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DDN
Drink and Drugs News

29 November 2004
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National Treatment Agency CEO Paul Hayes explains his figures

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The 21st Century approach to tackling substance misuse

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at

The Alliance

EATA

European Association for the Treatment of Addiction

LDCN

Mentor

Drugs and Alcohol Today

RELEASE

Drink and Drugs News

29 November 2004

Editor's letter

I was fortunate this week to be invited to a lecture, arranged by the National Association for the Children of Alcoholics (NACOA), which really got me thinking about the three-way relationship between child, parent and alcohol.

The highly successful journalist and broadcaster, Fergal Keane, was talking about his experiences as the child of an alcoholic father – and then as an alcoholic himself. What struck me most was how such a high profile professional could manage to stay focused on such a demanding job, while hiding his evening drinking binges from friends, colleagues and the public.

It was a harrowing tale of deceit, hiding the situation even from himself, pretending that everything was normal, until he finally sought help; coping, in his own eyes, until he was forced to face the truth.

These versions of 'coping' surface again and again in the stories of substance misuse, and we look at parents' ways of coping on page 12. Where the support services really seem to break a very miserable cycle, is by offering release and a gateway to sharing common experiences. The parents interviewed for this survey only began to cope when they knew they were not alone.

Finding homeless substance users and repossessing them with hope and self-respect, as well as a roof over their heads, is a vital part of St Mungo's work. On page 8, Jackie Grant shares day-to-day challenges of engaging with those whom society would rather forget.

And on page 10, human rights champions, Release, speak up for the rights of those caught by the criminal justice system – in a week when the government has just announced tough new measures against 'drug-misusing yobs' in its pre-election fight against crime.

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

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

Designer:
Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

Events:
e: office@fdap.org.uk

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

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Home Office gets tough on 'drug-misusing yobs'

The government's new report to 'tackle the scourge of class A drugs' has been announced as *DDN* goes to press.

Home Secretary, David Blunkett, said that the Drug Interventions Programme will be expanded to 32 new areas of the country, from April 2005, with a target of 1,000 offenders entering treatment each week by 2008. Young people will be required to attend drug treatment as part of a community sentence, a scheme piloted in five areas from the beginning of December.

A raft of 'tough new legislation on drugs' will include those caught in possession of 'more drugs than reasonable for personal use' being charged with intent to supply, rather than possession for personal use. Tougher penalties will be dealt to those dealing near schools, or using children as couriers.

Magistrates will have the power to remand into custody for a further 192 hours those who swallow drugs in an attempt to hide evidence, and unreasonable refusal to consent to an intimate body search will count against the suspect.

The government aims to issue a drug counselling order, along with anti-social behaviour orders, 'to deal with drug-misusing yobs', and police will have the power to enter premises, such as crack houses, to issue a closure notice.

David Blunkett said the campaign would centre on greater use of powers in the Anti-Social Behaviour Act, to bring dealers to justice.

'By 2008 we want to see safer communities with less crime. Effective treatment will be available promptly to all who need it.'

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Policy review goes online

The Beckley Foundation Drug Policy Programme has launched a website, www.internationaldrugpolicy.net, to share the results of its 'rigorous, independent review of global drug policy'.

A non-governmental initiative, the BFDPP involves policy-makers, academics and practitioners in objective and open debate on national and international drug policy.

The Beckley Foundation met at the House of Lords last month for its first seminar on international drug policy, which focused on developing methods for an independent and objective review of the effectiveness of drug policies and programmes. Contributing to the debate were leading drug policy experts Prof Peter Reuter and Prof Mark Klein from the US, Prof Margaret Hamilton from Australia, and Prof Colin Blakemore, CEO of the Medical Research Council. Director Mike Trace gave an overview of the BFDPP.

Drug-related mental illness up

The number of people who have mental illness linked to drug abuse has risen sharply, according to research from Keele University.

The study, based on figures from doctors, on the General Practice Research Database, shows an increase of 62 per cent, within five years.

Patients between 16 and 84 were affected with illnesses ranging from depression and psychosis to schizophrenia, linked to abuse of prescription and illegal drugs, but not alcohol or tobocco.

The study, carried out between 1993 and 1998, showed men to be much more likely to be affected than women. Their rates of mental illness were up 79 per cent, compared with 44 per cent for women.

The average age of suffers had fallen, from 38 to 34 years. Significant increases were in psychosis (147 per cent), paranoia (144 per cent) and schizophrenia (128 per cent).

NTA consults on next stage of drug treatment review

Drug treatment stakeholders are being urged to have their say in how treatment services are planned, commissioned and delivered.

The NTA's consultation exercise aims to take the current service framework, *Models of care for adult drug misusers*, to the next stage, looking at how improvements can be made.

The first stage of the consultation runs from mid-November to 17 December. Questionnaires have been sent to organisations in the field, asking for views on the existing framework and the proposed new structure. The NTA is seeking feedback on all stages of the client treatment journey; the role of harm reduction, such as needle exchanges; and the greater involvement of drug users and their families in planning and delivering services. Stakeholders are asked how planning of treatment and care can be improved, and whether *Models of care* contains the correct range of treatment types.

Early next year, the NTA will consult stakeholders on the full draft *Models of care* document, as the second stage of the process, with the final framework to be launched in April.

NTA chief executive, Paul Hayes, said that providing a template to areas, so that they could design their own local treatment systems, had already 'helped to bring about significant improvements for service users'.

Developing services would mean linking drugs users to other support services, such as housing and employment, said Mr Hayes.

Mr Hayes urged providers, commissioners, users and carers to take part in the consultation. 'By having your say, you can help shape the future of drug treatment,' he said.

The NTA promises a similar exercise in a few weeks' time for the alcohol treatment sector, to produce new framework models of care for alcohol misusers.

Download the drug treatment consultation at www.nta.nhs.uk

How cool is addiction? The New Musical Express sparked a reaction this week by its choice of 'Cool Icon' of 2004. Pete Doherty, dispatched from The Libertines for his continued crack cocaine and heroin addiction, topped the magazine's top 20 list of music stars who embodied the concept of 'cool'. The NME rejected any suggestion that Doherty's selection was related to his well-publicised drug problems and said he was a positive influence on young fans. Doherty recently walked out of a rehab programme at a Thai monastery.

Mentor listens to rural youth on drink and drugs

Results of a project to find out more about the needs of young people in rural areas, in relation to drug and alcohol misuse, were unveiled at a Mentor conference last week by its chief executive, Eric Carlin.

The research, involving four groups of teenagers from the countryside, highlighted feelings of boredom and isolation as reasons for experimenting with substances.

Lack of transport and very few specific drug prevention projects made rural teenagers vulnerable. The young people involved in the study found it easy and acceptable for them to be served alcohol in village pubs and cannabis smoking was often seen as normal and unproblematic.

Mentor's study urges government and commissioners to recognise the extent of drug and alcohol problems in rural communities, and develop models for prevention. Guidelines for engaging with young people include involving local workers, offering activities throughout the year, supporting parents, and taking into account a serious lack of transport.

Feedback on making resources relevant revealed that to be effective, materials should be eye-catching, clear and easy to follow without too much text, and include slang as well as proper names of drugs.

