From FDAP in association with WIRED

DDN
Drink and Drugs News

10 January 2005
www.drinkanddrugs.net

NEW YEAR WISHES
Hopes for the future of rehab services

DRUGS BILL
Too focused on criminal justice?

KEEPING FAMILIES TOGETHER
Award-winning scheme from Cardiff

UKAS accredited drug testing

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The 21st Century approach to tackling substance misuse

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RELEASE

Drink and Drugs News

10 January 2005

Editor's letter

Suddenly we're into 2005 and everyone's busy. The Drugs Bill, announced just before the holiday, is gathering steam towards the general election – and alongside it, the reactions of those who've long campaigned for a considered approach to new drugs legislation. We've some pretty clear views on page 6; let us know yours.

For some new year inspiration, Mark Hamer gives us the ongoing success story of Option 2 on page 12. The service offered by this tight-knit team seems to have struck a chord with parents who had given up hope of keeping their families together, offering them motivation, confidence, and a much brighter window on the future.

The Drugs and Alcohol National Occupational Standards have become an accepted route to developing a competent workforce – but are you clear about exactly what they represent and what's expected? Trevor Boutall goes back to the beginning, in the first of a series of articles on DANOS, to explain the standards and their purpose.

Prof David Clark looks at the impact of psychoactive drugs in the second of our 'background briefings' on page 11. We hope the series is useful.

And because everyone should have a wishlist for the new year, we've asked heads of four treatment agencies to tell us their hopes for rehab. A theme that will appeal to many readers is the need to link more closely with other services in the field, to provide a co-ordinated care pathway after treatment. Wherever you work, we wish you a happy new year.

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In this issue

In brief

Low supplies
Supplies of the opiate painkiller, diamorphine, are running low, according to the DoH. Prescribers have been issued with guidance on managing a potential shortfall and given advice on alternative treatment for patients. The drug is used to treat people who are opiate dependant, as well as those with diseases or in acute and chronic pain. www.dh.gov.uk

Drug performance
Theatre performances are being used to raise drug abuse awareness in Somerset and make young people think of the consequences. North Somerset Council Youth and Community Service offers each youth centre audience a series of dilemmas, and invites solutions or decisions for the characters. www.thisissomerset.co.uk

Running an appeal
Sprinter Michelle Collins has lodged an appeal against her eight-year doping ban with the North American Court of Arbitration for Sport. She is the first athlete to be banned without a positive drugs test or an admission of drugs use. http://news.bbc.co.uk/sport1/hi/athletics

Party skivers
As many as 50,000 Scottish workers who attended office parties did not appear at all between Christmas and New Year, costing businesses about £3m, according to the insurance company Norwich Union. *The Scotsman* reported that thousands of Scottish employees will not turn up for work because they are suffering from hangovers, headaches, or simply the January blues.

Meet the team!
DDN are among supporting media for the Drugs and Alcohol Today exhibition in April. Pavilion are organising the event as a must for everyone in social care, healthcare, community safety and crime and youth justice. www.DrugsandAlcoholTodayexhibition.com

Nick-McGowan-Lowe

Drugs Bill focuses on criminal justice

A 'tough package of anti-drugs measures' has been proposed by the Home Office, through a Drugs Bill published on 16 December.

The four-part bill focuses heavily on breaking the link between drug addiction and crime and covers the supply of controlled drugs; police powers; requirements to attend assessments; and 'miscellaneous and general provisions' – which include financial implications of the bill.

Police would have new powers to test for class A drugs on arrest, rather than at the point of being charged and there is a new adverse inference proposed for those who refuse to consent to an x-ray or ultrasound scan. The custody period for those detained on suspicion of swallowing drugs would be increased to up to 192 hours (from 96 hours at present) to allow drugs to pass through their body.

In a perceived crackdown on dealers, people caught with more than a specified amount of controlled drugs would be charged with intent to supply and aggravating factors would include supplying drugs 'in the vicinity of a school' and using children as drug couriers.

The government proposes that a new intervention order could be made, where antisocial behaviour is considered to be related to drug use. The decision on this would be based on the opinions of a 'suitably qualified assessor', such as a drugs worker.

