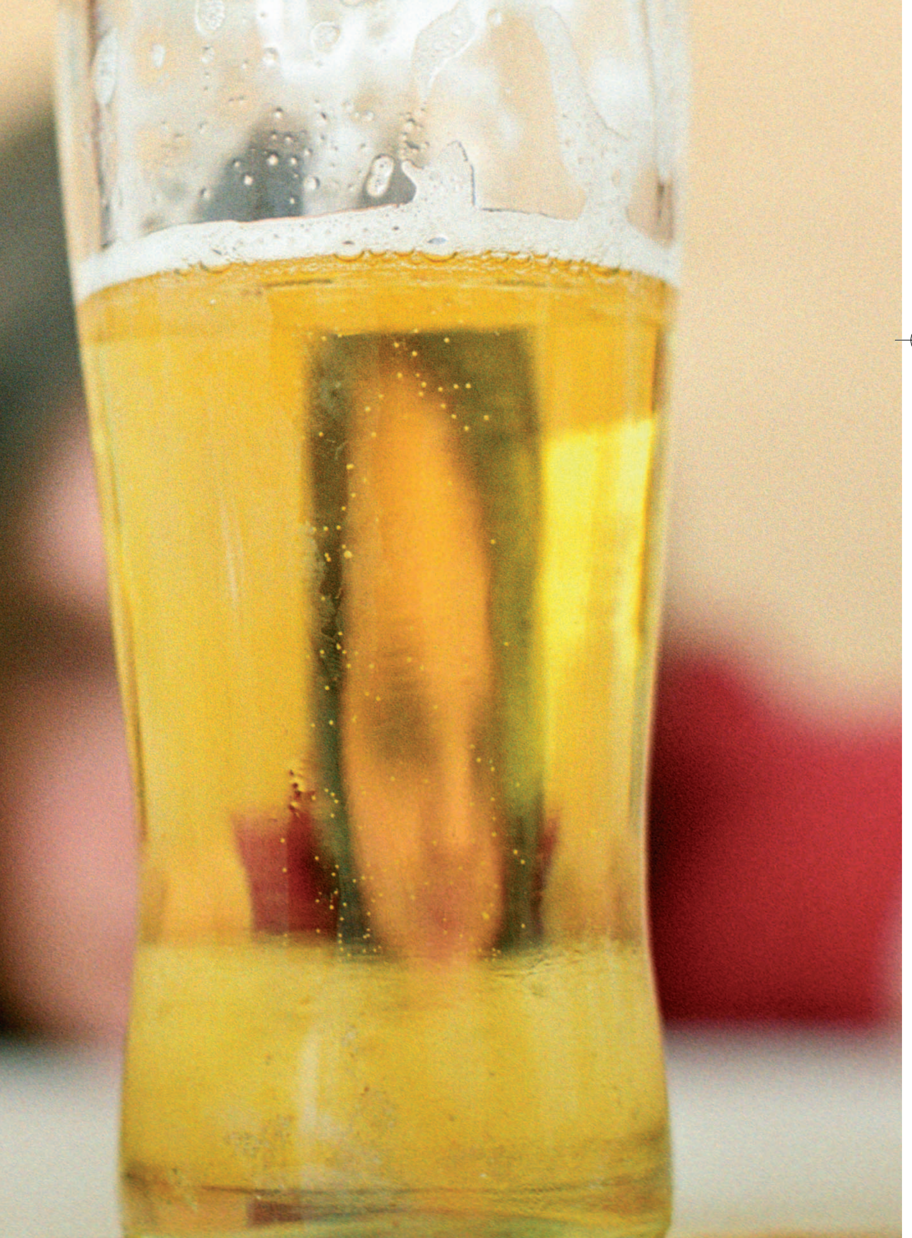
p01 cover.qxd 12/11/04 10:02 pm Page 1

From FDAP in association with WIRED

DDN
Drink and Drugs News

15 November 2004
www.drinkanddrugs.net

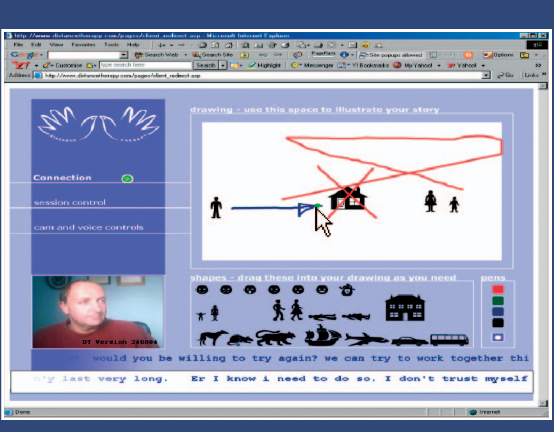


Falling apart
victims of alcoholism and their families can't wait for help

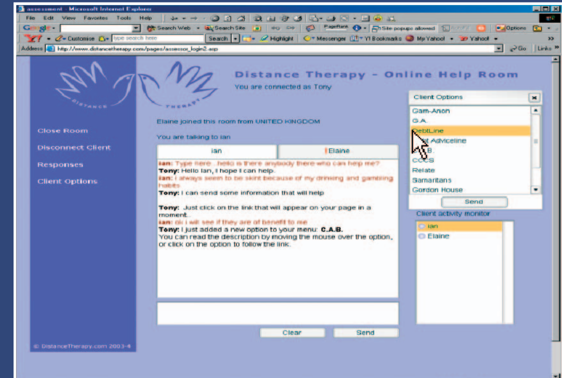
Treatment debate
abstinence or harm reduction?

Your NEW fortnightly magazine | jobs | news | views

Ads 041115.qxd 12/11/04 7:30 pm Page 2



Client's view (using drawpad) of screen in mid-session



Assessor choosing actions to place on caller's screen

Launching this month

From WIRED

In association with FDAP and Distance Therapy Ltd

VIRTUAL OUTREACH

A uniquely secure online tool to bring together substance misuse professionals and their clients.

Virtual Outreach has internet-based counselling, assessment, and groupwork rooms, with video and voice links, chat and whiteboard that give strict confidentiality and anonymity to your client.

Use Virtual Outreach for:

- **Assessment and referral**
- **Counselling (individual and group)**
- **Peer support**
- **Aftercare**

Virtual Outreach is based on the online therapy tools of DistanceTherapy.com, originally designed to help recovering gambling addicts. It has been specially developed to relate to substance misuse.

To see demos and try out Distance Therapy, visit *www.distancetherapy.com*

For further information, please contact:

Professor David Clark
david@substancemisuse.net
07967-006569

Published by

On behalf of

Federation of Drug and Alcohol Professionals

The 21st Century approach to tackling substance misuse

Drink and Drugs News in partnership with:

European Association for the Treatment of Addiction

Mentor

Drugs and Alcohol Today

CJ Wellings Ltd, FDAP and WIRED do not accept responsibility for the accuracy of statements made by contributors or advertisers. The contents of this magazine are the copyright of CJ Wellings Ltd, but do not necessarily represent its views, or those of FDAP, WIRED and its partner organisations.

Drink and Drugs News

15 November 2004

Editor's letter

Alcohol campaigning has, it seems, been a little slow to get the results it needs.

Tacked on to a number of major drug reports as a reference – 'this could also apply to alcohol' – the needs of those who have drifted from using alcohol for regular relaxation and social confidence to desperate dependency, have been neglected.

The DATs who have become DAATs may be doing their best, but it seems up to the persistent minority to remind government that targets are not set for shifting, and that a report on alcohol services due on such and such a date means that there are services looking out for a framework and a promise of commitment.

Beyond legislation, there are individuals in need of practical action. On *page 6*, Rosie Brocklehurst reminds us of the human face of alcohol disorders, beyond crime statistics and more effective policing.

We've an invitation for debate on *page 9*, where Neil McKeganey shares thought-provoking research on drug users' motivation for entering treatment. Is abstinence the driving force behind applying for help? Send us your views.

Our regular education series starts on *page 13*, with a journey through society's perceptions of psychoactive drugs. Prof David Clark explores changing fashions on what's good or bad, safe or dangerous.

Those of you who followed the first part of Natalie's story in our last edition will be heartened to see she's turned the corner this issue *(page 8)* and we've an honest account of life as a carer. If you need convincing that family support groups can play a tremendous role, turn to My Four Walls on *page 10*.

Finally, thanks for your great response to our first issue – and don't forget to let us know if you've a colleague who'd like their own copy.