Mentor urges those managing projects with young people to ensure that tasks are realistic and achievable, and specific to the target audience's needs, which should be assessed properly at the outset. It advises signing contracts with partner agencies to ensure that roles and responsibilities of all partners and local workers are clear throughout the project.

Nick Lawrence, substance misuse programme manager at the Department of Health, which supported the project, said the work had given an excellent opportunity to uncover young people's needs in relation to drug education and substance misuse prevention.

A second phase of the work will focus on young people in coastal and ex-mining areas.

The Mentor UK rural youth project is available at www.mentorfoundation.org

'Research... highlighted feelings of boredom and isolation as reasons for experi-menting with substances.'

Queen's speech tackles drugs and alcohol in agenda against crime

Police will have soon new powers to test suspected drug-takers at the point of arrest, instead of waiting until they have been formally charged.

Announced in last week's Queen's speech, as 'legislation to tackle the problem of drug abuse and the crime that flows from it', the new powers will form part of a drug bill, to be given priority in the next session of parliament.

The government also promised that it would introduce legislation to tackle disorder and violence that can arise from alcohol abuse.

Tony Blair insisted that the drug bill must be drafted as a priority in the run-up to the general election, to demonstrate tough government action in the 'war on drugs'. The new testing powers, which according to the Home Office, could double the number of people who are tested in police stations, were greeted with concern by treatment agencies. Lord Victor Adebowale, chief executive of the social care charity Turning Point, called the plans 'ludicrous' and 'more posturing than policy'.

'We need to focus on making current treatment programmes more effective, not dreaming up new offences to shovel people into the system,' he commented.

The government has announced that the measures will be accompanied by significant expansion in drug-treatment programmes.

Public health white paper goes for half measures on alcohol

Alcohol misuse has been acknowledged in the newly launched Public Health White Paper, alongside traditional concerns such as healthy eating and increasing exercise. The government's proposed strategy hinges on helping people make informed choices – including knowing how many units of alcohol they are consuming.

The big smoking debate also gained definition, with smoking bans on the horizon for workplaces and enclosed public spaces. Restaurants and pubs that serve food will be included in the ban, unless they apply for a licence to allow smoking in self-contained areas.

Acknowledging the burden alcohol misuse places on the NHS, the government has chosen to work with drink industry-funded lobbyists, The Portman Group, to cut down on binge drinking. Information on alcohol units will be displayed on drinks containers, and there will be 'reminders about responsible drinking on alcohol advertisements'. Retailers will be warned to be more diligent in checking ID and refusing to sell alcohol to the under-18s.

While welcoming inclusion of measures on alcohol as a 'first step', Alcohol Concern said the measures would not stop binge drinking and would do little for those who already had alcohol problems.

'If the government is serious about helping people with alcohol problems, the commitment to improving treatment needs to be backed by money,' said acting chief executive, Richard Phillips. He added that the decision to put responsibility for public health issues into the hands of the Portman Group, rather than the Department of Health, was 'extraordinary'.

The Public Health White Paper, Choosing Health: Making healthy choices easier, is available at www.dh.gov.uk

In brief

Scottish services
A review of detoxification and rehabilitation services for drug users, has been produced by the Scottish Executive. Aimed at those who commission, plan, develop or deliver services, the review looks at ways in which residential services are being used in Scotland, and their effectiveness.
www.scotland.gov.uk/library5/health/eiurdr-00.asp

Binge-drinking is common tonic
Research by the Priory shows 12m adults self-medicate with alcohol to relieve symptoms of depression and other mental health problems. Sixty per cent of the 2,000 adults interviewed thought it was OK to binge-drink at Christmas and 50 per cent had vomited from drinking too much. A quarter of those surveyed had stayed in bed all day with a bad hangover.

Alcohol deaths rise
Mortality data from the General Register Office for Scotland shows a marked increase in deaths where alcohol is recorded as an underlying cause. The statistics, highlighted by Alcohol Information Scotland, show a rise from 358 deaths in 1980 to 1,353 deaths in 2003. Alcoholic liver disease increased from 3,332 in 1996/7 to 5,306 in 2003/4.

Short cut to recovery
Shorter waiting times for treatment have been found to give opiate users a higher success rate in recovery, according to research revealed this week by the NTA. Other new DoH funded research shows an intervention model for use with young non-injecting stimulant users, and an assessment of dual diagnosis rates in a primary care group.
www.nta.nhs.uk

GPs take the strain
The strain on GPs from new working contracts is saboutaging attempts to reduce the number of drug addicts, according to a survey of drug action teams by the Scottish Executive's Substance Misuse Division. The survey says that too many problem drug users for too few GPs is causing a major breakdown in services.

Drug treatment data better, cleaner, clearer

Chief Executive of the NTA, Paul Hayes, rebuts recent allegations and explains why improved drug treatment data will bring benefits to the whole sector.

In recent years, the drug treatment sector has made huge advances in collecting information on clients and their treatment. Today we have a clearer picture than ever of the number of people able to access services and the effectiveness of their care.

Given this achievement, you can imagine my disappointment when a recent article in *Druglink* magazine brought into question how the National Treatment Agency (NTA) reported last September the number of people in contact with drug services, alleging that ministers had been 'misled'.

Not only does the NTA stand by its figures and refute the claims made but, as the Audit Commission recently acknowledged, we believe that the growth in drug treatment is a real, and continuing, success story. And we now have accurate, robust figures to prove it.

Gathering treatment data on drug users – one of the most excluded groups in society – has always been fraught with difficulties. As long as I can remember, these problems have meant that planning in the sector has had to be guided by guesswork, as opposed to real numbers. Since the NTA took over responsibility for data collection in 2003, we have worked hard with everyone in the sector to overcome the problems that exist.

The NTA, in partnership with the Department of Health, has introduced more precise definitions of 'treatment', as well as improving data collection methods. We have also employed the independent expertise of Manchester University's National Drug Evidence Centre to analyse the data collected.

On 30 September we announced the most accurate count ever of the number of individual clients in contact with structured treatment. This covers services such as prescribing, residential rehabilitation and structured counselling.

Improved data collection has resulted in a more accurate picture, but it has also made direct comparisons with figures reported in previous years difficult. To allow these important comparisons to be made, we asked the University of Manchester to conduct an independent analysis – looking at the previous methodology used – to produce an estimated figure.

So, on 30 September we reported two figures: the first used strict definitions to identify 125,900 individuals in contact with structured treatment in England in 2003/04. This excluded those receiving less structured interventions such as advice and information and needle exchanges. The second figure was the recalculated estimate using similar definitions, data collection and analysis methods as previous years. This gave the estimated figure of 154,000, and we clearly explained how we arrived at this.

Although we aim eventually to have accurate figures for all forms of treatment, having increasing reliable data for people in structured treatment is a significant development, with implications and benefits for the whole sector.

Firstly, the NTA, the Department of Health and Manchester University, have all agreed that in the future, the performance of the sector should be judged on the more exact information the NTA is now able to gather on numbers in contact with structured treatment programmes.

Secondly, now that we have a clearer sense of performance on the ground, this knowledge can be used to benefit all stakeholders.

