently recognised for their work at an event held at the House of Commons.

Parliamentary under secretary of state for public health Jane Ellison thanked Changes staff members David Reade and Adele Birbeck for their work in supporting public health.

Birbeck was also recognised for her efforts in working with and supporting families.

MENTAL HEALTH CHARITY ORGANISES ELECTION HUSTINGS

LONDON CYRENIANS will be organising a series of mental health hustings in London in the run-up to the general election.

Working with Westminster Mind, K&C Mind, and Hammersmith and Fulham St Mungo's Broadway, Cyrenians have created the 'I'm In!' events with the aim of raising awareness and increasing political empowerment for those in mental health treatment across London.

Representatives from the Conservative, Green, Labour and Liberal Democrat parties will be present at each event.

For more information, contact camstreet@cyrenians.london

NEW BRIGHTON SERVICE OPENS

A NEW DRUG AND ALCOHOL SERVICE opened in Brighton this month, offering a drop-in service and 24-hour helpline to support local service users.

Launched on 1 April, the Pavilions Partnership, led by Cranstoun, worked closely with Surrey and Borders NHS Partnership Foundation Trust, Equinox, the Brighton Oasis Project, YMCA Downslink and Cascade Creative Recovery to develop a service that would respond to the needs of service users in Brighton.

Pavilions will offer street outreach and hostel in-reach teams, and specialist and dedicated support for families, carers, and women with specific needs.

DRUGS MANAGER RETIRES AFTER 26 YEARS OF SERVICE

STEPH NOBLE, registered manager at Broadway Lodge, retired this month after 26 years of commitment and dedicated care to the charity's clients. Over her career she has supported more than 13,000 individuals during their journey towards abstinence.

Broadway Lodge CEO Brian Dudley presented Noble with a present and plaque in appreciation of her years of work.

LOCAL RESIDENTS TO INFLUENCE PUBLIC SERVICES

SOUTHAMPTON RESIDENTS are being invited by the council to take part in local decision making by joining Southampton's People's Panel.

The aim of the panel is to influence how public services are delivered, as well as highlighting issues that need to be addressed, and will help Southampton City Council and Southampton City Clinical Commissioning Group (CCG) to meet the needs of local residents.

Anyone over the age of 18 is invited to join the panel.

For more information, visit http://www.southampton.gov.uk/council-democracy/have-your-say/peoples-panel-questions.aspx

SOUTHWEST PROJECT RAISES LEGAL HIGH AWARENESS

A NEW PROJECT HAS BEEN LAUNCHED by Addaction in Cornwall to offer advice on the risks associated with new psychoactive substances.

To raise awareness, the project will put up posters about the side effects of legal highs, and a series of drop-in sessions and workshops will be held to offer factual information and advice on preventing harm, and answer the questions of anyone seeking help.

Addaction Cornwall has also created a Facebook group to provide online support.

'There are so many myths about these new substances,' said operations manager Darren Jones. 'This project will bring the facts to people's attention so they know all about the dangers and risks involved and hopefully make safer choices.'

Darren Jones: 'There are so many myths about these new substances.'

FIRST PERSON

Rev Peter Lolley trained as a drugs counsellor with the prison service. As he nears his retirement he shares his experience as a works chaplain

The steel industry is a very challenging place, and until my retirement on 31 March, I worked as works chaplain at the Tata Steel works in Port Talbot, South Wales. As chaplain I had a wide-ranging role, which was all about getting alongside people in the workplace and being there to help with those experiencing problems in their lives.

Many things crop up with a workforce of some 5,500 on site and I believe I have been able to provide something special dealing with family problems, financial problems, employment worries, family bereavements, terminal illnesses with family members, and drug and alcohol issues, as well as dealing with the aftermath of accidents on site and, sadly, even fatalities.

I trained as a drugs counsellor with the prison service as a prison chaplain, and have been privileged to put those skills to good use over the last nine years; and the result is that I have been able to help many people through their problems.

In a workforce of this size, it is inevitable that some people will have problems with drugs and alcohol, and I have been used as a counsellor along with colleagues for people who have failed drug or alcohol tests, or indeed have referred themselves for help. On a site where many of the processes are dangerous, involving hot molten metal, the safety of work teams cannot be over emphasised. It follows therefore than anyone having drink or drug problems cannot be allowed to potentially put other people's safety at risk.

In retirement, I plan to still be involved with a Christian drug and alcohol rehabilitation centre, perhaps on one day a week. I have loved my work and will carry some special memories into this new phase of my life.

> 'I had a wide-ranging role, which was all about getting alongside people in the workplace and being there to help with those experiencing problems in their lives.'

MEDIA SAVVY

The news, and the skews, in the national media

ISN'T IT TIME for a wider discussion on the potential effects of safe, regulated cannabis consumption on society?... In an age when every penny of government spending is fought for, the demonstrated potential savings and revenues at very least deserve serious investigation. Revenue raised from a regulated cannabis trade could be directed towards education on safe use of cannabis. That's why the next government – regardless of who it is led by – should set up a Royal Commission into drug legislation.
Paul Birch, *Telegraph*, 4 March

IT IS IMPORTANT TO REMEMBER that we do not consider the law against murder a failure simply because, year after year, there continue to be murders and that therefore the 'war' against murder has been lost. No law achieves exactly and only its ostensible purpose. We should be wary of applying the experience of other countries too directly to our own, however. For example, relaxation of the drug laws in Portugal had been followed by only a relatively minor increase in consumption. But in Britain, the relaxation of the licensing laws led to a vast increase in public drunkenness and alcohol-related problems. Genies are often difficult to put back into bottles.
Theodore Dalyrmple, *Telegraph*, 9 March