Other clauses include 'clarification' on the sale of magic mushrooms, classifying fresh mushrooms, as well as prepared ones, as illegal.

Home Office Minister, Caroline Flint, supports the bill as helping to 'break the vicious circle of drugs and crime, to create a safer, more secure society' and stressed the need to stem the flow of drugs to Britain and tackle the organised crime networks responsible.

Reactions from the field have included concern at lack of debate and a rushed timescale if the legislation is taken forward before the general election. DrugScope and Turning Point criticised the bill's 'over-emphasis on forcing people into treatment' and produced an 'alternative Drugs Bill' that calls for better co-ordinated pathways to prevent people from dropping out of treatment, and more support and training for the workforce and GPs working with drug users.

See our feature on page 6

New framework tackles prisoners' alcohol problems

A new alcohol strategy for the prison service has been launched to provide a framework for addressing prisoners' alcohol problems.

Launching the strategy, Prisons Minister Paul Goggins said it would 'provide a more consistent and co-ordinated approach for dealing with the harm associated with the misuse of alcohol'. The Office for National Statistics recently revealed that 63 per cent of sentenced males and 39 per cent of sentenced females were classed as hazardous drinkers in the year before coming into prison.

With a focus on improving consistency of alcohol treatment measures across the prison estate, the framework has been based on consultation with key stakeholders, including Alcohol Concern and draws on existing good practice. The strategy aims to balance education, treatment and support with supply reduction measures.

Richard Phillips, Director of Policy and Services for Alcohol Concern, called the strategy 'an important step forward' in tackling Britain's alcohol misuse problems and called for the government to announce funding for treatment programmes for offenders to be rolled out in all prisons across the country.

With alcohol-related crime and disorder costing £7.3bn per year in policing and processing offenders through the criminal justice system, investment was a priority the government could not afford to ignore, he added.

Latest drugs titles reviewed

The British Medical Journal has reviewed two new books on substance misuse:

***Cannabis Use and Dependence: Public health and public policy, young people and substance abuse*, by Wayne Hall and Rosalie Liccardo Pacula. The book focuses on recreational, not medical, use of the drug, addresses a broad range of issues relating to cannabis, and provides a comprehensive summary of current knowledge.**

***In the Eye of the Needle: Diary of a medically supervised injecting centre.* Some of the highs and lows of the New South Wales government funded Medically Supervised Injecting Centre in Kings Cross Sydney, in its first 30 months, are revealed in this book by the centre's medical director, Dr Ingrid van Beek, a public health and addiction medicine physician.**

Visit http://bmj.bmjjournals.com to see reviews.

Report offers key to local community engagement

With the notion of 'community' central to the national drugs strategy, the Joseph Rowntree Foundation has produced a review of how local communities can be involved in tackling drugs.

The report identifies key ingredients for effective intervention and involvement, and suggests that partnerships with professionals are the most effective way of getting communities to respond.

Professionals could engage as sponsors, identifying individuals to promote them and their activities; they could offer themselves as ideas brokers, suggesting a particular approach; and they could offer a 'hands-on' approach by actively nurturing an initiative.

Considering the diversity of community values, the report suggests that initiatives should focus more on welfare-based approaches than criminal justice interventions, such as drawing attention to the harms associated with alcohol.

While acknowledging the need to retain 'a sense of realism' about expected results, the report draws attention to 'modest yet worthwhile achievements' that can be pursued through a community approach and explores the roles of policy-makers, funders, practitioners and community members in effective involvement.

Download a PDF of Exploring community responses to drugs at www.jrf.org.uk/bookshop

First random drug testing launched in Kent school

The first pilot scheme for random drug testing in schools was launched this week, at a secondary school in Kent.

Peter Walker, headmaster of the Abbey School in Faversham, arranged for pupils to be randomly chosen by computer and given mouth swabs by trained non-teaching staff.

The samples are sent to a laboratory to be tested for heroin, cocaine, ecstasy and cannabis, and results sent back within three days.