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

Advertising Manager:
Ian Ralph
t: 020 7463 3581
e: ian@cjwellings.com

Designer:
Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

Website:
www.drinkanddrugs.net
Website maintained by Ash Whitney of Wired-up Wales

Published by CJ Wellings Ltd

Printed on environmentally friendly paper by the Manson Group Ltd

Cover pic by plainpicture

In this issue

News Roundup
Alcohol Concern conference | Audit Commission calls for drug service refocus | Ofcom tightens rules on alcohol ads | London drug law unit gets tough 4

Features
cover story
No room at the inn
Rosie Brocklehurst knows all about 'this challenging time for the field...' but asks: what are we doing about everyday victims of alcoholism, who need help now? 6

How I became...
Part 2: Natalie concludes her struggle from addiction on a happier note. 8

Abstinence or harm reduction?
Controversial new research suggests that drug users seek abstinence, not harm reduction. Neil McKeganey, one of the researchers, opens the debate. 9

My four walls
Jane felt her four walls closing in on her before she found a support group to help her cope with her family's all-consuming drug problems. 10

Internet treatment and support
Innovation and the internet is the modern approach to tackling substance misuse, says Prof David Clark. 11

Obituary
A tribute to Ma Kkaya Nefertari 12

Education: Drugs in Society
Good drugs or bad drugs..? Prof David Clark traces attitudes to drugs back through history. 13

Letters 7

Events 14

Audit Commission calls for drug services to refocus

Refocusing on individual need is the essential next step for drug treatment services, according to the Audit Commission. *Drug Misuse 2004*, the follow-up report to *Changing Habits*, published in 2002, acknowledges 'impressive progress' in developing local drug treatment services and partnerships, but proposes a new framework to tackle the 34 per cent drop-out rate.

Better support and follow-on services, tailored to individual need, are seen as the key to sustaining users on the road back to recovery. Success would depend on consistent involvement of local authorities, the health service, police, prison and probation services, in delivering parts of an integrated package.

The insight of users and carers is an important part of shaping services, says the Commission. Research from those directly involved had given useful information about barriers, including inconvenient appointment times, off-putting dilapidated premises and transport difficulties. Listening to this feedback would lead to more effective use of resources, give better value for money – and would increase users' prospects of staying the course, it advises.

While praising many local partnerships, the Commission calls for drug partner-ships and mainstream services to be much more efficient in planning resources. Only then, it says, will further government funding streams be appropriate.

'The insight of users and carers is an important part of shaping services.'

NTA rejects claims of inflated figures

A question mark over accuracy of drug treatment figures this week has been rejected by NTA chief executive, Paul Hayes. Responding to an unnamed source, who had aired his views in *Druglink*, the magazine of Drugscope, Mr Hayes said that the NTA stood by its figures and that there had been no attempt to mislead.

The accusation comes as the government celebrates hitting its target to expand treatment places by 55 per cent within five years.

Read comment from Paul Hayes in the next issue of Drink and Drugs News.

Ofcom steers drink ads away from youth culture

Ofcom has tightened its rules on alcohol advertising following recent consultation on its revised standards code for television advertising.

The new rules aim to reduce the appeal of alcohol to children and young people and break the link between alcohol and youth culture, by moving away from advertising styles that appeal strongly to younger viewers.

However, the media watchdog backed down from controversial proposals to ban celebrities and music aimed at teenagers from ads for alcoholic drinks. Instead, it made the advertising industry's self-regulating body, the advertising standards authority, responsible for issuing guidelines on the new rules.

Alcohol Concern supported the new 'tougher clearer rules' as preventing advertisers from being 'able to push the boundaries in the name of creativity'. The Institute of Alcohol Studies was less impressed. Director Andrew McNeill told The Guardian that the rules were cosmetic and likely to have little tangible effect: 'We thought it would be easier to put an end to lifestyle advertising in general, rather than fiddling around in this way which is really going to be an invitation to people to show their ingenuity in how they can overcome it.'

An Afghan poppy man, one of the images from leading drug charity DrugScope's Thin Lines, White Lies exhibition in London, last week. Opium production accounts for between 40 and 60 percent of the Afgham economy. The set of portraits, many of them hard hitting, shows people whose lives are dependent on drugs. DrugScope aims to show the importance of measures to tackle drug-related harm, and is auctioning the pictures to raise funds to continue its work at *www.drugscope.org.uk* Picture by Heidi Levine/Sipa Press/Rex features

New law unit cracks down on London drug networks

A pioneering law enforcement unit has been created to tackle the supply of Class A drugs by London's criminal networks.

The Middle Market Drugs Project is a joint initiative – the first of its kind in London – between the police and customs and excise, supported by the National Criminal Intelligence Service.

A 70-strong team will target intelligence operations at drug wholesalers, the link between traffickers and street dealers.

Home Office Minister, Caroline Flint, welcomed the creation of the unit as 'a key step in preventing Class A drugs reaching our communities'. Breaking down the supply chain was just half of a battle, she said. The other part involved more than half a billion pounds of government spending to get drug users into treatment.

The aim of the unit is to make sure that criminals do not profit from drug dealing. Early successes during the two-month trial period have included hauls of cocaine worth an estimated street value of £9,039,040; crack cocaine worth £71,250; heroin worth £176,000 and cannabis worth £200,000.

p04-05 News.qxd 12/11/04 9:13 pm Page 5

National alcohol strategy is only first piece of the jigsaw

The national alcohol strategy is a 'key milestone, but part of a longer process', Clive Henn, the Department of Health's senior policy adviser, told Alcohol Concern's conference.

Acknowledging that the strategy 'didn't please everybody', Mr Henn warned that getting the right balance between stakeholders would not be a short-term process.

Melanie Johnson and Hazel Blears were linking up research from public health and the Home Office, in an innovative approach, he said. The DoH's priorities included looking at a mismatch of supply and demand for services.

The sensible drinking message needed to be 'easier to understand and more relevant', according to Mr Henn. DoH research indicated that while 80 per cent of people were aware of units, only 25 per cent knew what they were – and just 10 per cent checked their consumption of units.

Early screening and interventions should be incorporated into medical schools' training modules, he suggested, and workforce issues looked at 'as the strategy develops'.

The government's audit of alcohol services, whose deadline was January next year, would tell the current state of play around supply and demand of treatment. 'For the first time, we will have a national picture of the state of alcohol services,' he said. 'Afterwards local areas will be able to take data and use it for local planning.'

Mr Henn was supportive of turning DATs into DAATs, but recognised that 'with all their competing demands, it's important that they have time to deliver around alcohol as well'.

In a nod towards stretched resources, Mr Henn advised delegates 'not to hold up planning waiting for the budget'.

Richard Phillips, acting chief executive of Alcohol Concern, said that we were 'facing an extraordinary set of opportunities' and while there were aspects of the strategy that probably wouldn't see change for 10 years, 'we mustn't let frustrations blind us'.

The watchword of the next few years would be 'mainstreaming' – getting alcohol policy into mainstream planning, through a whole systems approach.

Alcohol Concern intended to work with local authorities, the Home Office and the prison service 'to cultivate allies beyond our heartland in health', he said.

'For the first time, we will have a national picture of the state of alcohol services... Afterwards local areas will be able to take data and use it for local planning.'

Culture change needed to tackle binge drinking

A cultural shift is the only way to change British drinking habits, according to Dr Jane Marshall, consultant Psychiatrist at the National Addictions Centre.

'There's a reticence to consider a link between alcohol and violence,' she said. Door keepers still keep serving people who are worse for wear... We laugh at drunk people for doing crazy things.'

Alcohol had become commonplace making it more difficult to spot a habit out of control.

'There's so much alcohol around that people with dismal and difficult lives are using it to cope,' said Dr Marshall.

The alcohol strategy had failed to get to the root of many problems, including alcohol-related violent behaviour, she said. Between a half and a third of offenders drank before an assault.

People were doing an excellent job on the ground, but had been calling for the strategy for a long time, she said. 'I hope the NTA will shape up and invigorate alcohol treatment services in the UK.'

There had been little investment in the alcohol field, but Dr Marshall saw the alcohol strategy as an opportunity: 'let's take the strategy and make something of it. Let's shape it,' she urged.

Joint action vital to raise profile of alcohol field

Joint action between police, alcohol agencies, local authorities, government and industry is the only effective way of tackling spiralling incidents of alcohol-related crime, according to Steven Green, Chief Constable of Nottinghamshire Police.

'Police are the last line of defence. They only cut in when everyone else has failed,' he told conference.

The police agreed with 61 per cent of the population who believed that alcohol-related crime was getting worse, he said. The licensing industry had increased the amount of crime hotspots, which had not been matched by an increase in police resources.

Nottingham had successfully trialled partnership schemes between the public and private sector, and with trading standards to target underage drinkers, but it was an ongoing battle against the binge drinking culture. Student unions were 'beseiged with messages like get trollied for a fiver' and without sanctions, the drinks industry had no compunction from the government to take their social responsibilities seriously, said Mr Green.

Examples of a growing dialogue between criminal justice and alcohol treatment workers, were given by Peter Steele, Chief Executive of Gloucestershire Drug and Alcohol Services. The alcohol arrest referral scheme had proved a cost effective way of getting people into treatment and 'giving them a chance to look at other parts of their life', said Mr Steele.

While there were traditional cultural tensions between criminal workers and client workers, the real enemy were treatment targets from the drugs field, he said. 'Alcohol has to justify every pound it spends, unlike the drugs field... if we don't get the drugs targets there will be hell to pay.'