'Not only does the NTA stand by its figures and refute the claims made but... we believe that the growth in drug treatment is a real, and continuing, success story.'

The users of drug treatment services can be better advised on what approaches will work for them. This is because we can now analyse the results of different types of treatment on a mass scale. Commissioners, because they will have more robust local information, will be better equipped to plan and then monitor the success of services.

Because there will be more scrutiny of services, treatment providers will see best practice rewarded. And policy makers – because they now have the large scale, real-time data they need – will be able see what treatment works for different groups of people. Whereas NTORS (National Treatment Outcome Research Study), the largest drugs study ever undertaken in England, used information drawn from approximately 540 individuals, the NTA is now able to draw on data from over 125,000 individuals.

The improvements in information gathering will not stop here. We recognise that there is still much work to be done. The agency is keen to standardise the methods for collecting data across all forms of drug treatment. The NTA is also committed to both reducing bureaucracy and utilising technology for those who are gathering data on the ground.

These plans aside, we strongly believe that the sector has passed an important milestone and we are now in a better position than ever to spot national trends and dangers, monitor the performance of local service and assess the effectiveness of treatment types.

For further information visit www.nta.nhs.uk Tel 020 7972 2214

Responses to 'Abstinence or harm reduction' an article by Prof Neil McKeganey, in our last issue.

Choice gives better outcomes

I have read with great interest your article about what substance misusers want . I am a commissioner of services in South Wales but in particular in Neath and Port Talbot CBC.

Here we commission health as well as the voluntary sector to deliver alcohol and drug services.

Our voluntary sector provider delivers both harm reduction and abstinence based services to all clients that enter its service and we work together to offer a menu of services to clients, based on a comprehensive assessment. Our services engage with clients and make them aware of all services on offer. We have developed a pre-treatment group where, through education, we explain different options and then clients are able to make choices.

We are also a service that will challenge, in a caring way, some of those choices and engage with the client. We have clients that have come in for harm reduction and moved to abstinence and are clean and sober today. This was not on offer previously, until we commissioned this provider.

As a commissioner, I feel at times it is the philosophy of the agency offering the service that stops it offering both. Our experience is that when it happens, it offers a better service to the client and we have had better outcomes.

Martin Riley, strategic development Officer, substance misuse, Neath Port Talbot CBC

Survey is naive

There seems to be a considerable naivety demonstrated by those who designed the survey, or at least in the interpretation of the results. Suppose one posed the analogous question to patients presenting for treatment of diabetes, epilepsy, arthritis or any other chronic medical condition: 'Would you prefer to have your illness controlled by medication to the point you can lead a reasonably symptom free and unimpaired life, or would you prefer to achieve a "cure" and eliminate the problem totally and permanently?'

Being dependent on drugs in most countries of the world subjects one to stigma, persecution, social ostracism and risk of death. Tragically, most of these concomitants of illicit drug use persist in association with treatment and harm reduction services.

Under these conditions, it's amazing that persons dependent on drugs seek and continue to accept help of any kind; it's a reflection of truly extraordinary motivation. But who could possibly be surprised that, when asked, they express a preference for achieving and maintaining abstinence? Alas, as is true (by definition) of all other chronic medical conditions, we are not able to provide the cure that is sought, and meanwhile we must offer every assistance that users want and need to improve and extend their lives.

Robert Newman, director, Baron Edmond de Rothschild Chemical Dependency Institute, Beth Israel Medical Center (NYC USA)

Abstinence can work wonders

I am a recovering addict in the state of Florida, USA. I, along with many, many others who have at one time been through the 'harm reduction' method, found that it only brought us right back to our 'drug of choice'. The only way for millions of addicts/alcoholics around the world to begin to cope with underlying issues in their lives has been to abstain altogether.

There are many of us that abstain, take anti-depressants or other psychotropic medications. However, these, along with therapy, counselling, 12-step programs and utilising the work it takes to realise we either change everything or die, have been able to remain drug/alcohol free, live very peaceful lives and regained our places in society. We are moving forward regardless of our ages, criminal backgrounds, etc. We have become productive members of society who live our lives to the fullest. As a recovering addict, I have tried the 'harm reduction' method and I found out that because I am an addict, I will be addicted to anything which makes me feel good, no matter what the physical harm may be to myself or others. Thank you for allowing me to share what America has tried and ultimately failed with.

Now we use abstinence in our treatment facilities and we go on to treat other disorders as they seem to show themselves, after the addict/alcoholic gets clean and sober. This seems to be the only method that has worked for us, and I suppose that an addict/alcoholic have the same general characteristics all over the world. This is only what this country has learned in all of its experimenting ways in making the addict/alcoholic a stable person in society.

Acupuncture has even been used to help those of us who have the more outstanding cravings and it has seemed to work for hundreds of thousands of addicts in this country to remove that awful obsession and craving which keeps us from actually experiencing true freedom from the bondage of the drugs/alcohol. This is meant to let others know that abstinence has been proven to work wonders when everything else has so far failed.

Name and address supplied

"It's amazing that persons dependent on drugs seek and continue to accept help of any kind; it's a reflection of truly extraordinary motivation. But who could possibly be surprised that, when asked, they express a preference for achieving and maintaining abstinence?"

It's not an 'either-or' situation

This finding is nothing new. There have been studies going back more than 30 years in the alcohol field that clearly show that when people come for treatment they overwhelmingly choose abstinence as their goal. And, at least in the alcohol literature, of those who choose reduced use (which is, of course, only one component of harm reduction), about half shift their goal to abstinence by the time treatment is over.

That this finding should cause dismay among the harm reduction folks in Scotland, suggests to me that they have missed the point. Abstinence is a form of harm reduction – if you abstain, you have no harm from substance use.

The fact of the matter is that this is not an 'either-or' situation. Harm reduction is a continuum, at one end of which one finds abstinence. Needle exchange, opioid replacement, reduced use, changed administration routes, and abstinence are all part of a whole picture of means to reduce the negative impact of substance use on the user.

Frederick Rotgers, associate professor of psychology, Philadelphia College of Osteopathic Medicine, USA

Harm reduction does not stop the craving

All of medicine is harm reduction – If a person is diabetic as I am, the harm reduction for diabetics is strict adherence to a diet which I loathe, medication, pricking my fingers daily to obtain blood glucose levels and reasonable amounts of exercise. Thus my life and travel revolve around the 'harm reduction' necessary for diabetics to maintain an equilibrium.

In the treatment of harm reduction for addiction – methadone is the legitimate medication akin to insulin – it is not simply substituting one drug for another as put forward by harm reduction workers who call it substitution therapy. Methadone corrects but does not cure the impairments caused by a heroin addiction. Studies have shown that the majority of patients who leave treatment relapse with very high death rates.

The greatest harm that has been done to methadone treatment is the conception that it is substitution therapy and the public sees it as a substitute for heroin in the treatment of drug addiction. Methadone is not a heroin substitute when used correctly in treatment – it does not give euphoria and if it does then the patient is not stabilised correctly, which I understand is quite common. Methadone relieves physiological drug craving and withdrawal, therefore it has a specific physical purpose as does insulin or any other medication. What we need is a medication that fixes or cures the physiology of pathological drug craving.