Children who test positive will not necessarily face expulsion – nor will they be forced to take a test against their wishes, according to Mr Walker, who hopes that the scheme will demonstrate a proactive approach to preventing young people getting involved with substance misuse. Parents will be informed of their own child's results, and will also be called to the school for consultation if their child refuses to take a test.

Set to run for a trial period of six weeks and testing 20 pupils a week, the pilot scheme has already run into criticism. Martin Barnes, chief executive of DrugScope, was concerned that it could provoke an increase in truancies and exclusions, and risked driving drug use further underground.

'We do not accept that testing pupils as young as 11 is a proportionate response to general concerns about drug use,' he commented.

'It could provoke an increase in truancies and exclusions, and risk driving drug use further under-ground.'

Hotline launched to aid drug prevention strategies

A new hotline has been launched for drug prevention professionals, to help them make informed decisions about the most effective prevention strategies available to them.

Aimed at those involved in commissioning, designing, planning or working in drug misuse prevention initiatives, the service has been developed by the National Collaborating Centre for Drug Prevention (NCCDP) and established by the Health Development Agency in partnership with Liverpool John Moores University's Centre for Public Health. It is initially being piloted in the North West and Nottinghamshire, before being rolled out nationally later in the year.

The service is just part of NCCDP's drug prevention work. The centre is building on research recently begun by the HDA to examine the evidence base on current drug prevention interventions at home and abroad. Studies that detailed the effectiveness of programmes and assessed long-term impacts of drug-taking behaviours, were found to be 'weak' and 'few in number', according to the HDA.

Prof Mark Bellis, Director of NCCDP, urged front line professionals to 'insist on evaluation being completed to improve knowledge of the effectiveness of current prevention strategies'. NCCDP urges 'the many different professionals involved in drug prevention work, such as teachers, youth and health workers' to conduct thorough evaluations of their own individual programmes and share their experiences.

For more information about the NCCDP visit www.cph.org.uk/nccdp

A&E staff have 'vital role' in reducing drug deaths

A guidance paper for A&E staff has been published by NTA to highlight the 'vital role' they can play in reducing drug-related deaths.

Most deaths caused by illicit drugs can be prevented by swift medical intervention and ongoing treatment, according to the NTA.

A&E staff are given advice, from identifying high-risk groups for overdoses, such as those who have lost their tolerance after a detox, rehab or prison; to giving injectors injecting equipment on discharge, especially if needle exchanges are closed.

The 16-page document combines practical information about drugs and their effects with case studies from A&E staff and drug users. An interview with a consultant nurse at a London A&E department demonstrates that staff who are properly trained in dealing with drug and alcohol problems can make a significant difference – not just in the immediate emergency situation, but in encouraging them to seek treatment to prevent an overdose in future.

Visit www.nta.nhs.uk/publications/drug death.htm to view the document.

Media watch

Game of consequences
Pupils at a Chester school have been working alongside police to learn about the danger of drugs. In an initiative called 'realistic consequences', children have been working with the police's schools liaison officer to prepare projects such as 'You can spot a drug dealer, can't you?' to present to the local magistrate.
Chester Evening Leader, 7 January

'Ludicrous' prison plans
Plans to expand mandatory drug testing across the prison service have been called 'ludicrous' by Father Ciaran Enright, of the National Prison Chaplains. Father Enright was objecting to the isolated initiative, in view of the lack of treatment and counselling services in prisons.
Irish Times, 1 January

Dr Motivator
Cocaine and heroin users can be motivated to reduce their drug use, through meeting with an addiction peer counsellor just once at the time of a routine doctor visit, followed by a follow-up booster phone call, according to the US National Institute on Drug Abuse (NIDA).
Drug and Alcohol Dependence, January issue. www.elsevier.com

Hangover imminent
The Royal College of Physicians has condemned the new alcohol licensing laws, just weeks before local councils begin deciding on later closing hours.
Financial Times, 3 January
The Economist warns that few hangovers are as painful and long lasting as the one now affecting the British government.
The Economist, 6 January

Fancy a drink?
Teenagers are being lured to drink alcohol by titillating labels. Screaming Orgasm and Shag were among the alcoholic cocktails blamed for using sex to market brands to teenage drinkers.
The Guardian, 7 January