In brief

Empowerment toolkit
Boosting the involvement of users and carers is made easier with the NTA's toolkit, Extending Empowerment – involving service users and carers. Examples of practice, user views and sources for further advice and information make the resource a useful starting point. Visit *www.nta.nhs.uk/programme/national/toolkit.html*

Employers get Frank
Help for employers in dealing with drugs and alcohol in the workplace is available from the government campaign, Frank. The special edition Action Update includes advice on pros and cons of drug testing and advice on effective workplace policies. Download the pack at *www.drugs.gov.uk/Campaign/Resources/ActionUpdates/1098182299*

Begging for drugs
New guidance to help reach drug users who beg, complements the government's begging toolkit. The guide offers support in developing services that are successful in engaging and sustaining contact with drug users who beg. Available at *www.drugs.gov.uk/ReportsandPublications*

Alcohol model
The NTA reported progress on the action plan for Models of Care for Alcohol (MoCA) at Alcohol Concern's conference. Annette Dale-Perera, Director of Quality, reported that a working group was underway and the first stage wide-ranging consultation would take place before Christmas. Engage with the consultation as it emerges.

Dawn partnership
A north Wales partnership has secured two years' funding worth £4.2m, to continue its work in drug, alcohol and offender rehabilitation. The Dawn Partnership draws on expertise from dier se agencies, and has helped over 1600 people to bridge the gap from treatment to mainstream further education, training and employment. The funding came from criminal justice and health sources in north Wales and the European Social Fund.

p06-07 Alcohol feat/concern.qxd 12/11/04 9:19 pm Page 6

No room at the inn

It's a challenging time for the field, the Alcohol Concern conference told delegates. We need the right balance between shareholders, and to plan more resources for policing crime hotspots, more research, and for plugging the gaps in the national alcohol harm reduction strategy... What about the victims of alcoholism and their families, who need help now? asks Rosie Brocklehurst

WHAT I HAVE TO SAY MAY SHOCK AND DISTRESS YOU. THOSE WITH A DELICATE DISPOSITION MAY LIKE TO STOP READING NOW.

There is a growing fantasy that millions of people in the UK are dependent on alcohol and that this is causing a severe health crisis of monumental proportions. In our hospitals for instance, people in A&E departments are convinced they are seeing large numbers of people with alcohol related mental health problems, diseases, alcohol injuries, and so on, when, in fact, they are not.

I know this is true, because no-one with power and money to do anything about alcohol dependence and health is even talking about it.

Moreover, in a perfect example of bureaucratic overkill to a non-existent problem, I hear that the Department of Health has employed a team of three alcohol advisors. Three! What do they do all day?

I can back up these revelations of mass delusion with proof.

You can get 'Nectar Reward' points at Sainsbury's for alcohol, but you can't get them for tobacco. Proof.

Ok. A bit feeble.

How about this?

A rainy day in November, and 100 alcohol professionals are gathered together in a comfortable venue for the fourth national conference to be held in five weeks on the subject of alcohol and crime. Note the word crime. Not health. Proof.

Naturally, speaker after speaker focuses on crime waves and policing, on arrest referral schemes, on coercive responses to treatment, on Asbos and all the pragmatic detail of approaches to prevention and enforcement. Impressive speakers all. Coolly clinical, moderate, devoid of urgency, and eminently civilised, the words addiction and dependency hardly figure. The talk is about criminals.

What more proof do you want?

Then someone raises a hand. "What about the children of parents and carers who misuse alcohol?" asks this person. A ripple of discomfort spreads around the room. Bottoms shift uneasily in chairs. "Aren't people with alcohol problems victims too?" she goes on.

A man at the back of the room whispers to his neighbour, "she's brave," he says recognising a social gaffe when he hears one.

"Isn't 'brave' the new 'dumb'?" replies his companion.

What is going on?

Of course, the truth is, there is no endemic fantasy. Rather, a tragedy is being played out: a tragedy of lost opportunity and a tragedy of political will. But the field itself is tragically failing to come together and speak up. We are united only by our muffled voices.

In a weird kind of way, the politicians' difficulties, particularly financial, in providing a comprehensive alcohol strategy is easier to swallow.

This tragedy I speak of plays out like a movie. It is called 'Demonisation Part Two', like that old horror movie about drugs. It is now showing on a screen in a city centre near you. Starring 'Alcohol Man' and overworked 'Police Man'.

The effect of the demonisation message in the popular imagination, is that everyone with an alcohol problem gets an instant makeover as a low-life violent yob. The government message becomes the media message. Worcester woman sips her G&T and feels slightly better about things. Middle England adds a slice of lemon and perceives something is being done at last.

Demonisation silences us.

What are we afraid of? What do we risk?

Might we risk our reputations being tarnished by association? Are we afraid of being called soft-on-crime liberals with bleeding hearts? We ask our alcohol dependent clients to show their feelings. Why are we so afraid to show ours?

Can't we get the message to Worcester woman that we aren't soft on crime, but we help reduce crime in the long term? Can't we say that we challenge anti-social behaviour and help people to become fully responsible, dignified human beings?

Those sophisticated political minds amongst us are probably reassuring themselves that by remaining mute, they are playing the long game. This is called the politics of considered caution. It's very cool.

After all, there are organisational reputations to consider. Of course, during periods of consultation we may speak out with moderation and sense, but outside of that, we best keep quiet until spoken to.

Are we frightened of losing out on funding? On contracts? Self-interest has always played its part in quiet collusion. Let someone else raise their head above the parapet and draw the snipers' fire.

But what about this thought? It is just possible that some parts of government might appreciate some effective campaigning on alcohol treatment, particularly around family work. They would like the industry to do more, heaven knows. So would the police. After all, there is some sympathy in the corridors of power. But rarely is any major incursion made

'I try to seek comfort by periodic night-time reading of the six pages in a 95-page strategy that talks about treatment tomorrow, maybe, and live in my own little fantasy world, dreaming that perhaps a few million quid for treatment might fall off the back of a beer lorry owned by some of those nice alcohol industry people.'

into the public purse without a lot of noise.

Right now, there seems to be an unspoken consensus that we must wait for more evidence-based data. We must wait until hugely increased levels of alcohol-related harm, rising trends of misuse and irresponsible behaviours, deaths, child abuse, broken families, and unquantifiable levels of individual human suffering, come spilling out of the research databases and onto analysts' graphs.

But many of us know quite enough already to say with conviction, that we need much more treatment now, not later. But we don't say it loud enough. Instead, we feel it only polite to say how deeply grateful we all are that there is an alcohol policy at all.

Some say, silence and crumbs are better than raised voices and an empty table. They may be right. So, I try to seek comfort by periodic night-time reading of the six pages in a 95-page strategy that talks about treatment tomorrow, maybe, and live in my own little fantasy world, dreaming that perhaps a few million quid for treatment might fall off the back of a beer lorry owned by some of those nice alcohol industry people.

Meanwhile, in the committee chambers and conference halls, we talk about the criminal and the victim as if they are always separate entities, and fail to set a permanent place for the end user at the policy table for fear she might slur her words. **DD**

Rosie Brocklehurst works as a journalist and communications specialist in the drugs and alcohol related field. Her family has experienced alcohol misuse tracked through three generations of relatives, including instances of alcohol-related child abuse, domestic violence, liver disease, oesophageal cancer, heart disease and early death. (rosie@brocklehurst49.freeserve.co.uk)

Letter

Unequal equality

I read the article featuring Caroline Flint and was not surprised that alcohol featured very insignificantly in the overall big picture. (*DDN, 1 Nov, page 8.*)

An addict is an addict and should be treated equally, whether their drug of choice is legal or not. The government thinks differently.

A recent NTA circular welcomed the government's continuing commitment to funding – a further £219m per annum investment in treatment by 2007/8 – as 'a result of the dedication and commitment of everyone working in the treatment field'.

What of the dedication and commitment of everyone working in the alcohol treatment field? No such support is the answer.

I am writing from a position in the frontline of alcoholic human suffering from which I have operated, first in day-centres then residentially, for 28 years. Few of our associated projects have survived with us. Hundreds of experienced and clever people have been lost forever to the alcohol sector. At the time of writing I have 12 empty beds and 65 on a waiting list who have no hope of obtaining funding.

The way this project has survived is through pure, unadulterated vocation. Senior management have subsidised running costs because their passion was so intense and boundless. I cannot think of another soul who would have battled as we have, not only putting money in but not taking salaries out. This is what the government has driven the real dedicated and committed people in the alcohol treatment field to do.

The end is drawing near for alcohol rehab projects which rely on local authority funding. The private/celebrity market expands all the time. The streets, police stations, A&E depts and hospitals are filled on weekend nights with the ever growing culture of binge drinkers. Addiction to alcohol is fragmenting and destroying families every day.

What is the government doing? Burying its head in the sand and hoping the problem will go away. It won't. What will go away however, are the people like us who have soldiered on in the vain hope that someone would wake up and smell the coffee! Apparently the hangover has to be a great deal worse before that can happen. The problem will by then have overwhelmed us as a society.

Teresa Weiler,
Business Manager, Chaucer Clinic

Please email your letters to the editor: claire@cjwellings.com

How I became | an ex-addict (part 2)

In our last issue, Natalie faced up to 10 years of drug-taking and turned to a local treatment agency to help her tackle her heroin addiction. The concluding part of her story is of immense courage and perseverance, support from strangers who became friends – and the unexpected revelation of new life around the corner

"I decided to enter primary treatment and therefore give up all substances, including cannabis and alcohol. The agency's rules also stated that I was not to go in any wet places, so I had to stop working in a pub. I knew I needed the agency if I was going to have any chance at beating my addiction. They had given me some structure. They had guided me because I did not know how to look after myself. I needed to be taught how to live again, to eat properly, be a proper mother. My son and I had been arguing like brother and sister, because I'd been like a child during my heroin using. I had forgotten the routine of meals and would binge eat from three or four o'clock in the afternoon. My counsellor helped me devise a balanced diet plan.