There have been many follow-up studies of methadone patients and now buprenorphine patients who leave treatment. Both medications show the same results – high rates of relapse, arrests, and death after leaving treatment. Neither medication 'cures' the underlying physiology of addictive disease.

Also your conception of methadone treatment as harm reduction and substitution therapy adds to the stigmatisation of patients.

Herman Joseph, by email

Send or email your letters to the editor, claire@cjwellings.com
Letters may be edited for reasons of clarity or space.

Jackie Grant, Deputy Manager of the Substance Use Team at St Mungo's, London's leading homelessness organisation, gives Drink and Drugs News an insight to the day-to-day challenge of engaging with homeless substance users.

Reaching the hidden homeless

It is now generally accepted that homelessness and drug and alcohol use are intrinsically entwined. Substance use can contribute to, or be the cause of homelessness, whilst homelessness and a greater involvement in street activity can often lead to drug taking or problematic drinking as a way of coping. It can be difficult to break out of this destructive cycle without specialist support.

St Mungo's sits on drug reference groups in 11 boroughs and will continue to keep homelessness, and the prevention of homelessness, on the agenda at these meetings and to try to ensure that it is a priority when services are being commissioned.

Over the last five years there has been an increase in the numbers of chronic substance users accessing homeless services. St Mungo's recently carried out a survey of first stage hostel residents and found out that some hostels could have up to 86 per cent with substance use problems, while 36 per cent also had mental health and 35 per cent physical health issues. The complex needs of homeless substance users presents a challenge to homelessness services. In much housing provision, a non-specialist project worker is expected to offer a high level of support to some of society's most vulnerable people with insufficient training, and particularly without a clear understanding of the complex set of problems, including the (usually poly-) substance use itself, that substance users present with. Many users will be trying to cope with issues around abuse, loss, and mental health issues as well as their addiction.

St Mungo's is very clear about the fact that it needs to provide a seamless service – from support on the street through to outreach services, specialised services in hostels and semi-independent housing, and then tenancy sustainment once clients have their own longer term accommodation. Joint working and partnership work, particularly with the statutory treatment services, is essential and allows us offer a more holistic approach for our clients. We are able to advocate on behalf of our residents and ensure that we, and our partners, are able to meet the complex needs of homeless substance users.

Over the last six years, St Mungo's has developed an integrated model of working with substance users – a direct response to the needs of a client group who, for a variety of reasons, have not been engaging with existing services. The goal has been to develop good, high quality housing and to provide services and support based on best practice. St Mungo's has its own specialist Substance Use Team, DANOS and QUADS compliant, with a broad range of expertise and experience, led by an experienced and committed specialist management structure. We have adopted a harm reduction approach, with residents being offered advice and information, assessment, group-work, auricular acupuncture, one-to-one work, ongoing support, motivational interviewing, solution focused brief interventions, as well as access to treatment and referral into detox/rehab.

We provide a range of services across the organisation, from first point of contact needle exchange provision to 'on-site' prescribing schemes within first stage hostels in partnership with local health trusts. With our partners, we are proud to have won first prize in the Andy Ludlow awards 2003 for our work with crack-dependent sex-workers, and runner-up prize and an NHS Innovations in Care Prize in 2004 for our prescribing services. It is recognition of excellent services that have brought into treatment people who traditional services could not help.

We have developed a 'tiered housing' approach, offering different levels of specialist support. An example of how this works would be the 16 bedded Substance Reduction Unit for men and women on substitute prescriptions who are addressing their substance use, housing, health and legal issues. This Central London hostel focuses on introducing structure and facilitating change in residents' lives. This involves significant commitment from residents, which is built on and taken forward to the next stage in a semi-independent housing scheme. The work builds on successes already achieved, in 'life skills', socialisation and self-awareness for example, and looks at moving away from 'the street' and back into the community. We have a 'shared care' contract, which allows us to support residents in moving away from the local drug dependency unit, and into community based prescribing. There is an emphasis on employment and training services in order to 'normalise' life and fill the hours once spent using and buying drugs.

We provide specialised housing options to meet the diverse needs of groups that frequently face high levels of discrimination and criminalisation, do not historically come forward for services, and often 'fall through the gap'; for example, sex-working women using drugs. We have developed a tiered housing approach for drinkers that covers

'wet' through to 'dry' provision. We are also aware of the high levels of contact with the police our residents experience and in response have set up schemes such as an Alcohol Arrest Referral Scheme to divert them away from the Criminal Justice System.

As well as their direct work with residents, our specialist substance use workers are involved in providing an extensive in-house training programme for all operational staff at St Mungo's. Training provision ranges from induction to crack cocaine, advanced alcohol training as well as BME Awareness and HIV / Hepatitis information. All the training programmes are mapped to DANOS standards. Publishing a quarterly newsletter gives the team an opportunity to support other generic workers who have direct contact with substance users by passing on information; this also includes a section of user feedback. Generic workers can also always contact substance use staff for support in working with their residents, and regular meetings are held in housing projects where all the specialised and generic staff can discuss action and support plans together.

There are ongoing difficulties that homeless substance users face when accessing services, including length of services waiting times and mainstream drug services unable to meet their needs. There are also concerns around the kind of discriminatory practice experienced by homeless substance users when accessing services and which then acts as a barrier, preventing them from trying in the future. There is often fear and a lack of understanding of what they can expect from services. The kind of preparation work that we have been able to do with residents around accessing statutory treatment services has resulted in greater access to, and higher success rates for, our residents.

At present 'Supporting People' funds the majority of the services, with the rest made up by Health Trusts. St Mungo's is clear about the need to constantly review funding and to look at wider options. We believe that more funding from health and from the criminal justice system should be directed towards those of us working with homeless substance users. Treatment begins within frontline projects housing homeless users who are not yet ready for tiers 3 and 4: they may well never be ready, except as a result of major crime or health crises, if they do not receive treatment and support services of the kind that St Mungo's provides. It is time health and criminal justice commissioners recognised that such early interventions pay dividends: our prescribing services have treatment retention rates higher than mainstream services, yet work with chaotic street poly-substance users. St Mungo's is pleased with the recent production of the Drug Services for Homeless People good practice handbook, written by the National Treatment Agency, Office of the Deputy Prime Minister, Home Office and Department of Health. This states how DATs should be using the handbook to look at drug services for homeless people, which bring the issues surrounding this chaotic client group onto the agenda.

However, homeless substance users are still faced with continued problems in finding or accessing treatment services that meet their needs and can work with the complexity of problems with which they often present. With our skill and knowledge of working effectively with this client group, St Mungo's is well placed to provide services for them. At the moment, these vital services are often overlooked, like their clients – the members of society who have dropped out of view.

Users' rights – **who cares?**

Who cares that drug users are treated fairly by the criminal justice system? Release does, says Sebastian Saville, Director of the non-judgmental agency behind the 'bust card' and first ever national drugs helpline

'With an increasing emphasis on achieving performance targets, drug users are being pressurised to accept treatment options, which may be totally inappropriate for their needs... and when they subsequently fail, find that the punishment tariff has been heightened.'