I FOUND OUT a few months ago that Nick Clegg is astonishingly ignorant about the drug laws in this country. He really believes that the police cruelly persecute drug users (if only they did). Ignorance of this kind is wilful. The truth is readily available. He remains ignorant because he does not want to know.
Peter Hitchens, *Mail on Sunday*, 8 March

CANNABIS, OFFICER? No, it's lucky heather. Gypsies given £1.3m of taxpayers' money by the Welsh Government to improve their caravan site showed their gratitude by turning it into a giant cannabis factory... It is believed suspicions were aroused because no one could ever remember travellers actually buying garden equipment before.
Richard Littlejohn, *Mail*, 3 March

THE PROBLEM isn't just that the money we spend on welfare is out of hand. It's the effect of that spending. Welfare has become, for many, not a helping hand in times of need – the help in need that almost everyone agrees we should offer to the vulnerable and those in temporary difficulties – but an alternative way of life... And that is not just financially reckless; it is morally reckless, promoting an entirely new and warped model for society itself.
Stephen Pollard, *Express*, 27 March

The Surrey and Borders Partnership NHS Foundation Trust talk about the specialised, individualised support they offer

CARE AT WINDMILL HOUSE

Windmill House is a specialist unit in Chertsey, Surrey, which provides 24-hour residential treatment and support to adults over 18 who want to become abstinent from drugs or alcohol.

As well as standard detoxification from single or multiple substances, we are expert in managing individuals with complex needs such as mental ill-health, eating disorders or self-harm, pregnancy and physical health problems, as well as learning disabilities and limited mobility.

The service is run by Surrey and Borders Partnership NHS Foundation Trust, the leading provider of health and social care services for people with mental ill-health and drug and alcohol problems in South East England.

WINDMILL HOUSE AT A GLANCE

On an acute hospital site in a semi-rural location, adjacent to a district general hospital with A&E, the unit offers its clients a dedicated and experienced staff, with fully accessible facilities, suitable for people with limited mobility. Detoxification and therapeutic programmes are available, as well as 24-hour medical and nursing care.

Recovery planning is incorporated throughout each individual's stay, including a full discharge plan agreed with the person and their community key worker, and access and links to statutory and non-statutory agencies are a part of the care provided.

DETOXIFICATION

Everyone who comes to Windmill House receives a full medical and physical examination upon admission. This takes into account their personal, medical and psychiatric history, as well as their history of substance misuse. It includes:

- *Routine blood tests and any other investigations required*
- *An ECG*
- *A chest x-ray*
- *A mental health assessment*
- *Testing and vaccination for blood-borne viruses where appropriate*
- *Direct contact with the person's GP to verify their prescribed medication and medical history*

Based on these results, our medical team devises a detoxification plan with the person, which starts as soon as possible and is individualised according to their specific needs.

Detoxification can last between seven and 28 days. Our medical staff review the individual's plan on a daily basis, making regular observations and monitoring their vital signs throughout.

During detoxification, we encourage people to attend our preparatory groups. These help enhance people's motivation to remain abstinent and help them acknowledge that they need to work on their recovery on a daily basis, either at Windmill House or in the community.

Our therapeutic programme groups are designed to give people intense support, refresh their life skills and provide opportunities to meet others and share their experiences.

Here we focus on developing coping skills and improving self-esteem. We provide recovery groups to encourage people to look forward and put plans in place to achieve their goals, and art therapy to allow them to communicate and understand difficult feelings in a safe environment.

Members of local Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) fellowships also visit, providing invaluable links to ongoing support in the community.

Above: Recovery tree artwork by a Windmill House resident

> 'With all my heart, I would like to thank the staff that made it possible for me to have the opportunity and the support that has helped me to get well and, more importantly, stay well.'
>
> WINDMILL HOUSE CLIENT

OUR APPROACH

Each person's admission plays an important part in their journey towards recovery. While staying with us, our unique care planning helps people look at all aspects of their life – from basic essentials such as finances and accommodation to health needs, emotions and communication – and identifies key areas that they need to address as a priority. Regardless of how far people get with that process, we see the positives in their admission and offer as much help and support as we can.

www.sabp.nhs.uk/windmill-house

> 'Being at Windmill House has opened my eyes to my addiction and taught me the basic things I need to keep me safe and help me manage my problems. It was hard work but well worth it. The service is excellent.'
>
> WINDMILL HOUSE CLIENT

WE'VE LOST THAT

How can we refocus drug and alcohol services on competent compassion, asks *Dr Joss Bray*

The situation in drug and alcohol treatment services is becoming increasingly dangerous. Because of commissioning pressures, enforced through contracts, services need to increase their number of 'successful completions' – which means many service users are being discharged from services abstinent from their drug of addiction and not on any prescribed drug replacement therapy.

While this may seem a good idea on the face of it, in practice it can be damaging and dangerous. The drive to get patients off scripts and out of services may be helpful for some, but for a lot more it makes relapse more likely.

Addiction is usually a chronic and relapsing condition that is not easily solved by a formulaic 'one size fits all' approach. We are now starting to see rises in drug-related deaths and drug use – both of which were previously declining.

Factors which contribute to this include the devolving of commissioning responsibility for drug and alcohol services to individual local authorities – many of which are very short of money and need to make significant cuts across the board.

Therefore, local politicians want to see obvious results for their investment in services, which many interpret as 'successful completions'. This is in a climate where many services are having their funding reduced by at least a third – a short-sighted move as we know that money invested in drug and alcohol treatment shows at least a threefold positive yield in the wider economy.

While Public Health England (PHE) oversees the delegation of funds, including those for community drug and alcohol services, it has no power over commissioning and can only advise local authorities. It is left to local commissioners in each council to decide what services to commission. In some places, clinical commissioning groups also contribute a budget to drug and alcohol services – often because of a historic arrangement – but this is the exception rather than the rule.