Getting tough on drugs

Janine Wiedel Photolibrary / Alamy

Just before Christmas, the Home Office announced proposals for 'a tough package of anti-drugs measures' by way of a 23-page Drugs Bill. With a declaration that it would break the link between drugs and crime, the bill's raft of proposals focus on strengthening criminal justice interventions to tackle drug use. Police will have new powers to test for class A drugs on arrest, tackle those who deal near schools, crack down on those who are caught with 'more drugs than reasonable for personal use' and hold in custody for longer those who are suspected of swallowing drugs. As DDN quickly found out, reactions to the bill from within the field have been far from universally positive.

Drugscope and Turning Point were quick to respond with a jointly drafted 'alternative Drugs Bill'. Concerned at the government's 'over-emphasis on forcing people into treatment', they proposed changing the focus to improving current treatment programmes and increasing the effectiveness of services.

The key to meaningful results, they say, is to make lasting changes to the underpinning elements of people's lives. Treatment must be tailored to individual needs, 'ensuring the right person is placed on the right programme', says Martin Barnes, Drugscope's Chief Executive. This involves acknowledging underlying difficulties that undermine success, such as mental health problems or poor housing. And forcing people into treatment, they argue, would be counter-productive given that a third of drug users drop out of treatment within the first 12 weeks as it is.

They also call for more harm reduction measures to stabilise chaotic lifestyles – safe injecting rooms, expansion of heroin prescribing programmes, and investment for all those who work with substance misuse, including GPs and others who have the power to intervene.

DDN asked three other leading figures from the field for their responses to the bill: Sebastian Saville, chief executive of Release, Kevin Flemen, director of KFx, and Danny Kushlick, director of Transform Drug Policy Foundation.

Kevin Flemen, KFx

The Drugs Bill was drafted prior to Mr Blunkett's departure from the Home Office. While his successor, Charles Clarke, has publicly stated that he will take forward his predecessor's agenda, we will have to wait and see just how much he will stick with this bill as presented.

New powers to ensure people testing positive for class A drugs attend assessments, represent one of the most substantial shifts in policy and practice within the bill, and the one with the most substantial ramifications for both users and the field. Unlike traditional arrest referral schemes, attendance for assessments is mandatory and failure to attend and complete them is an imprisonable offence.

We welcome the idea that all offenders who have an identified drug related issue should be able to access support and treatment services rapidly. However, we cannot endorse the coercive nature of the model proposed.

We believe that existing arrest referral processes – offering support and input from an independent worker at the point of arrest – have been productive. We believe that a coercive process is less likely to result in an honest and therapeutic engagement between drugs worker and user. It seems perverse that, on the one hand a client may finally have the chance to engage with a counsellor, but that the counsellor will be obliged to report the client if they fail to attend an appointment.

There are more than enough half-baked, ill-conceived, inadequately costed measures as the bill stands. In a functional democracy, a series of well-conducted debates in Parliament would reveal the failures of this bill. However, given the current failures of our parliamentary democracy, it seems unlikely that such a debate will take place. Consequently our already-flawed drugs legislation will be augmented by further clauses.

The government appears keen to take this legislation forward prior to the general election. By appearing to pass tough, anti-drug legislation, the government is once again seeking to garner votes. But a close examination of much of the proposed bill reveals attention-grabbing measures for popular consumption, and a missed opportunity to revise outdated and obsolete legislation.

Visit the KFx website for a full response: www.ixion.demon.co.uk

Sebastian Saville, Release

The overall effect of the Drugs Bill is, we believe, to reinforce the recent trend toward situating the understanding of, and policy responses to, problematic drug use within the primary framework of criminal justice. It is a matter of concern that some of the best and most creative elements of the government's drug strategy are becoming distorted by virtue of misguided attempts to placate populist criticisms to the effect that it is insufficiently 'tough on drugs'.