An unprecedented use of the criminal justice system as part of the domestic 'war on drugs' (or more accurately drug users) has meant that users are being increasingly subjected to punitive and discriminatory measures, which would not be tolerated if imposed on any other section of the community.

The tension between law enforcement and healthcare in the field of addiction is nothing new. Ever since drug policies have received attention from governments – for almost a century – there have been differences between the 'hawks' and the 'doves' leading to a protracted debate around which ministry should lead on the internal implementation of drug policy and control. Was it a matter for the law or for medical practitioners?

The use of criminal justice coercion appears to do little to improve the effectiveness of treatment. All evidence suggests that an effective harm reduction approach is one where drug treatment interventions are both managed and delivered by health care professionals in a manner that seeks to restore basic human dignity to people with drug problems.

The last significant radical change in drug policy was the introduction of a group of public health interventions, namely the supply of sterile injecting equipment, of the mid-eighties that led to the UK having one of the lowest HIV/AIDS prevalence rates amongst injecting drug users. Why do we hear so little now about the current epidemic of hepatitis C amongst this very same group? Could it be because unlike HIV, Hepatitis C does not appear as likely to enter the non-injecting population in any significant way?

We hear instead, with regular monotony, about 'new initiatives' to break the link between drug use and crime. These initiatives invariably trample on the rights of individuals and have little, if any, real impact on the problem. The compulsory testing of arrestees who are suspected of being drug users, drug testing and treatment orders (DTTOs), restriction on bail, enforcement of anti-begging legislation and the recently introduced Drug Intervention Programme (DIP) are amongst a raft of measures using coercion to force drug users into treatment.

Worryingly, the increasing complexities of legislation mean that most workers, including those directly employed in enforcing these new criminal justice initiatives, do not have the expertise to properly advise their clients as to the potential implications, particularly those associated with human rights and civil liberties. With an increasing emphasis on achieving performance targets, drug users are

being pressurised to accept treatment options, which may be totally inappropriate for their needs (not that they will have been canvassed about their needs). When they subsequently fail, those individuals find that the punishment tariff has been heightened.

Those who enter the prison system find that what few rights they might have had are now suspended. Those who are on prescribed substitution therapy are often arbitrarily denied treatment (and suffer severe withdrawals). Detoxification is of variable quality and in some areas does not even meet the most basic agreed national standards. Equally, for those who wish to break away from the drug using culture, barriers such as workplace drug testing and the requirement for criminal record disclosure make their attempts at rehabilitation back into society extremely difficult.

In the past there were a number of crusading individuals and agencies that were prepared to advocate on behalf of drug users and campaign against the crude use of the criminal justice system. However, the government's determination to appear tough on drugs, the contract culture and the increasingly political management of treatment services has made it difficult to publicly express disquiet at the drift away from a health and social care agenda and challenge the effectiveness of the current strategy.

This increasing web of legislative complexity that is weaving treatment and punishment so closely together is potentially so destructive – particularly when the links between drugs and crime may not be as straightforward as previously thought. The political imperative of sounding tough on drug use must not be allowed to undermine what we already know – that delivering treatment in an atmosphere of fear is not as effective as in one of care.

Whether we like it or not, for the foreseeable future, treatment for drug users is going to be increasingly delivered via the criminal justice system. Rigorous checks and balances that provide crucial protection to the some of the most vulnerable within this system are necessary. Indeed, they are the responsibility of a modern and caring society.

Who cares? – Release cares.

Sebastian Saville – Director

Why I left commercial litigation to work for Release

IN SEPTEMBER 2003, I reached a turning point in my life. I was a solicitor with 3 years' post-qualification experience under my belt, working at Mishcon de Reya, a prosperous and well-respected commercial law firm in the West End of London. I was good at my job and had the luxury of working with colleagues whom I loved and admired.

It may seem illogical, therefore, that I decided to leave that career behind and join the drugs charity Release to become Head of Legal Services. A few of my colleagues - contemporaries of mine who didn't know me well - certainly seemed puzzled by the news. While polite and full of good wishes, I sensed that they did not understand why anyone would want to make this kind of career move. Our work at Mishcon's was conducted in a frenetic atmosphere of intellectual rigour and debate, adrenaline and fun. We were full of ambition. We were constantly striving for excellence, and were generously rewarded for our hard work. Why would anyone want to leave all this for the 'soft' and (for many) obscure world of legal services for drug users?

Yet the colleagues who knew me well, and those who didn't but were older and wiser, seemed to understand my decision. I was as ambitious as my contemporaries, but not for the goal of partnership in a commercial law firm. I enjoyed the challenge of legal work, but found commercial litigation frustrating. I felt that my clients were not getting the best out of me, and that my talents would be better deployed in working towards different goals. My voluntary work as a student had revealed a passion for trying to help people to realise their worth and get the best out of themselves. This was not an ambition that I could fulfil without a career change.

I had confided this dilemma to one of my closest colleagues some months previously. He accepted my resignation with pleasure for me – knowing that this was an opportunity I had been longing for. Another kind, older colleague had noticed my restlessness and impatience, and had been gently needling me for some time to understand where my ambitions lay. Having heard of my resignation he asked me, 'Are you doing something sensible?' He was satisfied with my response – Release was a sensible move for me. Another senior colleague reacted with nostalgia, saying that he envied me for making a move that he had wanted to make at my age, but somehow had never managed before financial responsibilities (children, mortgages…) made it seem impossible.

The relief that I felt, as soon as I had made the decision to go, was proof that it was right. And so it has turned out to be. There could not be a more interesting or challenging time to work as a lawyer in the drugs field. My first year at Release has seen the introduction of the Anti Social Behaviour Act 2003, as well as the growth of the Drug Intervention Programme (formerly CJIP) and an increased interest in drug testing, not only in the context of criminal justice but also in the workplace and even in schools, not to mention the reclassification of cannabis.

My work on the helpline and in our legal outreach services brings me into daily contact with drug users and their families and friends. It allows me to witness firsthand the impact of drugs and anti-social behaviour legislation on people's lives. This encompasses a huge range of issues, from concerns about travelling to the United States because of a conviction for possession of cannabis twenty years ago, to homelessness resulting from the closure of premises under the Anti Social Behaviour Act. These experiences inform Release's commentary on changes in the law, whether through government consultations or debate in the media.

Our core role at Release is to provide expert help to callers and clients who can't get it elsewhere. Helping clients to resolve problems such as debt and homelessness is central to harm reduction. Striving for excellence in our professional services, and treating our clients with the same degree of respect as would be accorded to a client of a commercial law firm, is another way in which I hope we send a message to our clients about their value as individuals.

My colleagues are talented, conscientious and deeply committed to their work. I have learned an enormous amount from them already. It is also a source of satisfaction for me that the lessons I have learned in private practice have brought something valuable to the organisation. I am pleased with the decision I made in September 2003, and look forward to another fulfiling year at Release.

Katy Swaine – Head of Legal Services

Family misfortune

Far too little attention and support is given to the families and carers of people with a substance misuse problem. Professor David Clark and his research team have been investigating the impact that substance misuse can have on the family.