My determination to beat my addiction was spurred on by the stories that I had heard from ex-users and by what the agency had to offer. More than anything, I had longed for happiness and the feeling of belonging somewhere. I'd been totally unhappy when I was using heroin. For the first time, I felt I belonged somewhere. There was something about the agency. I just loved the people. They didn't judge me. They treated me like a human being, supported me in whatever I wanted to do, and treated me as if I was a nice person. Most importantly, they believed in me.

I was really scared when I first started primary treatment. But there were a couple of people I knew from earlier meetings and that made it easier. Primary treatment required a strong commitment. You had to attend the agency one full day a week. You had to attend three NA/AA meetings and one counselling session a week. You had to do written work. And there were rules to follow.

I still didn't think I was going to overcome my addiction and complete treatment. 'Yeah, you will'. I had all these people believing in me and wanting the best for me, which was something that was totally different to what I'd been used to. I began to notice little changes in myself. I sent back fifty pounds John (my ex-boyfriend) sent me for my birthday, even though I had no money. I did not want something from my old life. And I started gaining self respect. I started mixing with normal people, non-addicts. I began to do pottery and dress making courses in college, and I helped children learn to read at a local school.

I was so determined that I was going to complete treatment. I wanted to achieve something. There were times when I missed John, but I knew it was my head telling me that I miss drugs, because John *was* drugs as far as I was concerned. There were times that I was scared, like doing my life story in group sessions. I thought I needed a tranquilliser to get through it. I didn't like those thoughts. Once you do it sober, you feel good. Very good.

I began to take responsibility for the role I had played in my addiction, instead of blaming John. My counsellor was fantastic. I had a lot of issues to deal with apart from my addiction. Everything was brought out in to the open, one way or another. I was desperate to move out of the family home because my father was still using heroin and he still associated with my old drug-taking friends. However, I couldn't just move anywhere, because I had to think about my son and his schooling. An apartment finally became available in the right suburb, a week after I finished the nine-month primary treatment programme.

'As a child, my dream of what it was like to be an adult was nothing like how I was living and that was very sad. But now I am so happy and that dream of adulthood is far better than I ever imagined.'

I then entered the aftercare programme. I finished the courses I had been doing at college – I had never completed a course before – and also began doing voluntary work at the agency. Six months later, the agency offered me a full-time job as a receptionist. I could not believe it! I gradually built a new social network and rebuilt my relationship with my family. Most importantly, I gradually rebuilt the relationship with my son. For a long time, he would not trust me, would not cuddle or kiss me. It took a long time, but now we are so close.

I've been off heroin and all other drugs for over four years. I shock myself when I think of the state I was in. I was 24 with no future other than my addiction and I truly believed I would never achieve anything.

As a child, my dream of what it was like to be an adult was nothing like how I was living and that was very sad. But now I am so happy and that dream of adulthood is far better than I ever imagined. I feel free and very fortunate. And I have choices. Most people who come here are really shocked when they find out I'm a recovering heroin addict.

I owe the agency my life. But I also know that I accomplished a lot – I played an important role in my recovery. I'm no different from anyone else, so anyone can do it. If a person wants to do it, they can do it. Nothing is too immense to sort out, but you need to reach out and get the help. You don't have to do it on your own. There are people who will help you.

p08-09 How I/focus.qxd 12/11/04 9:01 pm Page 9

Abstinence or harm reduction?

New research on drug users in Scotland revealed an overwhelming vote for abstinence over harm reduction as their treatment goal. Neil McKeganey**, one of the researchers, gives his views**

Over the last fifteen years drug abuse treatment services in the UK have been influenced by one idea more than any other. The philosophy of harm reduction, borne out of a key report from the Advisory Council on the Misuse of Drugs, has had an unparalleled influence on the world of drug abuse treatment not only in the UK but also worldwide. But to what extent does the philosophy of harm reduction reflect the views and aspirations of drug users as opposed to those who are planning and delivering drug treatment services?

A surprising answer to that question has come from recent research in Scotland where over 1,000 drug users were asked about the change in their drug use that they were seeking to bring about on the basis of having come forward for treatment. Almost 60 per cent of the drug users interviewed said that the only thing they were aiming for was to become abstinent from the drugs to which they had become addicted. Less than 10 per cent of those interviewed identified harm reduction as the sole change they were looking for. On the basis of these results, it is abstinence not harm reduction which reflects drug users aspirations from treatment.

These findings have touched a raw nerve in Scotland. The Scottish Drugs Forum, set up to represent the views of drug users, issued a press statement on the publication of the Scottish findings describing the research as 'unhelpful and manipulative'. Others have rejected the findings on the basis that 'addicts would say that wouldn't they'.

Part of the anger that these findings have generated has to do with the claim that the research has set up a false dichotomy between abstinence and harm reduction, when in reality the two are effectively combined. But are they effectively combined in practice? Over the last ten years in Scotland there has been a massive expansion in the use of methadone prescribed to drug users on a maintenance basis. This expansion arose out of the harm reduction philosophy based on the findings that methadone can enable addicts to become stabilised, to commit less crime, and to reduce their illegal drug use. It can do all of these things, but can it reduce people's dependence?

The answer to that question is we don't know because we have not been counting the number of people who come off methadone. We have shown great ingenuity in getting people on methadone and we haven't even bothered to find out how many are coming off it. When one thinks that we are talking here about a drug with a known potential to create dependence (methadone) and a population with a known capacity to become dependent, that is an oversight verging on the scandalous.

The fact that we don't count the number of people coming off methadone suggests either that we are not expecting them to come off the drug in any great numbers or because we are happy knowing our addicts are on methadone long-term. Either way, it suggests that we have rather pushed the idea of recovery from dependent drug use into the long grass. In this instance, the division between abstinence and harm reduction is all too real.

The drug users in the Scottish research have spoken with admirable clarity. What they are wanting are drug treatment services that can help them kick their habit, not services that can lead them onto different forms of drug use. The research raises another interesting issue which is no less challenging: namely, what would our drug treatment services look like if the voice of the drug user was given much greater prominence? I don't know the answer to that question but I am pretty sure they would look very different. You know you are in an odd place when your addicts are telling you they want fewer drugs and their doctors are telling them they need additional drugs.

'The Scottish Drugs Forum... issued a press statement on the publication of the Scottish findings describing the research as "unhelpful and manipulative". Others have rejected the findings on the basis that "addicts would say that wouldn't they".'

There is little doubt that we need harm reduction and abstinence focused services. The Scottish research is not about dismantling services, but it reminds us that we need both types. Rather than simply asserting that our harm reduction services are achieving both reduced harm and the recovery from addiction, we had better start to find out if this is the case in reality. I suspect that it is not, and that we have prioritised harm reduction at the expense of abstinence. In doing so, we may have reduced some of the harms associated with continued drug use at the expense of getting people off the drugs to which they have become addicted.

Neil McKeganey is Professor of Drug Misuse Research, University of Glasgow. The author refers to 'What are drug users looking for when they contact drug treatment services: abstinence or harm reduction?' by Neil McKeganey, Zoe Morris, Joanne Neale and Michele Robertson, in *Drugs Education Prevention and Policy Journal*, vol 11, pp 423-435.

Do you agree? Email your views to the editor.

p10-11 M4W/Virtual OR.qxd 12/11/04 9:22 pm Page 10

My four walls

Coping with a family member's addiction can be a strange and stressful business. Jane had entered a spiral of guilt and despair when she came across her local family support group. She shares her experience of finding new strength to cope with her own role as carer.

My story has a beginning but as yet no end, my life of living with substance abuse. Will the reader judge me any more than I judge myself, will the stigma disappear with the telling, the answer is no. Could my story of care help anybody else? I can only hope.

Who can say where my story should begin – was it ten, twelve or fifteen years ago? I am not sure. What I do know, is that it has felt like a lifetime. The lies began quite small and only to myself, my way to cope with the strangers that have taken over the bodies and minds of some of my family. As their behaviour went from bad to worse the lies grew, I began to not only lie to myself but to other family members and friends, keeping the problems and my shame within my four walls. Mothers Day, birthdays and Christmas – seeing to their cards and gifts so that no one would think badly of them. Pretence and lies, on and on, part of my life in my four walls.

Finance problems, verbal abuse, emotional blackmail, stress and depression are now new members of my family. My four walls are beginning to bulge, then when I thought things could get no worse, drug-induced psychosis, paranoia and violence came to stay. Cracks appear in my four walls.

My family unit spirals out of control, but still the never-ending pretence and lies. Emergency services became regular visitors; the justice system became involved with the family unit. I began to question myself constantly: was this all my fault, what had I done wrong, had I made things too easy for them, was I a bad mother and wife, had I condoned the abuse with the lies? My four walls began to crumble.

The lies had now led to my self-induced isolation and lack of self respect. My way to cope went out the window. My life began to revolve around my own prescribed medication, my thoughts and my constant silent screams... how do I end this never-ending spiral? Where do I go, who can I talk to, who will listen? Help! my four walls are now rubble around my feet.