Any sober assessment of the problems linked to widespread drug use must recognise that the situation is not susceptible to a 'military' solution. Of course, the 'war on drugs' is, in most domains of human experience, a figure of speech: but the tone it sets for policy is real enough. The idea gains currency that the problems of drug use can be made to disappear by means of more muscular discourses, the use of punishments ever more severe, and continuous increases in the forms and extent of surveillance.

While the extension of treatment provision is of course to be welcomed, there are issues both ethical and pragmatic which arise from making the primary route into it so heavily dependent on a person's involvement with the criminal justice system. While the

impact of a pattern of perverse reward (by which preferential access to treatment is given to those who indulge in lawbreaking) can be overstated, its existence is nonetheless readily verified by observation and discussion with drug users.

Moreover, the long-term effectiveness of compulsory modes of treatment is of doubtful provenance. While few will disagree with the Bill's underlying objective of reducing the acquisitive crime associated with problematic drug use, there are much more productive ways of setting about it. The population that forms the core target-group for many of the proposed interventions is one whose drug-taking is intimately – and inextricably – interwoven with an entire complex of factors in desperate need of address, and from which the 'chaotic' and anti-social character of the drug-taking is in fact derived.

Many of those working in the field of drug treatment are themselves acutely aware of this. Issues of education, housing, employment, socio-economic class and ethnicity, social engagement and validation, to name but a few: problems in each of these areas must be explored and attended to if one is to relieve the underlying trauma, rather than simply punish or suppress the symptomatic behaviours.

In order to meet this need, the available financial and human resources would, we believe, be better employed in extending the range and improving the quality and training of the currently existing service provision. The acquisitive crime and public nuisance linked to 'chaotic' drug use can best be reduced through high-quality services organised around the imperatives of public health and evidence-based drug education

Visit Release's website at www.release.org.uk

The Drugs Bill:
The Christmas present I really didn't want:

Dear Mr Blair

Thank you for my shiny new Drugs Bill but, as you can see, I am returning it to you because it doesn't work. This is very similar to the amendment to Section 8 of the MDA 1971 that was returned by 102 of the 104 organisations who were consulted on it - after you'd already brought it into law.

In 1971 I got the Misuse of Drugs Act for my birthday. That was intended to reduce the misuse of drugs in the UK. Since then in fact, the number of problematic illegal drug users has increased by a factor of one hundred and the majority of injectors are infected with Hepatitis C.

You and your predecessors' previous gifts of anti-drug legislation have created the anarchy of the illegal market and contributed hugely to the marginalisation and poor health outcomes for problematic users. They have also created many of the problems that your new Drugs Bill seeks to solve. Your obsession with getting users into 'treatment' has nothing to do with being a Good Samaritan and everything to do with being seen to be tough on crime pre-election. This is combined with your need to reduce the property crime committed by users to support a habit and created by the previous gift of drugs prohibition.

Your gift's extra shininess - presuming intent to supply - is going to be welcomed by the News of the World readers who you've already duped into supporting drug testing in schools, and on whose support you are relying to vote you back in.

Please keep your populist, faith-based policies to yourself. My only hope is that my colleagues in the drugs field also tell you where you can stick your 'gift' and return it to the manufacturer. Next year, can I have some evidence-based policies or, just get me socks will you?

Love
Danny

Transform Drug Policy Foundation, www.tdpf.org.uk

'The "war on drugs" is, in most domains of human experience, a figure of speech: but the tone it sets for policy is real enough. The idea gains currency that the problems of drug use can be made to disappear by means of more muscular discourses, the use of punishments ever more severe, and continuous increases in the forms and extent of surveillance.'

Caroline Flint, Home Office Minister

'The damage caused to individuals, families and society by drugs is enormous. Drug misuse can ruin individual lives, tear open families and blight whole communities with the menace of dealers and crime driven by drug abuse.

'The Government is determined to tackle this by putting more drug dealers – people who profit in the misery of others – behind bars and getting more addicts into treatment. The Serious Organised Crime and Police Bill already contains powers for Community Support Officers to search suspects for drugs. The Drugs Bill will introduce further powers for police to drug test suspected addicts on arrest so our Drug Intervention Programme can get more people off drugs and away from crime. And dealers will face harsher sentences where they prey on children or attempt to escape justice by swallowing the evidence.