Families face a number of difficult issues when one of their children develops a substance misuse problem. They are likely to feel extremely stressed about a whole range of problems – initial confusion about the nature of substance misuse, imbalance as the problem takes over, a barrage of negative and contradictory emotions, the stigma associated with substance misuse, and problems associated with the treatment system.

Confusion increases because of a lack of knowledge about substance misuse. There is usually a gradual process of realisation, as they witness the consequences of use, rather than a clear-cut understanding of what is going on. The deceitful nature of the user's behaviour makes this all the more confusing, and both user and parent can be in denial that it is even happening.

Parents often feel that their lives have been taken over by the user's problem. In the turmoil of worry about their health and safety, they often feel as if they dislike or even hate their child, hoping that they would die or disappear to remove the problem altogether. In most cases, this contradicts concurrent feelings of parental love and obligation and serves to further confuse and stress the carer.

The treatment system offers little initial comfort, as parents become frustrated with long waiting times. Then comes the stress of stigma. Although most parents don't experience it directed at them directly, they suffer when it's targeted at their child and often try and conceal the problem. There's a tendency to feel it's their fault: '…you could tell by the tone in her voice that she was pointing the finger… it makes you feel that you haven't done things right for your family. Where have you gone wrong, is what you say to yourself'. It doesn't take long for the effects of stress such as this to manifest themselves in physical and psychological health problems.

Physical symptoms come in the form of eating and sleeping problems, high blood pressure, stomach problems, irritable bowel syndrome and tension aches. The emotional effect is often so severe that parents are prescribed anti-depressants.

Other practical concerns can soon weigh in, not least the financial implications of paying for the user's treatment, paying off their debts – and in some cases the impact on the family of paying for the user's habit. Parents often put their social life on hold, fearing for the health and safety of their child every time they go out, or worrying what condition there house might be in when they return. They might not feel well enough to socialise, or they might simply not be able to take a holiday any more because of lack of money.

Immediate members of the family feel the disruption, as they become wary of the unpredictable, and sometimes thieving, nature of the user. Often the user repeatedly returns to the family home after living away, and the parents are faced with a grown adult being dependant on them again. Arguments and tension increase, which is not helped when there are contradictions in the way that different members of the family feel and act. The user often steps in to divide the parents, creating further problems between them.

With all attention on the user, it is not surprising that their siblings can be neglected. The parent spends so long worrying about the user, that they have little time to see to others in the family – let alone themselves. Relations between the user and their brother or sister can have little hope of staying civil.

The wider family may provide whatever support they can by talking about problems, but there is rarely any active involvement. This is not usually intentional – merely a symptom of a lack of understanding of the issues involved, or how best they could help.

Parents use different coping methods – these are sometimes helpful and at other times cause further stress.

Most parents are deliberately non-confrontational, giving the user money, buying substances for them and caring for them – but not confronting them directly

‘It makes you feel that you haven’t done things right for your family. Where have you gone wrong, is what you say to yourself.’

about their problem.

Others use avoidance coping, avoiding actively dealing with the problem and its consequences, denying the problem, concealing it and refusing to let the user move back into the family home.

Many parents try their best at active coping, trying to do something to improve the situation by threatening, giving the user an ultimatum, or helping them with their treatment.

Many parents also reported coping on a day-to-day basis. Some parents feel that this way of getting by is an improvement, at least offering them flexibility and exposing them less to the risk of feeling let down if plans or promises are broken. Others feel this is a negative approach.

For many parents it is important to be able to explain, or attribute some cause to, their child’s substance misuse problem. They might turn to the disease model of addiction, or look at blaming themselves or others.

There is no consistent method of coping and parents are likely to vary their method in response to different problems, and in an effort to find the best way to cope. The fluctuations in coping may clash with their partner’s opposing fluctuations, further increasing tension within the family.

Parents who belong to a family support group find tremendous support from sharing experience with others in the same situation. Learning about various issues relating to substance misuse is, in itself, a way of learning to cope, and the groups reduce isolation by bringing them into an empathetic and hopeful social environment. Parents report that they can put their problems into perspective and feel better by having the opportunity to help others.

Many of the barriers that parents experience, in trying to get family support, relate to ‘the system’. Parents find that there is a lack of services dedicated to families – or if they are there, they don’t know about them, or how to find them.

Sometimes the long delay in accessing treatment is more about personal barriers. Parents are often reluctant to talk about or admit that there is an alcohol problem in the family. Often, they are simply too preoccupied with the user’s needs to seek help for their own.

Finally, it should be noted that parents often alter their views on substance-related issues, through their personal experience and interacting with the treatment system. Many make practical changes in their lives and some start to work in the substance misuse and counselling fields.

This study of family members who have accessed a family support group, was small-scale, but intensively analysed. The insights from it show the multi-faceted nature of the impact of substance misuse on the family. One message is clear: that society must learn to attend to the many needs of the families and carers of people with a substance misuse problem.

This research was conducted by Gemma Salter and Sarah Davies.

The research involved semi-structured interviews with nine parents and one grandparent (who had assumed the role of parent) of people with a drug and/or alcohol problem. The participants were recruited from West Glamorgan Council on Alcohol and Drug Abuse (Swansea) and Drug and Family Support (Blaenau Gwent).

Interviews were analysed using a qualitative analysis known as Grounded Theory. Eight important themes emerged from the analysis. These inter-related themes, each comprising various concepts, were integrated into a preliminary model describing the impact of substance misuse on the families interviewed.

When the tables are turned

Anger, shame, and the fear of people finding out, can be very hard for the child of an alcoholic parent to deal with, as Fergal Keane knows only too well.

Even while he was successful in his demanding role as the BBC’s special correspondent, Fergal was still trying to come to terms with the legacy of a childhood coping with his alcoholic father.

‘I was always worrying about hiding my father’s drinking,’ he says. ‘It was impossible. I could read the embarrassment on people’s faces.’

As a teenager he became angrier, losing his temper and walking away from his father when he was drunk.

‘Why are you like this?’ he wanted to ask. ‘But we only really spoke when he was in dry periods. There was little communication – but it was better than no communication.’

The young Fergal would watch his father go from hospital to hospital, his liver ravaged. Later, evicted from the family home, his father peered out from filthy lodgings in Dublin, his clothes in the corner, weeks of unwashed dishes in the sink, letters scattered everywhere and a bucket of urine in the corner.

Fergal stopped going to see his father, because by this time he had found a way of coping – by turning to drink, himself. It took years of binge drinking and a breakdown, before he had to face his problems and get help. He realised that he had become ‘that person I had seen disintegrating before my eyes. I was still trying to cope the way he had as a child – by retreating into myself. I had emotional lapses… I was a million miles away.’

The only way through this confusing time was to tackle the anger that had been building up all his life.

‘I felt rage against my father – and against my mother for staying with him for so long,’ he says. ‘Why did we have to stay with him until we were twitching wrecks?’

A ‘moment of clarity’, when he became a parent himself, probably saved his life and gave him strength to make sure the cycle was not repeated.

‘I realised that the alcoholic wasn’t a gibbering wreck in the psychiatric ward, nor a tramp on a park bench. It was me.’