The endless round of recommissioning every three years or so serves to destabilise services. The first year is all about taking over the service and establishing it so it works properly, employing and TUPEing staff and installing new operating practices. Then the second year settles down a bit, until the third year where staff and service users start to worry about employment, continuity and the next unknown provider. This cannot be a sensible way to provide, sustain and improve services.

There is also a real danger that providers underbid and over promise, then cannot provide the service needed because of lack of money for infrastructure and staff.

The Care Quality Commission (CQC) has been thinking again about how to inspect drug and alcohol services and measure quality, and it is actively working

LOVING FEELING

with service providers to optimise inspection regimes. In addition to the now standard criteria of 'safe, caring, responsive, effective and well led' there will be consideration of service users' 'needs and choices' – a hopeful sign that inspections will acknowledge good quality of care, rather than focus on raw numbers of 'successful completions'.

Evidence on best practice has been disseminated widely over recent years, but unfortunately, as the pendulum swings from one side of treatment fashion to the other, it has become all about 'recovery' (often requiring abstinence) rather then harm reduction.

This hotly contested debate misses the point. When someone is in need of help, there must be a full range of interventions available to them. It is up to the service user and the professional to decide between them on the best package. Anything that dictates, for example, that methadone scripts have to be time limited, is complete nonsense and goes against the available evidence.

'When someone is in need of help, there must be a full range of interventions available to them. It is up to the service user and the professional to decide between them on the best package.'

There are many important measures of recovery, a script often being the least of them. Whatever the pros and cons of the Treatment Outcomes Profile (TOP) form, at least there is information recorded about crime, physical and mental health, work, education, drug use, risky behaviour, housing and overall wellbeing. Surely these sorts of outcomes should be what 'success' should be measured by, not by being off a script, out of a service and ticking a box.

The focus needs to shift back to the quality of individual care. There are ways of improving and assessing this which, if taken up, could radically improve services to those most in need. It should not be about getting numbers through the door as quickly as possible.

What people really want is what you or I would want for ourselves or our relatives and friends. When we see a professional for help we want them to be competent and compassionate. That is all. One without the other is at worst dangerous, and at best ineffective.

The professional should know how to find out what help I need, what the appropriate care is, how to ensure that I get it, and so on. They also need to be able to see where I am coming from in terms of my understanding, expectations and ability to use the strengths I have. That is competence.

The professional also needs to respect and care about me, to take a genuine interest, to have some feeling for what I am experiencing – and to be able to express that in some meaningful way, which makes me think that they will be doing their best for me. That is compassion.

Competent compassion encapsulates the 'therapeutic relationship' that is so often quoted as being the most important factor in successful treatment outcomes. It forms the basis of all therapy and treatment, whether abstinence-based, CBT, counselling, relapse prevention, substitute prescribing and harm reduction, or anything else in the treatment armoury.

The drug and alcohol treatment field is full of professionals, volunteers, ex-service users and others wanting to make a difference to people who have often been ignored or marginalised in society. The good news is that it is totally possible to help people make huge changes for the better – that is what keeps most of us going. The bad news is that the way the system works is not helping people receive the best individualised and evidence-based treatment.

We need to shift the focus away from the numbers of 'successful completions' back to improving the quality of care each individual receives – on a foundation of competent compassion. Only then will we see a lot more of what successful outcomes ought to look like.

Dr Joss Bray is a substance misuse specialist
www.competentcompassion.org.uk

More good practice stories at www.drinkanddrugsnews.com

SEEING THE PICTURE

Wulf Livingstone talks to DDN about an innovative study that explores the relationship between alcohol, drugs and sight loss

The challenges facing individuals living with problematic alcohol and other drug use and sight-loss have been highlighted in an innovative study exploring the relationships between substances and sight problems.

Funded by Thomas Pocklington Trust and Alcohol Research UK, the study interviewed individuals who were living with, or had lived with, problematic substance use and sight loss, as well as the professionals supporting them. These interviews highlighted a complex set of experiences ranging from the use of substances to cope with sight loss to concerns about the causal relationship between their substance use and sight loss. It also highlighted the potential negative impact on relationships, family, health, lifestyle and support.

By way of contrast, analysis of the limited existing data shows that individuals with sight loss drink less alcohol than their sighted peers. Substance use appears to contribute more directly to sight loss in a number of ways: adverse reactions to medication, intoxication related injuries or as part of sustained health deterioration. However, alcohol and drug use (especially smoking) appears to be a risk factor for developing sight-loss related conditions.

This exploratory research indicates the need for the routine collection of sight loss and substance use data within specialist services, and research to more accurately measure the extent of these problems. It further highlights the need for information about substance use to be provided for sight loss services and vice versa. It also suggests the need for more training about sight-loss and joint working with eye specialists for alcohol and drug professionals.

'Alcohol and drug use (especially smoking) appears to be a risk factor for developing sight-loss related conditions.

Wulf Livingstone is a lecturer in social work at Glyndŵr University, Wrexham.

Full report at www.drinkanddrugsnews.com

ACTIVE EDUCATION

Caroline Bridges shares how Loudmouth's drama projects are educating young people about drug and alcohol issues

At Loudmouth, we use drama to educate children and young people across the UK on how to have safe, healthy and happy lives. We run programmes on a range of safeguarding and relationship issues, including domestic abuse, sexual health and alcohol and substance misuse.

Drama is a great way to bring issues to life, and when combined with our workshops it helps students to have a conversation in a safe and inclusive environment. We have two main programmes – One 2 Many for secondary schools and colleges, and Alco-Facts for primary schools.

One 2 Many combines information on units of alcohol and risks to health with humour and drama, offering situations that young people can directly relate to. The drama uses a series of short scenes that look at issues including binge drinking, sexual health, drink driving and relationships. The accompanying workshop allows young people to unpick what they have seen and learn where they can go for support and advice.