'Measures in the Drugs Bill will help us break the vicious circle of drugs and crime, to create a safer, more secure society. The Government has already invested unprecedented resources to tackle the harm of drugs. And we have made some great strides – we have 54 per cent more users in treatment compared to 1998 and have taken 37,000 kilos of cocaine and heroin off the streets, and busted 330 gangs dealing in class A drugs between April 2002 and December 2003. In the areas where the Drug Interventions Programme is in place crime is falling faster than in other areas. But of course there is more to be done.

'Underpinning everything is continued work to stem the flow of drugs to this country and tackle the organised crime networks responsible – powers in the Serious Organised Crime and Police Bill currently going through Parliament will build on this. Drugs are a scourge on the world, and enforcement agencies here in the UK are working closely with their counterparts abroad – in Asia, the Middle East and the Balkans – to pursue organised criminals, disrupt their shipments, bring them to justice, and ultimately make our communities safer.'

Residential treatment

In the busiest week for admissions at many residential treatment centres, DDN asked the chief executives of four major treatment agencies for their new year hopes for rehab.

'Full cost of recovery must become commissioner mindset'

Nick Barton, Clouds

As a result of the research currently being undertaken by Dr David Best and Prof Ed Day on behalf of the NTA, we should soon have a detailed map of the range of provision for the first time.
We can then begin to think about how to develop the residential landscape to meet the needs of addicted people more efficiently and effectively. However, before investing to build additional capacity, it is vital is that the NTA gets to grips with the current under use of Tier 4. Bed Vacs, though a good idea, isn't working at the moment.

I would like to see a significant reduction in in-patient hospital detoxification. In my view, this option should be reserved for those with severe physical and/or mental conditions that cannot be treated in a facility where the comprehensive psychological treatment, so vital to establishing a new life, can be provided simultaneously with and subsequent to the management of physical withdrawal. We must get out of the mindset that leads to the delivery of so much detoxification as a standalone procedure. We are treating addiction not intoxication.

Commissioners should attempt to secure pathways of continuing care beyond the first episode and provide parallel services for family members. It is self-defeating to go on treating people without reference to their most affecting relationships, which so often feature in relapse.

'Full cost of recovery' must become part of the commissioner mindset, especially if we are serious about raising standards. In this regard we need to safeguard registration. It provides at least some protection for the vulnerable people who need residential treatment and we know that those admitted are often more vulnerable than others seeking treatment. Clouds House will be working wholeheartedly to achieve EATA accreditation and we hope that in the end accreditation will bring genuine leverage in the marketplace and put pressure on those commissioners and providers who are prepared to accept low standards.

NTORS revealed that the residential sector often did best even though it had to treat people with some of the most difficult conditions. Investment is needed to protect and develop a national resource that earned that accolade.

'Rehab is the longest established, best researched, most intensive service available for substance misusers. It has a great future, like the hundreds of thousands of people for whom it has worked so well.' Bill Puddicombe

'We hope that a programme of development is imminent'

Bill Puddicombe, Phoenix House

Residential rehabilitation is an essential part of any effective system for substance misusers who wish to end their dependency. Time and time again the modality is shown to be effective for many people, who have found that other forms of treatment do not give the space and depth for radical reappraisal, which is the unique aspect of the rehab.

At Phoenix House we have challenged the traditional views of residential services. We work with a diverse group of thousands of service users with a vast range of needs. We noted recently that the Scottish Parliament's Effective Interventions Unit acknowledged that residential services are effective for stimulant users. As we work with more and more crack users in our residential services, this is a point that we had been making for some time.

The lack of investment in residential services has been of concern to us for some while. Since the government acknowledges that it is needed, we hope that a programme of development is imminent as this modality has been left static while other, sometimes less well proven, options have proliferated.

From the providers' side, our challenge is to continue to update the residential service; to keep it relevant. In particular we need to make sure that programmes and their onward referral systems are designed to consolidate the treatment gains made by service users.

Rehab is the longest established, best researched, most intensive service available for substance misusers. It has a great future, like the hundreds of thousands of people for whom it has worked so well.