I try to get help from the GP, the dependency agencies, mental health crisis teams and hospitals – to no avail. There is no recognition of the mental health issues involved with substance abuse, it was a case of go home and cope, but no-one to tell me how. Walls at every turn, but not my four walls.

Then a bus journey that changed my life. A friendly face, a helping hand, a caring look from old friends. An invitation to visit a group of carers. The first time someone had been non-judgmental. The realisation I was not alone; I now have new members in my family that I welcome with open arms. CASA, the support group, have helped me in so many ways, but mainly by giving me the strength to make changes in my life that have not been easy, and at times very hard. But in making changes in my life, it has in turn given encouragement to the abusers to make changes in their lives. It takes time to regain trust and respect, like the rebuilding of my new four walls – but at least the foundation is there to build on.

'I try to get help from the GP, the dependency agencies, mental health crisis teams and hospitals – to no avail. There is no recognition of the mental health issues involved with substance abuse, it was a case of go home and cope, but no-one to tell me how. Walls at every turn, but not my four walls.'

My story will continue now with truth, hope and strength – but how many hidden carers of substance abusers are in our communities, living their story in their four walls in desperation. Who will hear their screams for help?

Jane attends CASA (Carers Against Substance Abuse), who provide advice and support to families and partners of users in Gateshead.

A list of similar groups can be found at *www.nta.nhs.uk/programme/national/being_heard.pdf*

Media watch

Units of alcohol could be displayed on bottles and cans, in an attempt to curb Britain's binge-drinking culture. The proposals are expected in the public health white paper and would aim to educate young drinkers about health risks of drinking more than the recommended amount of units. Drinking a pint of lager costs 3 out of your 14 units if you're a woman, 3 out of your 21 units if you're a man.

The Times, 7 November

The Home Office has granted a licence to the Duchess of Northumberland to grow cannabis, opium poppies, magic mushrooms, tobacco and coca plants in her public garden. Visitors will be escorted by marshals to ensure the garden is used for educational observation.

The Independent, 10 November

The proposed model of enforced rehabilitation will do little to change decades of following the wrong policy model, according to Emmanuel Reinart of The Senlis Council Drug Policy Advisory Forum. Innovative policies that have proved successful are cutting crime, reducing overdoses, reintegrating drug users into society and reducing the spread of HIV and Hepatitis C.

Letter to The Daily Telegraph, 3 November

Launched this week, the Spikey could soon become a regular feature at the bar if pubs and clubs take to the new anti-tamper device. Placed in the neck of a bottle, the device stops anyone from adding drugs to a drink. Spikeys will cost 2.5p each and be supplied to the trade in boxes of 5,000.

London Evening Standard, 11 November

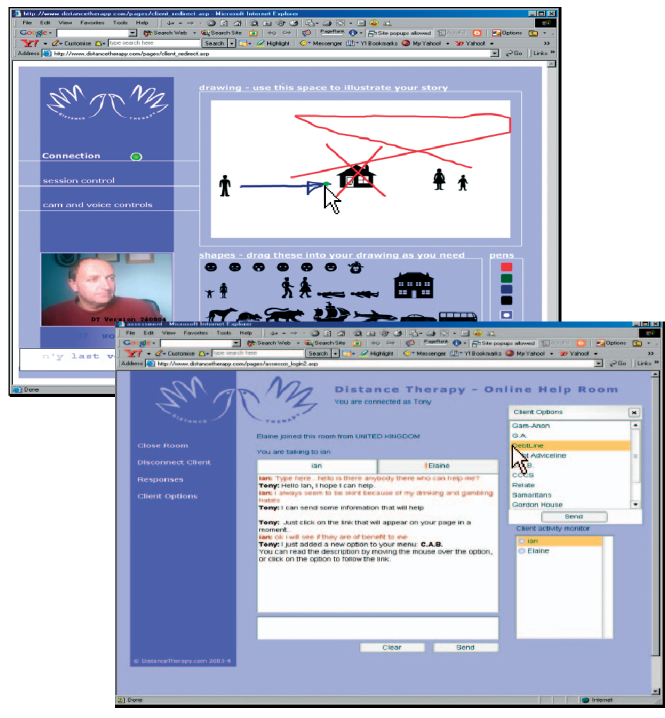
The Scottish smoking ban is not such good news for intercity train operators GNER, who are mid-way through a £30m rolling stock refurbishment that includes enhanced smoking compartments with floor to ceiling partitions and extractor fans. The company will now enforce a complete ban on smoking, A light up, stub out arrangement, as the train crossed the border from England to Scotland, was deemed too difficult to police.

The Guardian, 11 November

p10-11 M4W/Virtual OR.qxd 12/11/04 9:00 pm Page 11

Internet treatment and support

Despite increased Government spending, still only a minority of people with a drug and alcohol problem access treatment services. Waiting times to access treatment are still too long. As demand outstrips resources that can be given to treatment facilities in the community, Professor David Clark argues that there is an urgent need to be innovative in developing ways of tackling substance misuse.



The internet provides a platform for enhancing access to information and support, for extending treatment options, and for providing opportunities for prevention of substance misuse problems. Over 50 per cent of households in the UK have access to the internet, and many other people are able to access the internet in work and educational establishments. However, while there has been a marked consumer use of the internet in health fields, particularly in the USA, this trend is not apparent in the substance misuse field in the UK.

The internet offers a number of advantages. A 24 x 7 x 365 service can be provided, with people being able to take what they want, when they want and as often as they want. Use of web-based information can facilitate self care and help people become more involved in treatment decisions. The internet can also be used to facilitate peer support.

It provides access to people who might not attend normal services because of distance or concerns about stigma. Anonymity can be maintained. Access can be provided to multi-media and interactive material, which can facilitate treatment and support. Finally, it must be emphasised that using the internet is a preferred way of communicating for many young people.

At the same time, there are potential problems of using the internet. Firstly, not all information provided on the web is high quality, evidence-based or accurate. Secondly, a variety of ethical issues need to be addressed, including potential concerns about client 'safety' (security and confidentiality).

Thirdly, the internet provides access to only certain types of client – although this is also a problem with real-world services. Fourthly, practitioners and commissioners are still unsure and/or wary about the potential of the internet for providing effective treatment and support.

There is an urgent need to develop an holistic substance misuse service delivered on the internet, of which treatment interventions are a part. Such a service needs to be developed in collaboration with practitioners, clients and commissioners, as well as IT experts.

This service will need to be integrated into the cycle of drug (and or) alcohol-using careers. It must offer interventions for people in the early stages of drug use, people in transition between recreational and problematic use, and long-term problem users. It must help people before they develop a substance misuse problem, and for those who have a problem it must go beyond helping them stop – it must help them stay stopped.

The internet-based approach must emphasise the capacity for self help. Research tells us that many people with a substance misuse problem get better without going near a professional or treatment agency. Treatment offered on the internet will ultimately provide a variety of ways of helping people find their own particular route to recovery.

An holistic substance misuse service on the internet should not be limited to any particular philosophy or treatment regimen. Rather, it should involve a wide variety of approaches. An essential characteristic of the service is that it should involve key principles that are known to help people reduce the harm caused by drugs and alcohol and, where appropriate, facilitate the path to abstinence. These principles include:

- Feeling that it can be done. People with a substance misuse problem who are to get better must believe they have it within their power to change their behaviour. Treatment must involve enhancing the self-esteem of clients.
- Enhancing motivation. People with a substance misuse problem must also personally want to change. Treatment must involve enhancing motivation.
- Goal definition. Recovery is movement towards a goal – the client must define that goal and keep it in sight. The client and therapist must work on goals, which may involve small steps (e.g. to reduce drinking an amount) or large steps (abstinence).
- Avoiding relapse. Staying off substances involves the use of distinct psychological skills. Some people work out these skills spontaneously, whilst others need to be trained and helped in the implementation of the skills.
- Using support networks. People who have had a substance misuse problem must establish a new network of people who support their new-found status. Support from others is a tool to recovery, as evidenced by AA and Narcotics Anonymous (NA).
- Change must feel good to be held. People must not feel that they are missing the life they had when misusing substances. The essence of treatment therefore resides partly in finding rewarding substitutes for the substance misuse. There is an added bonus when the person engages in activities which enhance self-esteem, such as learning new skills and gaining meaningful employment.

In a forthcoming article, we will consider some of the elements of an internet-based treatment service and look at a new communication tool for linking together professionals and their clients online.

'The internet-based approach must emphasise the capacity for self help... Treatment offered on the internet will ultimately provide a variety of ways of helping people find their own particular route to recovery.'

p12-13 Obit/Rsch/Educ.qxd 12/11/04 8:59 pm Page 12

New research

'Changes in route of drug administration among continuing drug users: Outcomes 1 year after intake to treatment'

Michael Gossop, Duncan Stewart, John Marsden, Tara Kidd and John Strang (National Addiction Centre, London) in Addictive Behaviors 29: 1085 – 1094, 2004.