Fergal Keane spoke at meeting of NACOA, the National Association for Children of Alcoholics. www.nacoa.org.uk

Media watch

Britain is becoming a nation of heavy drinkers – not just Saturday night bingers, but pretty much all of us. The government claims concern, but has it colluded with the drinks industry to get us sozzled?
Guardian Weekend, 20 November

The American 'super-cop' brought in by the Home Office to cut Britain's crime rate has warned that the nation's binge drinking culture is spiralling out of control and fuelling an epidemic of violence outside pubs and clubs that threatened to overwhelm the police.
Observer, 21 November

An audit compiled this year by Lincolnshire's Drug and Alcohol Action Team (DAAT) estimates the number of problem drug users in the county to be close to 8,500. The figure is 1.31 per cent of the population, almost twice the Audit Commission's national average of 0.67 per cent.
The Times, 20 November

A study reported in the journal Archives of Disease in Childhood shows a 70% increase in prescribing of antidepressants to children in the UK between January 1992 and December 2001.
Guardian, 18 November

A residential rehabilitation centre in mid Wales claims it is under threat because of rules about toilet and bath training. New guidelines require staff at Rhoserchan in Aberystwyth to take patients to the toilet.
BBC, 16 November

An underworld contract has been taken out on one of the drug dogs operating at Manchester prison. The prison service refused to name the super-efficient animal but said there had been 'tangible death threats against the dog because it is so successful'.
Guardian, 16 November

'They should make players take breath tests to ensure no one is drinking before or during a game,' says Phil Taylor, probably the greatest darts player of all-time.
Times, 20 November

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. 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

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.

7 June
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

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 taking place in various European locations from February 2005 to November 2006. Looking at good practice in Europe and assisting participants to develop plans for models of intervention. Future academies will cover peer support and peer education, harm reduction, working with cocaine, crack cocaine and stimulant users, research methodologies, working with women, juveniles, staff support and supervision. 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'. Covering throughcare and after care, multi-agency working in practice, and harm reduction.
Contact Salma Master.
e: smaster@cranstoun.org.uk

WORKSHOPS & SEMINARS

Please note that inclusion in this list is not a mark of quality assurance by FDAP or DDN's partner agencies.

1 December - Liverpool
Working with parents of young drug users. HIT
t: 0870 990 9704
e: training@hit.org.uk

1 December - London
Developing services for people using crack cocaine. COCA
t: 0207 729 5513
e: cokenet@globalnet.co.uk

1-2 December - London
Managing in drug & alcohol services. DrugScope
t: 0207 928 1211
e: events@DrugScope.org.uk

1-2 December - Manchester
Setting up a service for young people. DrugScope
t: 0207 928 1211
e: events@DrugScope.org.uk

2 December - Liverpool
Introduction to working with drug users in treatment. HIT
t: 0870 990 9704
e: training@hit.org.uk

2 December - London
Hep C & drug use. Mainliners
t: 020 7378 5497
e: training@mainliners.org.uk

3 December - London
Drugs & young people. Mainliners
t: 020 7378 5497
e: training@mainliners.org.uk

3-5 December - Reading
Couples Workshop. Don Lavender & Associates
t: 01363 83937
e: workshops@donlavender.com
[NB 10% off for FDAP members]

6-7 December - London
Drugs & the criminal justice system. Mainliners
t: 020 7378 5497
e: training@mainliners.org.uk

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

Police will be able to give people blood tests for drugs when they arrest them, not just when they charge them with an offence!

Those caught with more drugs than reasonable for personal use will automatically be guilty of intent to supply, rather than simple possession!

Refusing to agree to an intimate body search for drugs will count against a suspect in court!

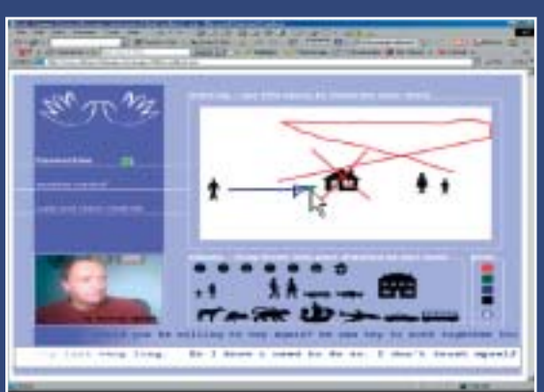
If the above gives you cause for concern

Release Drugs University IV – 28 January 2005
DRUGS – THE POLITICS, PHILOSOPHY AND ECONOMICS

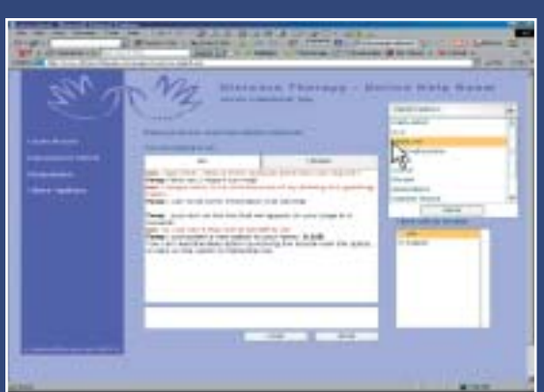
This unique conference will provide a wide variety of excellent and thought provoking presentations to be given by leading international experts. It will be focusing on the increasingly important subject of drugs, the law and human rights - made even more so by recent government announcements. We have also recently added an exciting new event - two high-ranking officials from the Iranian Drug Control Headquarters in Tehran will be speaking about their experiences in responding to the drug problem in Iran. Whether from the field of law enforcement or human rights, drug treatment or politics this is an essential event for you.

Details and booking facility on line at **www.release.org.uk**
or by contacting Release on **020 7729 9904**

Book now – places limited



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



Assessor choosing actions to place on caller's screen

NEW 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

Aquarius

Reducing the harm from alcohol and drugs

Hospital Alcohol Liaison Workers
Sandwell
2 full-time posts
£21,033 - £24,000

This is an exciting new service developed in response to the very high levels of alcohol related admissions to all departments and wards of Sandwell General Hospital and other hospitals in the locality.
The post holders will ensure the delivery of effective screening and brief alcohol interventions across the hospital and enable patients to access appropriate community based services on discharge.

Applicants will have:

- At least two years experience of individual client work in an addictions setting, with a minimum of 200 hours supervised practice
- Certificate in counselling or social care professional qualification
- Understanding of health and criminal justice alcohol issues within a hospital setting

Reference: HLW
Interviews: Friday 14th January

Drugs Programme Group Worker
Northampton
£21,033 - £24,000

This senior practitioner post will form part of a new three-person specialist team which will include an established Aquarius worker, to provide group work programmes, harm reduction and criminal justice care interventions as part of CJIP (Criminal Justice Intervention Programme).
This progressive initiative will provide a service across a range of locations in Northamptonshire, in partnership with associate agencies, targeting crack and stimulant users especially.
Funding is agreed until 31st March 2006 and is expected to be continued pending satisfactory review.