Alco-Facts covers basic information about alcohol and drugs, as well as work on the effect that parents' or older siblings' drinking can have on children. The session culminates in a quiz, drawing on knowledge they have gained throughout the programme. The sessions are aimed at increasing knowledge of alcohol and where to go for support, as well as developing strategies for resisting peer pressure.

Alco-Facts was piloted in Nuneaton and Bedworth primary schools for the Safer Communities Partnership, who, along with the crime commissioner, were keen to subsidise and promote the programme to help tackle local drug and alcohol issues. It is being rolled out in North Warwickshire, funded by the borough council, and we look forward to bringing it to many more schools in the years to come.

Caroline Bridges is business growth manager at Loudmouth, www.loudmouth.co.uk

'One 2 Many combines information on units of alcohol and risks to health with humour and drama...'

Read the full interview online
www.drinkanddrugsnews.com

London Friend chief executive Monty Moncrieff talks to David Gilliver about the treatment needs of the LGBT community and the challenge posed by the 'chemsex' scene

USER FRIENDLY

Established more than 40 years ago, London Friend is the country's oldest LGBT support charity and also operates what is still the only LGBT-specific drug and alcohol treatment service, Antidote. 'There are pockets of LGBT work, and workers within local services, but it's the only one that offers such a comprehensive range of support,' says chief executive Monty Moncrieff.

He's been at London Friend for three and a half years, moving to the top spot in 2012 from his role as head of services, but it was during his nine years at Turning Point that he originally set up Antidote, in 2002. His interest in drug and alcohol treatment came about 'almost by chance', however.

'I didn't really have any experience of doing drug and alcohol work – I'd managed a pub, so having spent five years getting people pissed I was then helping them to get sober, which was a bit of an interesting shift,' he laughs. 'It was really the LGBT angle that brought me in, although I found quite quickly that it was an interesting sector to be working in. We were noticing some different trends – even over a decade ago – in the drugs being used by LGBT people compared to those that mainstream services typically worked with.'

Obviously, one of the most high profile issues of the moment is the 'chemsex' scene, with people getting into real problems with mephedrone, crystal meth and GHB/GBL. Does he feel this is something that mainstream services are now properly equipped to deal with?

'I think it's starting to improve,' he says. 'We were getting a lot of feedback from our service users that, with local services, they didn't always feel they really had any experience of working with the drugs they were using and also, very often, the cultural issues as well. It's that feeling of "how can I go in and talk to a mainstream drugs worker about the fact that I was involved in quite extreme sexual behaviour at the weekend?" Those sort of feelings of shame and guilt and embarrassment, which are all very closely tied to people's sense of self and identity. So it's that ability to come into a service and feel safe and understood and not judged.'

Many Antidote service users prefer to work with LGBT staff for precisely those reasons of empathy and understanding, he says. 'I know that's a tricky area when you're talking about therapeutic services – whether sometimes you should match like for like – but we've got a very strong sense that our service users are opting to come to us because an LGBT service is going to be the best one to meet their needs. It's really about trying to remove those barriers.'

> 'I'd managed a pub, so having spent five years getting people pissed I was then helping them to get sober, which was a bit of an interesting shift'

Nonetheless his organisation has done a good deal of training with mainstream services over the past decade, and more so recently as chemsex has started to 'become more widely understood and people have started to present at services', he says. 'There's definitely not a lack of willing from services – they're really keen for training, keen to try to be meeting that need, and there's some really good pieces of work developing. There's still a way to go, but I think progress is being made.'

Even predating the issues around chemsex, levels of substance use in the LGBT community tended to be higher, for a range of different reasons – the more central role of the bar and club scene, or people self-medicating to deal with things like anxiety or depression. Are mainstream treatment services getting better at understanding and addressing those wider issues? 'I think there's still a long way to go there as well,' he says. 'With almost all of the clients we've worked with – whatever the trigger for them coming into the service – when we've started to look at the issues behind their using it's so closely linked to their identity, their self-esteem, and how good they feel about themselves. That's still a very difficult thing for mainstream services to do. That's not to say that mainstream services can't do that, but I think there is a limitation sometimes to that kind of empathy.'

So, more broadly, what else could services and commissioners be doing to support LGBT service users? 'I think what we want is that acknowledgement of a community with different needs, to see that better represented within a local needs assessment,' he says. 'But we'd also love to see more collaborative commissioning across areas. Localism isn't an agenda that serves LGBT people particularly well, because they're a community of identity, not a community of geography.'

Dear Albert's Jon Roberts talks to **DDN** about film screenings, mutual aid facilitation, and their new, innovative recovery programme

RECOVERY IN ACTION

WORKING OUT WHAT'S BEST FOR YOU

DDN: *Dear Albert – it's a great name, where did you get it?*
DA: It's part of the story – if you want to know more, then you best see the movie!

DDN: *Can you tell us anything about the film?*
DA: Well, after the world premiere at the Calgary International Film Festival, it's now available for UK screenings. Nick Hamer from Intrepid Media began the project over four years ago with backing from Sarah Hancock-Smith from LIFt (formerly Leicestershire and Rutland Probation Trust).

'Our new peer-led programme is called You do the MAFs... It's a successful approach, with completers having experienced mutual aid for themselves, leaving the programme with a clear understanding of how different mutual aid approaches can help.'

JON ROBERTS

Whether launching an initiative, making recovery more visible in local areas, or bringing associated sectors together, the shared experience of such an emotional and homegrown recovery film really illustrates what's achievable, while capturing the fragility of the journey. We want the *Dear Albert* film to bring different approaches within the field together.

David Best kindly invited us to play the film to support the launch of the Sheffield Addiction Research Recovery Group, and it was fantastic to witness the great work going on there. The film went down a storm when hosted by Coventry Recovery Community recently, and there is a promotional screening at UKESAD this May.