A total of 641 long-term (mean: 8.4 years) heroin users recruited from 54 UK treatment centres were asked their main route of administration at intake into the study. Injecting (61%) and 'chasing the dragon' (37%) were the main routes. One year later, 29% had not used heroin in the 90 days before the follow-up interview. There was no difference in the probability of abstinence between injectors and chasers.

Of the 443 clients who were using heroin at intake and follow-up, 14% had switched from injecting to chasing and 5% had made the reverse transition. The greatest reductions in heroin intake between intake and follow-up occurred in users who had switched from injecting to chasing. Those who were injecting heroin at follow-up were more likely than heroin chasers to be regular users of non-prescribed methadone, non-prescribed benzodiazepines and crack cocaine.

Changes in route represent an important aspect of drug-taking behaviour. The authors emphasise the need to study the subgroup of heroin users who switch from injecting to chasing to help understand the significance of this apparently constructive change and the implications for long-term outcomes. Also, interventions are required to help heroin users make the transition from chasing to injecting: this may represent a useful intermediate treatment goal for drug injectors who cannot achieve abstinence.

Ma Kkaya Nefertari

We were deeply saddened to hear the news of the death of Ma Kkaya Nefertari, Chief Officer of the Federation of Black and Asian Drug and Alcohol Workers. Simon Shepherd, Chief Executive of FDAP, said 'Ma Kkaya's untimely death is a real blow to this field. It is incredible to think that only a fortnight earlier she was speaking at our annual conference.
My thoughts are with her family at this time.' The Federation has asked us to print the following tribute

Colleagues, members, friends and partners of the Federation of Black and Asian Drug and Alcohol Workers are in shock and disbelief. Ma Kkaya Nefertari passed away on Sunday 24th October.

Ma Kkaya, our dearest sister, mentor, guide and friend – chief officer of the Federation – suffered a brain haemorrhage early Saturday morning. She was rushed to hospital and kept on life support for much of the weekend, as specialists struggled to save her. Eventually and reluctantly her family agreed to let her go. The life support machine was switched off on Sunday evening at about 7.15pm. All of us at the Federation take this opportunity to express our sincerest and deepest condolences to Ma Kkaya's family and her partner for their loss.

Under her visionary guidance and leadership, both she and the Federation grew in stature and impact over the past four years. It is now a growing national membership organisation with governance structures and presence within East and West Midlands, the North West and London. Beginning as a volunteer in In-Volve a national drug treatment agency based in Newham, Ma Kkaya became one of the first development officers for the Federation, then its first director of operations and finally its chief officer.

Ma Kkaya impressed many by her extremely business-like, strategic and pragmatic approach to the chaotic and problematic field of race and drugs. However what inspired and touched people most, was her motivation and dedication to her community, especially those living on the front line of drug use and violence. She symbolised the insistent voice and striking presence of diverse communities and women around the decision-making table, when policies and services of drug treatment and related criminal justice agencies were reviewed, discussed and developed.

She was a highly successful professional who provided consultancy and training for the Home Office, Metropolitan Police, and a number of public and private sector initiatives. Ma Kkaya served as an LEA School Governor and was a certified NVQ Assessor, ITS Neuro-Linguistic Practitioner and was just finishing her MBA.

Even as chief executive, she made the time to mentor and motivate particularly women and young people. She instilled within them the desire to put their troubled and desperate past behind them and transform themselves and their situation to release their true selves from within. For this is exactly what she had to do for herself and with her own past – a fact which she never paraded, but never hid. And for this transparency, courage and honesty she was much loved and respected within the community and even by professionals within government offices. Ma Kkaya demonstrated through words and action that it is possible to use adversity and painful memories of the past as stepping stones on the healing journey to realising one's own greatness.

Ma Kkaya Nefertari, the only black woman chief officer of a national organisation in the field of substance misuse may have left us physically, but her greatness and unique legacy lives on – Gwaan Sista Ma Kkaya – nuff love and respect!

"I am a woman of Afrikan ancestry, a daughter, a mother, a grandmother, a sister, an aunt, a partner, a colleague, a mentor – a performer, a leader. By virtue of my gender and culture, I am assigned a number of roles. It is through my knowledge and experience of these perspectives that I engage you in an open dialogue, which will focus on the context within which the roles and responsibilities of women from other communities are often defined. Whilst also looking at the paradigm within which other women operate as key drivers actively informing the growth, healing, progress and advancement of our 'selves', families, communities and wider societies."

Ma Kkaya Nefertari
'Through the Eyes of a Woman'

p12-13 Obit/Rsch/Educ.qxd 12/11/04 8:59 pm Page 13

Drugs in society

How can we make a rational decision about whether drugs are good or bad, when we're all drug takers? Professor David Clark takes the definition of a psychoactive drug right back through history, and reveals how politics, economics and the media all play their part in shaping people's attitudes. Society will only make progress when it learns to address substance issues openly and realistically, he suggests.

'The sufferer is tremulous and loses his self command; he is subject to fits of agitation and depression. He loses colour and has a haggard appearance... As with other such agents, a renewed dose of the poison gives temporary relief, but at the cost of future misery.'

From a medical textbook published in 1909. *(See end of article to discover the drug.)*

People have been taking psychoactive drugs to change their state of consciousness for thousands of years. Man has discovered psychoactive drugs serendipitously, has cultivated them deliberately, and has been producing them in laboratories, even in suburban homes.

Many people consider that only a minority take psychoactive drugs. However, in his excellent book *Living with Drugs*, Michael Gossop points out that drug taking is 'almost a universal phenomenon, and in the statistical sense of the term it is the person who does not take drugs who is abnormal'.

While some people might react strongly to the idea that they are a 'drug taker', drugs come in various forms other than illegal substances such as heroin and cocaine: nicotine in cigarettes, alcohol, and various prescription drugs used for problems such as sleeplessness, depression and anxiety. Even tea and coffee contain a drug – caffeine.

So what is a psychoactive drug? The World Health Organisation defines a drug as 'any chemical entity or mixture of entities, other than those required for the maintenance of normal health (food), the administration of which alters biological function and possibly structure'. A psychoactive drug is a drug that affects the brain to produce alterations in mood, thinking, perception and behaviour.

The positive effects of psychoactive drugs are the pleasurable mood states they induce and their ability to reduce negative mood states such as anxiety. However, psychoactive drugs may also produce negative effects, such as the paranoia and delusions caused by excessive use of amphetamine.

Society has clung to the notion that some psychoactive drugs we use are 'good', whereas others are 'bad'. Heroin is a 'bad drug' and heroin users are often classed as deviant or abnormal. Tea and coffee are 'good' drugs – although most people do not consider them as drugs. Alcohol is a 'good' drug, even though we are becoming increasingly aware of the risks that can be associated with its misuse. Tobacco is rapidly shifting from being a 'good' drug to a 'bad' drug.

Librium and valium, which can be obtained on prescription to alleviate anxiety states, are considered 'good' drugs. This situation is complicated though, because these same drugs become 'bad' drugs if used by people who also take heroin or amphetamine. Librium and valium are also known to be addictive.

The 'good/bad' drug distinction sometimes becomes synonymous with 'safe/dangerous'. Society would have us believe that good drugs are all safe, or at least relatively safe, whereas bad drugs produce bad effects and are not safe. However, as Michael Gossop points out, it is here that society has problems, because 'scientific questions about the actual effects of a particular drug become entangled with issues of personal morality and subjective beliefs'.

It is important to note that the 'good/bad' and 'safe/dangerous' classifications have varied across time, and from culture to culture. Some drugs which are illegal today were commonly used in the past legally, often for medicinal purposes. Some drugs deemed illegal in Western society are used for religious purposes in other cultures.

It also needs to be emphasised that the 'safe/dangerous' distinction does not hold up to scrutiny. Many more people die, either directly or indirectly, as a result of using tobacco, alcohol and prescription drugs than all illegal drugs combined.

Throughout history, societies have developed laws to regulate or control the use of certain drugs. One would like to believe that these laws have developed objectively, in an attempt to reduce the heath and social problems caused by drugs. However, a closer look reveals a more complicated picture – ideological, political and economic interests play a major role.

People in society today have a set of attitudes towards drugs and drug taking, that are often shaped by the popular media. As Gossop points out, 'the term "drug taker" is used as a condemnation, as a way of identifying someone who is involved in a strange and deviant way of behaviour. There is a continuing reluctance to face up to the fact that drugs and drug takers are part of everyday life'.

We live in an inconsistent society. On the one hand, we tell our young people not to take drugs and keep away from people selling drugs. On the other hand, doctors and others are constantly encouraging us to take drugs produced by the pharmaceutical industry – some of which are addictive – for a variety of conditions. Moreover, while we tell young people that certain illegal drugs are dangerous for their health, we ignore to a large extent the bad effects that alcohol has on health.

Psychoactive drugs have always been part of life – and they will always be present. Substance misuse is not going to go away. Society needs to recognise the problems caused by substance misuse and deal with them in a realistic and open way. We also need to recognise that many problems caused by drugs are intimately related to other factors, such as social deprivation and social exclusion. Society needs to address these problems.

The drug is coffee!

Michael Gossop's book *Living with Drugs* is essential reading for people interested in learning more about psychoactive drugs. It can be obtained from Amazon books for £17.99.