Applicants will have:

- At least two years experience of case managing problem drug users, with a minimum of 200 hours supervised practice
- Experience of setting up, implementing and managing care plans
- Certificate in counselling or a professional qualification in the caring field

Reference: DW
Interviews: Mid January

Closing date for all posts - Monday 13th December

Further information on the posts is available at www.aquarius.org.uk. For an application form and job description e-mail aquarius.13@zoom.co.uk or write to Wendy Harding, Aquarius, 6th Floor The White House, 111 New Street, Birmingham B2 4EU, **specifically quoting the reference of the post.**

Aquarius - actively working towards equality in employment and service delivery.
Aquarius Action Projects is a Registered Charity No. 1014305.

THE CHEMICAL DEPENDENCY CENTRE

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

Senior Counsellor
Liverpool Salary £22,396 + benefits

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

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

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

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

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

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.

RAPt

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

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

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

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

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

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

Throughcare Drug Worker at HMP Leeds

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

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

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

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

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

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

Bear with us...

If you have received multiple copies please pass your spare magazines on and send an email entitled UNSUBSCRIBE to *subs@cjwellings.com*. Put the name and full address of the extra copies and we will amend our circulation, please note it can take a couple of issues until changes to our mailing list come into effect.

The magazine is FREE for all practitioners working in substance misuse and related fields. If you haven't received a copy and would like to, send an email entitled SUBSCRIBE to *subs@cjwellings.com* with the name and postal address that you would like the magazine sent to and you will be added to the circulation. (PDFs of all DDN issues are available on *www.drinkanddrugs.net*)

We apologise for any inconvenience this may have caused.

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

Crime Reduction Initiatives

contributes to public safety by preventing crime and alleviating its worst effects.

Specialising in services to substance misusers, women, young people at risk and ex-offenders, our dedicated team delivers high quality counselling, support and residential services.

Drug Intervention Workers x2 (Job Ref: RJ174)

Salary £24,403 - £25,999 (Inclusive of ILW)
We are looking to recruit motivated individuals to provide drug arrest referral, community support and assertive outreach services to substance misusers within the criminal justice system or identified through pro-active contacts carried out in designated Police/Magistrate custody across the borough of Camden. This will involve case management of persons who have substance misuse problems and providing them with advice on drug/alcohol issues, health issues (including HIV/Aids), the range of helping agencies and referral procedures to a range of treatment/community support agencies

Project Worker (Job Ref: RJ176)

Salary £26,009 - £27, 426 (Inclusive of ILW)
This role will sit within the POPO service in Lambeth which aims to reduce crime and disorder through a multi agency approach, by targeting persistent and prolific offenders whose offending may be driven by their dependency on illegal drugs. This will be achieved by case managing prolific and persistent offenders throughout the Criminal Justice System with the aims of resettlement and rehabilitation. You will need knowledge and experience of working with key partners such as probation service, police, drugs agencies, CPS and other external agencies within the community as well as a good working knowledge of relevant drugs and crime and disorder legislation. A recognised qualification in social work, probation or other relevant subject is also required.

Islington Drug Intervention Programme (DIP)- Islington

Team Leader Job Ref: (RJ178)

Salary £27,426 - £28,860 (Inclusive of ILW)
You will need relevant experience of developing and delivering drug arrest referral, community support and assertive outreach services to substance misusers/vulnerable adults by using motivational interventions. You will need good organisational skills to lead and develop the team, be passionate about quality and have the ability to make a positive impact on difficult to reach client groups. Essential to this role is the ability to represent the service in different forums and raise awareness of the team's objectives and achievements. You will be fully conversant with assessment, referral and community care planning processes and will have a relevant qualification in the social care field or substantial relevant experience within the substance misuse field. Experience of supervising staff would be beneficial.

Enhanced Arrest Referral Service/Substance Misuse Engagement Team – Greenwich

Senior Drug Intervention Worker Salary Job Ref: RJ177

Salary £26,042 - £28,006 (inclusive of OLW)
We are looking to appoint a dynamic professional to take responsibility for client case management and delivering quality services to substance misusers. You will be expected to work in partnership with the full range of staff and agencies within the criminal justice system and substance misuse arena along with other community based support projects delivering a range of services. The successful applicant will take a senior role in the team and contribute to all aspects of project work including representing the service in appropriate forums and policy development. To achieve this you will need excellent communication and organisational abilities along with a recognised professional qualification.

Closing date for all pasts: 8th December 2004.
To obtain an application pack and further information about CRI please visit our website. www.cri.org.uk. Alternatively call our recruitment line on 01273 523611 (24 hour answer phone) quoting the relevant reference number.
The successful candidate will be subject to a Criminal Records Bureau check at enhanced level. In return for your commitment and enthusiasm CRI offer competitive salaries, excellent terms and conditions of employment and comprehensive training and development opportunities.

Committed to anti-discriminatory practice, CRI aims to be an equal opportunities employer.
Registered Charity No: 1079327

INVESTOR IN PEOPLE

Safer communities through purposeful lives

TACKLING SOCIAL PROBLEMS. THAT'S THE POINT.

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

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

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

PART TIME PROJECT COUNSELLOR • £21,114 – £23,562 pro rata including London Weighting • 14 hours You will provide an effective counselling service, carrying out initial assessments and identifying appropriate services. As an experienced counsellor, you will have a diploma in counselling or psychotherapy and experience in providing clinical supervision and training. **Ref: 150.8.**

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

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

We don't just talk about equality and diversity. We make it happen at every level of our organisation – promoting fairness, encouraging participation and challenging every barrier to individual growth and development.

TURNING POINT
turning lives around

For more jobs at Turning Point and to apply online, visit:
www.turning-point.co.uk

Registered Charity No. 294887

Rebuilding the lives of drug users

Can you rise to the challenge?

NATIONAL SERVICES MANAGER - SCOTLAND

BASED IN GLASGOW **c. £38-£39K plus benefits**

It's an exciting time to join Phoenix House. We are building on a strong track record of providing high quality services in order to expand and meet the changing needs of drug and alcohol users. That means there are lots of opportunities for you to make your mark as part of our team.

As our most senior Manager for Scotland you will be the lead for Phoenix House across the country. You will have responsibility for the quality, integrity and delivery of an existing range of established services and the challenge of developing more.

To take up this exciting opportunity, you will have highly developed management ability gained either in a health, social care or voluntary sector environment. This will combine with strong leadership skills and vision that shows a real understanding of what it takes to rebuild the lives of drug and alcohol users.

Along with an attractive salary, you can expect a range of benefits that includes a car users allowance, life insurance and contributory pension scheme, plus ongoing professional development.

For further information, or to download an application pack and job description please visit www.phoenixhouse.org.uk, email recruit@phoenixhouse.org.uk, or phone our recruitment line on 020 7234 9772. Please quote Ref: NSM/S. Closing date: 24th December 2004. Previous applicants need not reapply.

phoenixhouse
www.phoenixhouse.org.uk Rebuilding Lives

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

Hatton Chase
recruitment & training

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

Project Officer

(Enhanced Arrest Referral Officer) Based in North West London

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

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

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

Project Officer

(lead for stimulant/crack services)

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

After Care Workers and Project Officers

(based in East London)

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

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