Greg Williams, who made *The Anonymous People*, said that the film 'humanised the essence of recovery in such a deep way' and it was wonderful to read that.

If you go to **www.dearalbert.co.uk**, you can have a look around our website – and book a screening from there.

DDN: *We hear Dear Albert is also involved in creating its own recovery programme.*
DA: Well, that's really what I want to talk about and why we decided to be involved in one of DDN's promotional features. The organisation Dear Albert is a social enterprise, governed with the support of a voluntary board made up of people living in long-term recovery themselves.

Our new peer-led programme is called You do the MAFs (mutual aid facilitation sessions) and we want as many people to start looking at this as possible. It's a successful approach, with completers having experienced mutual aid for themselves, leaving the programme with a clear understanding of how different mutual aid approaches can help.

You do the MAFs facilitates meaningful engagement and empowers participants to make the right decisions.

DDN: *How does it work?*
DA: After several years' hard work, the programme has brought a number of different facets together. Sitting alternative philosophies side by side in a therapeutic setting invites exploration, with participants facilitated into deciding for themselves how best they can resolve their substance misuse problem.

The six-week programme is completely peer-led, has a great incentive package and introduces participants to existing recovery communities and other positive social networks.

Obviously, it helps that the sessions are run and managed by those living a life of abstinence-based recovery themselves. The achieved objective is to promote abstinence-based approaches, making recovery the viable option from the very beginning of treatment and instilling a sense of personal responsibility for getting well.

A six month evaluation by Phoenix Futures' research department has recently been completed and is undergoing peer review to be published in a top academic journal, co-written by King's College London. How cool is that? The findings of this comprehensive review highlight how the programme really works, with impressive figures to match. The support of Phoenix Futures has been really valuable in getting this initiative up and running, and we now want others to take advantage of this great programme.

To see the Impact Report, and for more information, visit ***www.dearalbert.co.uk*** *www.facebook.com/DearAlbertRecovery*

DearAlbert
UKESAD international
you do the MAFs
Phoenix Futures
Experts in recovery for more than 40 years
Dear Albert

Making recovery visible with Dear Albert.

DRUGS IN PRISON

NO HIDING PLACE

Efforts to stop drugs from being smuggled into prisons are failing – so why aren't we tackling prisoners' drug use through universal testing, argues **Neil McKeganey**

SUCCESSIVE UK GOVERNMENTS have acknowledged that it is all but impossible to stop drugs getting into prisons. For many people, that acknowledgement will seem utterly inexplicable. Prisons represent the single most controlled environment on the planet, and if you can't stop drugs getting into prison what possible hope is there of stopping their proliferation anywhere else?

An estimated 38 per cent of prisoners in Scotland have used illegal drugs in prison, and a quarter of prisoners in England say that drugs are easy to get. The arrival of legal high drugs, which are harder to recognise and easier to conceal, only makes the challenge of stemming the flow of drugs into prison that much harder.

If we are unable to stop drugs getting into prisons, then perhaps what we should be doing is switching our focus to stopping drug use. Drug testing is our best means of identifying what substances an individual has used, and whether that use is recent or in the distant past. We can identify the use of cannabis, cocaine, heroin and a host of other drugs. At the moment though, drug testing programmes are used within prisons on a limited basis, with relatively small samples of prisoners selected for random, though infrequent, testing.

If prisons were instead to mount a massive programme of regular and exhaustive drug testing of all prisoners, the entire environment of prison-based drug use would change. Out would go the statistically small risk of having your drug use identified, and in would come the certainty that staff would identify which prisoners were using which drugs, and with what frequency.

Recent research evaluating the effectiveness of drug treatment in the community has found that when treatment is aligned with regular drug testing, coupled with proportionate, certain, and swift sanctions for those testing positive, the treatment itself becomes much more effective.

'If prisons were instead to mount a massive programme of regular and exhaustive drug testing of all prisoners, the entire environment of prison-based drug use would change.'

There will be those who will object to any suggestion of using drug testing to try to stem the demand for drugs within prisons. Yes it will be expensive, but so too is the current investment in a security system of drug searches and drugs surveillance that is failing to stop drugs getting into prison. There is an analogy here with our capacity to tackle drink driving. We could provide all the education and all the counselling in the world, discouraging drivers from drinking alcohol, but the game changer in tackling drunk driving was the breathalyser – the capacity to ask a driver to blow into a tube and get an immediate read-out of his or her alcohol consumption. It was the certainty of that measure and the knowledge of the punishment that would follow that enabled us to tackle the problem of drunk drivers.

Effective prison-based drug treatment and rehabilitation could become the norm rather than the exception, and we would have made a major advance in tackling our drug problems within wider society. The alternative? Continuing costly investment in a system that fails to stop drugs getting into prison, and continuing costly provision of prison-based drug treatment that is undermined as a result.

Professor Neil McKeganey is director of the Centre for Drug Misuse Research, Glasgow. A sociologist who has carried out research on tackling drug problems in Scotland over the last 25 years, he is currently carrying out research evaluating the effectiveness of drug treatment within UK prisons.

CHALLENGING TIMES

My biggest challenge, as an addict who has been off drugs for over seven years now, is coping with the entourage – or let's call them friends or drug friends. Some are still in active addiction, some are still seeking help, others (sadly) are still in denial. I'm struggling with my unconscious need to want to help however I can, and I forget that this kind of change has to come from within.

I find myself preaching abstinence when I know how that makes me look and sound, as I remember people and family and drug workers looked like fake priests to me, who didn't even believe what they were preaching. Not to mention that my own journey, and my responsibility towards myself, should dictate staying away till someone wants, from the bottom of their soul, my hand for that first step in admitting that help is what they sincerely want and need.

Hence I'm off preaching and I try to lead by example. Maybe that's the best help I can provide – showing them that I've done it, and that what one individual can do, another individual can do too, with the right environment, the right help and above all, the willpower to take a life-changing decision.