Events | up and coming

17 November
Drug-related deaths: exploring issues & finding solutions
One-day conference on reducing drug-related deaths. Themes include: setting up confidential inquiry panels, working with injecting drug users to reduce risk of death, ambulance protocol/ policy for responding to overdoses, needs of BME communities and deaths in custody. Greater Manchester Ambulance Service NHS Trust, Manchester.
Contact Salman Desai.
t: 01204 492419,
e: info@gmas.nhs.uk.

18-19 November
SSA annual symposium
'Examining legitimacy, competence and effectiveness in primary and secondary care'. Society lecture will be by Professor Griffith Edwards. Society for Study of Addiction, York.
Contact Christine Weatherill.
t: 0113 295 1330
e: training@lau.org.uk.

24 November
Tackling alcohol-related crime – an after-dark problem
One-day conference to discuss how different agencies can work together to tackle alcohol-related violence and anti-social behaviour in the night-time economy. Capita, London.
Contact Jasmin Matharu.
t: 0207 808 5292,
e: jasmin.matharu@capita.co.uk.
w: www.capita-ld.co.uk

24 November
HIV and AIDS treatment
One-day event with presenters from both the HIV and drug and alcohol sectors. Keynote presentation by Dr Mike Youle, Director of HIV Clinical Research at the Royal Free Centre for HIV Medicine. Other speakers include Annette Dale-Perera (NTA), Kathryn Leafe (Cranstoun) and Dr Peter Miller (National Addiction Centre). EATA, London.
t: 020 7922 8753,
e: office@eata.org.uk.

24 November
Alcohol, drugs & social inclusion
Annual seminar exploring barriers faced by some groups in accessing services. Conference includes workshops and a task group will be drawn together to take forward issues identified. EDACT, Lisburn, NI.
Contact Davis Turkington.
t: 028 9043 4248,
e: dturkington@ehssb.n-i.nhs.uk.

26 November
Binge drinking: problems and responses
Topics cover binge drinking and school students, adults, economics, medical effects, Manchester City Centre Safe Project, reducing trouble in bars, a Canadian approach and harm minimisation. Addictions Forum, Bristol. Contact Addictions Forum at University of the West of England.
t: 0117 328 8800.

3 December
Dual diagnosis: mental health & drug addiction & alcoholism
A detailed look at how the gap between mental health problems and alcoholism and drug addiction can be addressed, particularly issues arising from differences between health service and voluntary organisations. London.
w: www.conferencesandtraining.com
Reduced rate for FDAP members

7-8 December
NTA national conference
The NTA's second major conference will acknowledge significant improvements in drug treatment in England, identify challenges we still face, and set out the vision for the remaining three years of the current drugs strategy. NTA, London.
w: www.nta.nhs.uk

2005

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

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

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

10 March
Meeting drug treatment needs – innovative strategies
Looking at innovative strategies to reduce drug addition, improve treatment and accessibility including effective cross-sector provision, including working with employment, housing and education services. Invited speakers include Caroline Flint, MP; Lord Victor Adebowale and Paul Hayes. London.
t: 020 7324 4373
e: amanda.smith@neilstewart associates.co.uk
w: www.neilstewartassociates.com

20-24 March
16th International Conference on Reduction of Drug Related Harm
Organised by Department of Health, Social Services and Public Safety for Northern Ireland, in association with International Harm Reduction Association. Belfast.
w: www.ihra.net

19-21 May
UK/European Symposium on Addictive Disorders
Speakers will include Prof Carlo DiClemente, author or world-renowned research on the impact of treatment for alcoholism.
Contact Deirdre Boyd.
e: deirdre@addictiontoday.co.uk.

OVERSEAS EVENTS

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

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

7-9 July
8th European conference on drugs and infections in prison
This year's event is 'Unlocking potential – making prisons safe for everyone'. The conference will cover throughcare and after care, multi-agency working in practice, and harm reduction.
Contact Salma Master.
e: smaster@cranstoun.org.uk

Please email details of your events to:
office@fdap.org.uk

2005 National Drug Treatment Conference

Monday 21st and Tuesday 22nd February 2005
at the Victoria Park Plaza Hotel, London

For more information:
www.exchangesupplies.org

Ads 041115.qxd 12/11/04 8:10 pm Page 16

Taking Effective, Sustained Action on Alcohol Misuse

Delivering National and Local Programmes that Really Work

CPPS

Thursday 16 December 2004
at the Royal Commonwealth Society (London)

- Drinking is good for health, society and economy
- But alcohol causes 1.2 violent incidents a year : anti-social behaviour, domestic violence and impact on hildren, plus 1k suicides, 30k hospital admissions for dependence and 70% off-peak A&E use
- We need better education, help for risk groups, codes of practice, awareness by professionals, industry involvement, enforcement, treatment, exclusion orders and other action.
- There are challenges for central and local government, NHS, police, industry and individuals
- This seminar with key players charts ways forward for balanced national and local approaches

PRICE OF THE SEMINAR

The price of the seminar is £285 plus VAT. However we are also able to offer discounts for voluntary and community organisations and for block bookings. If you would like to negotiate a discount, please contact Ruth Longbottom, on 01422 845004 or info@cppseminars.org.uk

THE CENTRE FOR PUBLIC POLICY SEMINARS

The Centre for Public Policy Seminars is an independent organisation running one or more seminars a week on a wide range of public policy matters. Seminars are generally run in association with one or more Government Departments and/or other public bodies, but aim to discuss the broadest base of views. Generally our days have an eminent panel of contributors, but they also have considerable time set aside for questions and discussion, the maximum amount of which we encourage. Please visit our website: www.cppseminars.org.uk, where full details of all our events are available..

CENTRE FOR PUBLIC POLICY SEMINARS
6 Hollins Place, Hebden Bridge HX7 8EU
tel: 01422 845004
fax: 01422 845032
email: info@cppseminars.org.uk
website: www.cppseminars.org.uk
Director Sydney Roper

CDP

Training and Learning Centre

Opens November 1st 2004

This new venue is available to hire for:

.Training

.Meetings

The Training and Learning Centre is a newly refurbished venue near the Oval and Kennington Park in South London.

The centre offers:

. A light, spacious ground floor room for up to 20 people
. Additional room / break-out space
. New, high quality training equipment
. Buffet lunch and refreshments
. Free parking for trainer / lead
. Wheelchair access
. Convenient access to public transport

To hire from £100 per day for voluntary organisations (£150 for others)

If you would like to find out more or make a booking please call:

020 7582 2200 or email training@communitydrugproject.org.uk

Drink and Drugs News

Have your advertisement seen by over 10,000 substance misuse practitioners

Contact the sales team for special introductory rates

t: 020 7463 2081

e: ian@cjwellings.com

west sussex drug & alcohol team

Drug & Alcohol workplace policies

a free online training course for employers & employees

www.westsussexdaat.co.uk

25% of the people receiving treatment for serious drug dependency across Brighton, Hove and West Sussex are employees

35% of the people receiving treatment in West Sussex for serious alcohol dependency are employed

That's over 430 people in employment who have a serious dependency or significant substance misuse problem - how many others might be in employment and perhaps working for your organisation?

contact
Elizabeth Flegg
HR Project Manager
WEst Sussex DAAT
1st Floor City Gates,
2 - 3 Southgate,
Chichester,
PO19 2DJ

T::01243-382935 F:01243-283930

elisabeth.flegg@westsussex.gov.uk

What IMPACT is this having on YOUR workplace?

Ads 041115.qxd 12/11/04 7:31 pm Page 17

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

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

12-Step Addiction Counsellor at HMP Norwich

Full Salary Range £18,397 - £24,229 (including regional & therapy allowance)

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

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

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

Closing date for completed applications: Midday, Monday 30th November 2004

RAPt strongly encourages applications from Black and Minority Ethnic individuals and from those in recovery from addiction.

NO AGENCIES PLEASE

Registered Charity no. 1001701

www.rapt.org.uk

CLOUDS

Leader of Therapeutic Services – Familes Plus

Up to £26,000 + benefits
Salisbury, WIltshire

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

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

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

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

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

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

Drugs Worker/ Care Co-ordinator (to March 2006)

LEWISHAM DIP - DRUG INTERVENTION PROGRAMME

Lewisham Drug Intervention Programme is an innovative and exciting project, designed to increase the numbers of problem drug-using offenders entering and succeeding in drug treatment. The DIP Team will work across a range of agencies to identify and support offenders within custody, courts, prisons and the community, into and through treatment. We are looking for highly motivated and energetic candidates to fill a number of posts within this dynamic new team. If you want to find out more about Lewisham DIP please call Deirdre Bryant for an informal chat on 020 8314 8056.

A key part of the DIP service will be one-to-one work to address the complex needs of drug-using offenders. We are looking to appoint one Drugs Worker/Care Co-ordinator who will work with individual DIP clients to design and implement care plans, facilitate solutions to housing problems, family issues, employment/skills issues etc. You will have experience in the drugs and/or criminal justice fields, and will be committed to the challenging goals of the DIP programme. As well as working with individuals on the DIP caseload, you will also provide an enhanced arrest referral service at Lewisham Police Station.

To find out more and apply, please visit www.lewisham.gov.uk If you do not have web access, please telephone 020 8314 9999. Please remember to quote the job reference **CSD794.**

We operate a final salary pension fund.