Aboudi Naboulsi

RUSSELL BRAND: HELP OR HINDRANCE?

I wonder how many *DDN* readers watched the documentary of Russell Brand commenting on the drug war (*End the Drugs War*, BBC 3). Word on the street is that outspoken 'recovering (or not) folk' were not happy about the content, and others were just grateful that said issues are getting any airtime at all. One articulate morphine-scripted friend said, 'the problem is that the message he gives makes it OK for treatment providers to radically reduce harm reduction services', and that should worry us all at a time where overdose deaths have doubled in the UK and the government is planning to build more private prisons.

To give credit where it is due, Brand is an ardent advocate for ending the war on drugs and in his book *Revolution* he gives a whole page to recommendations that demand nobody ever be charged or arrested for mere possession of (currently illegal) drugs. For that I, for once, am grateful. On the other hand, he doesn't seem to get the critical importance of services which provide active users with drugs and even safe, clean places to take them.

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.

Get involved:
www.drinkanddrugsnews.com

'His drug policy activist self is a few years old: he is in early adolescence, as it were. So I can understand why hardcore harm reducers have trepidation about him being our current spokes-person. I say we give him time.'

His comment about the Zurich drug consumption room initially infuriated me – that it was the 'beginnings of quarantining' – but then I wondered whether he was simply expressing profound fear; after all, he is off drugs, but oddly exposed himself in the Zurich DCR to heroin, even smelling a fellow 'addict's' silver foil.

His drug policy activist self is a few years old: he is in early adolescence, as it were. So I can understand why hardcore harm reducers have trepidation about him being our current spokesperson. I say we give him time.

Just a thought.

Andria Efthimiou-Mordaunt

TWELVE-STEP SUCCESS

We should all be indebted to Rowdy Yates for his excellent letter in your February edition (page 14).

As Rowdy indicated, in the UK we constantly find that the biggest barrier to public, press and political support for successful training is the false idea sold by the psycho-pharm commercial interests to politicians, when 60 years ago they were told 'we recommend opioid substitution therapy in the form of prescribed daily methadone doses, to be supplied free to addicts and paid for by taxpayers, because addiction is basically incurable.'

That 'sales talk' was swallowed hook, line and sinker by press and politicians everywhere, who have since so often repeated it that they have no wish to now lose face by contradicting themselves.

This false 'incurable' impression is unfortunately reinforced by the one to three years it takes well-meaning 12-step practitioners to achieve a 20 to 30 per cent lasting abstinence result – especially as, on a residential basis, it seldom if ever meets the 12 months free of addiction requirements of payment by results.

However, those low percentage, long-winded 12-step results should not, for two reasons, be sneered at because they don't deliver on a PbR basis. One, because not-for-profit fellowship does not need payment by results to survive, and two, because we know that ARTS' initial drug-free 'withdrawal procedures' can both shorten 12-steps' duration and improve the number of successes.

Ken Eckersley, CEO Addiction Recovery Training Services (ARTS)

LET'S CONNECT!

HAVE YOUR SAY BY COMMENTING ON OUR WEBSITE, FACEBOOK PAGE AND TWEETING US

IAN TURNER

@fatattacknowl 2 Apr 2015

@DDNMagazine Society will tut tut but there isn't the social energy for behaviour change!

SISTER ROWEENA

@r2ph 9 Apr 2015

@DDNMagazine @UKRWCharity I'm sure many Australian drug users feel [Tony] Abbot is the worst problem they have ever faced.

RELEASE DRUGS

@Release_drugs 9 Apr 2015

@IndyUSA @Independent time to decriminalise & prescribe medically #drugpolicyreform #harmreduction

UK RECOVERY WALK

@UKRWCharity 9 Apr 2015

@r2ph @DDNMagazine yes our friends at @SydneyRecovery tell us substance use disorder treatment is 20 years behind the UK #dire

AURORA PROJECT

@AuroraProject1 18 Mar 2015

@DDNMagazine Auctioning this bike to raise £ to work with people recovering from addiction in Lambeth! Please share! tinyurl.com/ouxh5xa

http://hepatitissa.asn.au/special/parliamentary-inq.html

RICK BRADLEY

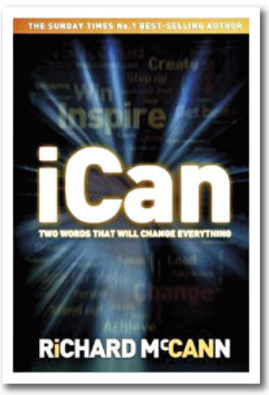
@RickBrad1ey 15 Mar 2015

Great to see @10Days1000Miles featured in this month's @DDNMagazine. Link to their sponsorship page here: www.justgiving.com/teams/10days1000miles2015

/DDNMagazine @DDNMagazine
www.drinkanddrugsnews.com

BOOKSHELF

Recommended reading from the drug and alcohol sector…



iCan: two words that will change everything

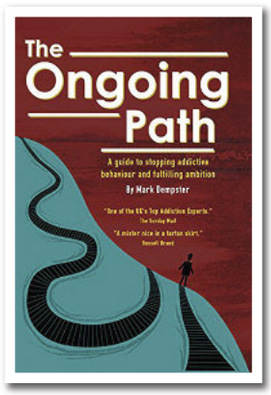
Richard McCann, published by Sunmakers, £12.99

***DDN** service user involvement conference speaker Richard McCann has used his dramatic and often tragic life story to inspire others through both his written work and inspirational talks.*

His third book, following on from Just A Boy: The True Story Of A Stolen Childhood and The Boy Grows Up: The inspirational story of his journey from broken boy to family man, offers readers advice and practical tips on how to not only grow as an individual, but also to grow a business.