We are an equal opportunities employer.

Closing date: Tuesday, 30 November 2004 (noon).

PO1 £27,636 - £29,550 pa

Lewisham

addaction

The leading drug and alcohol charity.

Helping individuals and communities to manage the effects of drug and alcohol misuse.

Sessional Workers

£8.76 per hour • Cleveland

Addaction is a national organisation providing drug treatment services across the country. Addaction Cleveland provides support and advice for people with substance misuse issues who are currently within the Criminal Justice System.

Drive, energy and enthusiasm are all essential for this challenging position, as you'll not only have a central role to play; you will also be instrumental in the development of our flexible services. This involves working with the police, probation service, courts and the Criminal Justice Intervention team, from initial contact stages, during the detainees' time in custody and beyond, ensuring a high quality support service is provided throughout. You will provide weekend cover (Fri, Sat, Sun) on a rotational basis, plus additional days during these weeks.

We provide comprehensive training within an open college network-accredited Core Competency framework. However, experience or training in the drug/alcohol field would be a distinct advantage, along with some knowledge of the Criminal Justice System and legislation. Because you will be working at the sharp end, confidence and a flexible approach are just as important as an understanding of motivational interviewing techniques.

For an application pack, please contact Sarah Trollope on 01642 438449 or email s.trollope@addaction.org.uk (Refs: NNE34 - NNE37 and NNE46 - NNE50)

Closing date: 1 December 2004.

Addaction is an equal opportunities employer.

Charity no: 1001957

established 1967

www.addaction.org.uk

Drink and Drugs News

Why wait?

Get the latest news on a Monday
See all the latest vacancies

If you don't see Drink and Drugs News until the office copy finds its way to you, get your own copy delivered every other Monday to your home or work.

Email to be added to the FREE circulation. *subs@cjwellings.com*

Creating change

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

DRUGS WORKER

6 Month fixed term contract

£18,159 - £18,724 pro rata (inclusive of allowances)

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

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

For further information or to download an application form and job description please visit www.phoenixhouse.org.uk or email recruit@phoenixhouse.org.uk quoting the reference number FDAP/DM. Alternatively please call 0114 267 8094. Closing date: 29th November.

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

The Providence Projects

Counsellor - 15K - Bournemouth

The Providence Projects are leaders in the field of Quasi-Residential Day-care treatment. We offer detoxification together with a full therapeutic abstinence based programme incorporating the best in primary and secondary care.

For details contact
The Providence Projects
Henley Court,
32 Christchurch Road,
Bournemouth BH1 3PD,

tel: 01202 555000,
fax: 01202 555100,
e-mail: info@providenceproject.org,
web site: www.providenceproject.org

Classified | recruitment

Teaching Primary Care Trust

Substance Misuse Treatment Service

Walsall tPCT wishes to recruit to the following positions:

Drug Fieldworker, Drug Intervention Team

Grade G or equivalent

Salary – £23,860 - £28,070 per annum (subject to Agenda for Change)

Job Ref: 04/331

Initially based within the current Tier 3 provision at Lantern House Community Drugs Team, the position will support the specialist prescribing service and will work closely in partnership with other Drug Intervention Team providers. You will be responsible for the co-ordination of care and carry a dedicated caseload.

Drug Fieldworker, Primary Care

Grade G or equivalent

Salary – £23,860 - £28,070 per annum (subject to Agenda for Change)

Job Ref: 04/332

You will join an existing team to work in partnership with a major Primary Care Provider in the co-ordination and delivery of specialist drug treatment services.

Drug Fieldworker

Grade F or equivalent

Salary – £20,220 - £25,250 per annum (subject to Agenda for Change)

Job Ref: 04/333

To join an existing multi-disciplinary Tier 3 team, in the provision of a range of interventions to problematic drug users. The post holder will have responsibility for the management of a designated caseload of clients.

You must be willing to travel frequently within the working day across the Borough.

The successful applicants will be asked to apply for a Disclosure (criminal record check).

The tPCT is committed to operating flexible working practices wherever possible.

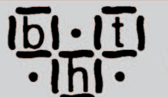
Informal enquiries are welcome to Gerry Duffy, Service Manager, Lantern House Community Drugs Team on 01922 858463 or via email on Gerry.Duffy@walsall.nhs.uk

For an application form and job description please contact Human Resources Department, Jubilee House, Bloxwich Lane, Walsall WS2 7JL. Tel: 01922 618397/9, quoting the job reference.

Closing date for applications: 26 November 2004.

An NHS tPCT Committed To Equal Opportunities
We Operate A No Smoking Policy

Please mention
Drink and Drugs News
when replying to adverts



brighton housing trust

BHT Addiction Services

BHT's Addiction Services (Detox Support, Recovery, Move-On) provide a comprehensive programme of support to men and women with addictions to drugs and alcohol, many of whom are former rough sleepers in the City, who are committed to abstinence and recovery.

Manager (The Recovery Project)

Salary £24,000 – £25,938 per annum

35 hours per week

NJC Scale Point 32, rising by annual increments to scale point 35

We are seeking to appoint a Manager to lead the staff team in delivering support and encouraging our clients to see that long-term recovery from addiction is possible. They will be responsible for service delivery, service development and all day-to-day issues of management. The post holder will be joining the project at an exciting time, with the core of the work having now bedded in following a major expansion and with the project now firmly at the centre of a thriving community of recovering men and women throughout the City.

The post holder will have a qualification and/or experience in counselling, experience of working with people recovering from addiction, excellent interpersonal skills and will be keen to join a committed and talented team. An ability to manage Supporting People contracts is essential.

Closing Date: 9.00 a.m. Monday 29th November 2004
Interview Date: Tuesday 7th December 2004

For further details and an application form please write, specifying the post and enclosing an A4 self addressed stamped envelope (.42p) to the HR Administrator, Brighton Housing Trust, 144 London Road, Brighton, BN1 4PH.
Please note CV's will not be accepted.
BHT operates an Equal Opportunities policy

HAGAM

(Hillingdon Action Group for Addiction Management)

Old Bank House,
64 High Street, Uxbridge,
Middlesex, UB8 1JP

Consultant Counselling Supervisor Required

We currently have a vacancy for an experienced consultant supervisor to provide client work supervision for our senior counselling staff. The time commitment will be around 4.5 hours per month

Please contact Kate Henderson, Director on 01895 207788 for further details and an application pack.

CLOUDS

Residential Training courses 2005
" Working with families & Substance Misuse"

Monday 24-Friday 28 January
Monday 18-Friday 22 July
Monday 31 October-Friday 4 November

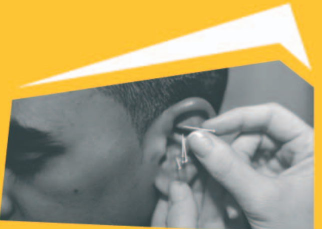
- Increase insight into family dynamics
- Develop therapeutic relationships with families
- Improve techniques and interventions

01722 340 325 *admin.familiesplus@clouds.org.uk*

Clouds Families Plus 11B York Road, Salisbury, Wilts SP2 7AP
Registered Charity no 296637 Company Ltd by Guarantee No 2116410
Clouds and the Clouds Logo are registered trademarks of Clouds

You haven't worked anywhere like this before.

Nobody has.



The New Year is always an exciting time. But for us, at Addaction, this one will be particularly special. After two years of phenomenal growth, we're preparing to open our new centre in Hackney, London - our latest community-based initiative designed to help people with drug and alcohol problems get their lives together.

The centre will be one of a kind, fully equipped to operate at the cutting edge. Everything is in place - the resources, the support network. All we need now are individuals who share our passion for helping people change their lives to deliver our progressive Community Drug Service (CDS) and Day Services.

While experience in the field of drug and alcohol misuse would be ideal, we pride ourselves on our training, so we're opening the door to people with transferable skills. Maybe you're from a nursing, care or social work background. Perhaps you're involved in voluntary work. As long as you have proven people skills, we'd like to tell you more about how you can be part of a new team that will change and save lives.

Project Workers - Aftercare, CDS and Day Services
up to £22,800 • Ref: 69926

Part-time Service User Involvement Co-ordinator - CDS
up to £22,800 pro rata • Ref: 69927

Dual Diagnosis Worker - CDS • up to £24,500 • Ref: 69928

***Women's Development Worker - CDS • up to £22,800 • Ref: 69929**

Project Administrator/Receptionist - Aftercare and Day Services
up to £18,258 • Ref: 69930

Development Worker (Turkish and Kurdish Communities) - CDS
up to £22,800 • Ref: 69931

Whether you're looking for a rewarding full or part-time career, we offer competitive pay plus benefits, as well as first-class support. Salaries will be based on skills and experience. So make the New Year the start of something amazing, both for you and countless others who need our help. Please call People Media for an information and application pack on 020 7420 2080 or email addaction@peoplemedia.co.uk Full salary and position information at www.addaction.org.uk

Closing date: 3 December 2004.

The leading drug and alcohol charity. Helping individuals and communities to manage the effects of drug and alcohol misuse.

addaction

*This position is exempt under Section 7 (2) (e) of the Sex Discrimination Act 1975.
Addaction is an equal opportunities employer.

established 1967