Peppering the book with moving stories of the inspirational people he has met, McCann uses the example of how he transformed his own life and business as a basis for the guidance he offers. He encourages readers to tap into their potential, and not be held back by their own self doubt.

Richard McCann, broken boy to family man



The Ongoing Path: a guide to stopping addictive behaviour and fulfilling ambition

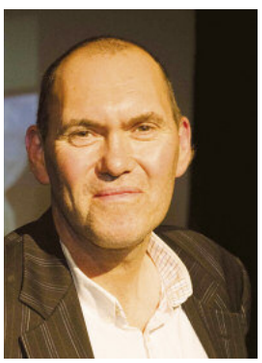
Mark Dempster, published by Mark Dempster Counselling, £12.99

FOLLOWING ON from his previous book, *Nothing to Declare: Confessions of an Unsuccessful Drug Dealer, Smuggler and Addict*, former *DDN* columnist Mark Dempster has penned a practical self-help book for service users.

In *The Ongoing Path*, Dempster draws from his own personal and professional experience to offer a number of tools and resources for individuals at all stages of recovery.

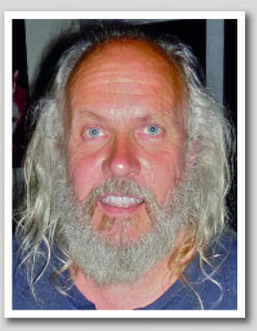
Beginning the book with reflections on his own story, Dempster goes on to explore the science of addiction and ways to recovery. He also includes a number of case studies of clients he has worked with in the past, outlining their personal experiences of addiction as a means of offering a number of examples of the recovery journey.

The final part of the book focuses on offering advice and guidance to people in all stages of recovery. The book provides tips on creating a plan of action and setting achievable goals, offering advice on practical next steps and further reading, support services and online resources.



Mark Dempster, former DDN columnist and unsuccessful drug dealer

NEW APPROACHES TO ALCOHOL



The management of alcohol as a consumer product, a health risk, and as part of our economy raises different challenges, to be tackled by a European conference. **Andy Stonard** explains

The European Alcohol Conference, to be held in London later this month, offers an opportunity to both think and learn, exploring different attitudes and practice in dealing with alcohol. It's a timely event, given the current developments around alcohol policy, with local areas exploring their ability to influence the situation.

As senior policy manager at the London Drug and Alcohol Policy Forum (LDAPF), who are hosting the event, David Mackintosh is familiar with the challenges involved in addressing alcohol-related harm. 'With a few honourable exceptions it has remained in a narrow policy silo for this whole period, despite alcohol harm being a significant factor across many priority policy areas,' he says. 'There are now some glimmers of a more holistic approach and a realisation that it's not a peripheral issue that only relates to a small minority.'

There is a growing body of research and experience that can help to inform our responses to alcohol, but we need to work to bring these together and provide a coherent approach that is understood and supports our communities. Too often responses are characterised by one-off initiatives or approaches that are known to be ineffective.

Through this conference, we hope to combine the latest research and thinking alongside practical delivery from differing settings. We want to consider the political, cultural and environmental factors that have a significant bearing on how we manage alcohol, and provide support and inspiration for those working to reduce drink-related harms.

Andy Stonard is author of *A Glass Half Full: Drinking – reducing the harm*

European Alcohol Conference: Comparing and contrasting practice across Europe, 24 April. London. Details and booking at http://bit.ly/1E2IKQD

CONFIDENCE IS A SKILL YOU CAN MASTER

HE WOWED THE DDN CONFERENCE THIS YEAR, COULD YOU BE THE STAR OF THE SHOW NEXT YEAR?

LET RICHARD McCANN SHOW YOU HOW!

DOES THE THOUGHT OF STANDING on a stage of a group fill you with fear?

DO YOU WANT TO IMPROVE your communication skills?

DOES A LACK OF CONFIDENCE stop you getting your point across?

DO YOU STRUGGLE in official situations?

DO YOU FIND IT HARD to have your voice heard?

If you answered 'yes' to any of these questions, the iCan Speak Bootcamp is for you.

By the end of this highly interactive course you will know how to successfully engage with people, how to present yourself, how to deal with nerves, and you will feel your confidence soaring!

The skills learned on this one-day course will provide confidence that will help everyone in everyday situations, as well as those looking to improve their public speaking.

Just 10 years ago Richard McCann had an unhealthy fear of meeting people and speaking in public. He made it his mission to overcome that fear in order to share his story and message with others, and has done so with incredible success. Having been there and done it, Richard is keen to share his personal journey of how he overcame his speaking fears with others seeking to become more engaging speakers.

WHAT WILL YOU LEARN AT THE iCAN SPEAK BOOTCAMP?

Richard will share his tried and tested techniques which helped him become one of the most booked professional speakers in the UK and beyond.

Stand and deliver:
How to look the part on stage. Concentrating on your non-verbal communication.

Start with impact:
How to grab the attention of your audience from the very start.

Vocal variety:
Learn techniques that will give you the edge.

Spice it up:
Learn language techniques that will enhance your delivery.

Involve your audience:
Be a stand-out speaker by engaging with your audience.

Own that stage:
The stage is your home and your audience – learn how to own it!

Silence the cynic:
How to silence even the most cynical of audience members.

iCan Speak Bootcamp

RICHARD McCANN, BIRMINGHAM, 23 JUNE 2015

£145 + vat professionals, £95 + vat service users

For more information and online booking:

www.drinkanddrugsnews.com

OFF THE RECORD

A frontline drug worker, once a service user himself, warns against being taken in by the politicians' promises

I GREW UP IN A NORTHERN TOWN and got into drugs the same way most people do, and by 25 found my heroin addiction too much. After six home detoxifications and one hospital admission the penny dropped that I was very ill and needed to stop using, which I did. Naltrexone played a part in this and a good structured daycare service allowed me to understand my addiction and reassess what I wanted out of life.

I started volunteering at my service doing art sessions then facilitating relapse prevention sessions. The service liked my work and after a lot of hard work found funding for a one-year part-time trainee drugs worker post, which I completed. Eventually I ended up running the structured daycare programme full time and did this for many years, after which I temped all over – inpatient detoxification unit, prescribing/dual diagnosis service, DRR service, prescribing and more.

My current post is working in a dual diagnosis/prescribing service in a rundown northern city where heroin is still the drug of choice, despite national trends, and I want to share my thoughts on the things I see and hear as a frontline drug worker. IDS and the DWP do not care about drug users. They do not care about 'the methadone industry keeping people addicted'. What they care about is money, full stop, and this war on the methadone industry will give no alternative other than dealer supply. But at least the dealers can cover the phones 24/7 when services are usually stuck with 9 to 5.

In my opinion the only way to move forward is to keep working with people on all fronts of addiction. NA, structured daycare that moves to volunteering and education, and even prescribing services all have their place in helping people move forward.

If we are not careful to appreciate our services IDS will say they are not fit for purpose and we will be back to the mid '90s – from what I hear prisons are already at mid '90s standards. Yes drugs are continuing to change, but drug use is increasing while service provision is reducing, so please don't buy into politicians telling you that you deserve better while taking away the little you have.

'...at least the dealers can cover the phones 24/7 when services are usually stuck with 9 to 5.'

Something to get off your chest? Share it 'off the record' by emailing the editor, claire@cjwellings.com

A DECADE OF DDN

In April 2005 Norrie McKechnie, an alcohol counsellor in the south west, was concerned that the new licensing bill would change our drinking culture for the worse...

SINCE THE NEW LICENSING BILL HAS APPEARED there have been a lot of buzzwords floating around – 24-hour opening, flexible hours, staggering hours, last orders.

The reality of course is not about 24-hour opening or flexible drinking. Very few high street pubs and clubs will open 24 hours as it would cost too much. Nor will there be flexible hours between pubs – they will stay open as late as the last one to close, maybe 12.30am or 1.00am, and they will cream off the best hours.

You will still have the last orders drinking-up regime and you will still have people hitting the street at the same time – only they will be drunker, as they will have had cheaper pub drinks available for longer. Clubs will stay open till 3.00am or 4.00am, with price wars to get drinkers in as early as possible.

If you believe this is all in my imagination, look at Scotland. That's exactly what's happened up there, since extended hours came into play. In the big cities the focus and concentration of drinkers hitting the streets has not changed in numbers; only the times have changed – from around 1.00am in the past, to 35,000 drinkers now hitting the streets of Glasgow between 4.00am and 5.00am. The only staggering done up there is by the drinkers, not the pubs.

Licence reforms are a political bribe, a bribe to the binge drinkers, and a bribe to the drinks industry that has got away scot free with most of this, and will make a fortune. And again, no one will refuse it; these pubs and clubs will be packed. And the chancellor will make a killing in increased revenue – not bad going eh?

'Licence reforms are... a bribe to the drinks industry that has got away scot free with most of this, and will make a fortune...'

FEMALE* COUNSELLOR

Hope House, Clapham, London. Full time C £25,000
(Monday – Friday, 9am to 5pm plus some evening and weekend cover)

Action on Addiction

Hope House is a safe, secure and comfortable place for women to recover from substance dependence and receive additional support for other compulsive disorders.

You must have a counselling qualification at degree level (or equivalent) and have experience of working in a residential treatment centre. Experience of working with food disorders and dual diagnosis would also be an advantage. You will be required to provide on call cover over evenings and weekends on a rota basis.

Email your CV to human.resources@actiononaddiction.org.uk.
Closing date: April 20, 2015

**Hope House is a service for women only and only female applicants will be considered for this role in line with Part 1, Schedule 9 of the Equality Act 2010.*

KINESIS LOCUM
Specialist Recruitment

- Total Recruitment for the Drug and Alcohol field. (DAAT, Nurses, Commissioning. NHS. Criminal Justice...and more)
- The Trusted Drug and Alcohol Professionals.

You call Kinesis, we do the rest!

www.kinesislocum.com

0207 637 1039

Time Health

Specialty Doctors in Substance Misuse ready for sessions right away

Time Health is a NHS Designated Body providing Leadership on Quality and Compliance

E: info@timehealthcare.com | T: 0207 637 1039 | F: 0870 762 5909

www.timehealthcare.com

Substance Misuse Personnel

Permanent • Temporary • Consultancy

Supplying experienced, trained staff:

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

Call today: 020 8987 6061

Register online:
www.SamRecruitment.org.uk

Solutions Action Management
Still No.1 for Recruitment and Consultancy

---

swanswell

Swanswell are recruiting...

We're expanding our services and have a number of exciting roles to fill:

- Substance Misuse Clinical Lead Worcestershire (Ref 232) £80,000-£100,000 pro rata. 20 Hours per week (with potential to increase).
- Service Manager – West Berkshire Alcohol and Drug Recovery Services (Ref 233) up to £37,995
- Recovery Workers – West Berkshire (Ref 234) up to £22,665
- Substance Misuse Community Nurse – Leicestershire and Rutland (Ref 216) £29,500
- Substance Misuse Workers – Leicestershire and Rutland (Ref 235) up to £22,665

Swanswell is a national recovery charity that believes in a society free from problem alcohol and drug use; that everyone deserves the chance to change and be happy.

Our friendly, professional team are committed to helping people turn their lives around. We know people are our greatest asset, so we recruit those whose desire to change lives for the better can help us make a real and lasting difference.

In return we offer flexible working hours, a salary sacrifice pension, and a fantastic flexible benefits scheme.

work well together

To join our team, apply at: www.swanswell.org/current-vacancies