'Plug gaps to make the whole system more accessible'

Peter Martin, Addaction

We would like to see a continuity of care with more residential places and post residential care in the community delivered in a much smoother co-ordinated way for all people with drug and alcohol problems who need that support.

The two go hand in hand. Our whole focus must be on identifying gaps in care, and plugging those gaps, to make the whole system more accessible and to make it more responsive. We should not be waiting for more evidence in order to respond. We know enough about what works.

Looking at our own services as an example – Addaction has 73 services, comprising community services, and a current four residential units, one in London and three in Devon and Cornwall. These units take referrals from all over the country. Take Addaction's Maya project in London, which does incredibly important work with six months in an intensive

Hopes for the future

residential support programme for drugs misuse, and six months follow-up support in the community. The cutting of the Supporting People grant has really put a question mark over plans to expand this valuable service, and as of December 2004, we have been waiting to see what government intends to do about this. Clients stay six months in residence at the Maya, and this is one of the few residential places in the country that supports mothers who can bring their children under the age of 12. This is a huge plus for women who might otherwise not access a service where their children are not accommodated. It is short sighted in the least to undermine the capacity of this much needed and well respected residential programme.

We also know from experience that continuity of care is needed post residential treatment – and that clients who have done very well in residential programmes have faced a postcode lottery in terms of quality support when they return to their previous environment. The continuum of support is crucial, and it should not be beyond our capability within the drug strategy to provide planned support that is effective and meets need, both within the criminal justice system and outside of it.

Meanwhile, the lack of money for alcohol treatment is a constant threat to all our alcohol services including residential units, and this too is a constant source of frustration. We are often reduced to a hand-to-mouth process, knocking on commissioners' doors, for short-term funding, which makes it hugely difficult to plan for the future in terms of staffing and numbers of people we can see, and the length of time we can provide care.

Generally, there is a lot of evidence to support the view that residential treatment works well, but, of course, community services work to support the continuum of care, either for those who do not want or need residential care, or for those who need post-residential care. There is no doubt that more residential care is required, and easier systems for obtaining funding needed. Residential units are of course more expensive and also are generally abstinence-based. We have always said we need a multiplicity of responses for drug and alcohol misuse and treatment, including harm reduction to meet the needs of all clients and to reduce the spread of blood borne disease. Residential care is not suitable for everyone because people have different circumstances and needs.

'My hope for the New Year is that [by] working with local Drug Action Teams, the NTA and local health authorities the detox chain could make a dramatic impact on the face of residential treatment.' Lord Victor Adebowale

'Treatment needs to get better at meeting whole range of needs'
Lord Victor Adebowale, Turning Point

As the recent Audit Commission report showed, treatment services need to get a lot better at meeting people's whole range of needs. With a third of people dropping out of treatment before the 12th week they have to find a way of holding people in treatment for longer. Residential rehab is no exception and is crucial in the overall pathway through care.

This year Turning Point set out our vision for a national detox chain – a network of rapid-access residential treatment centres across the country. Based in each major city with a need, they would allow local residents to enter treatment at the point they most required it and were ready for help. If there were enough centres in the chain, they would also allow a significant increase in capacity where individuals could move between centres as appropriate.

The centres would be based on Turning Point's Smithfield centre in Manchester which works with both drug and alcohol users. The centre is closely linked with the local community mental health team and uses shared referral and other processes to ensure that people who have both substance misuse and mental health problems can receive appropriate support.

As with the Smithfield centre, in addition to the detox element the centres would offer ongoing support with rehabilitation, support with getting back into training and a series of move-on accommodation options.

My hope for the New Year is that we can make this vision a reality; working with local Drug Action Teams, the NTA and local health authorities the detox chain could make a dramatic impact on the face of residential treatment.

For the future – well, in the short-term, the focus in the government's drugs strategy will continue to be on improving the continuity of care through the criminal justice system. The DIP, and we run several, is certainly helping to provide a much more supportive pathway for clients to get them out of crime and into treatment. However, even there, inappropriate housing is often the one pre-eminent destabilising factor in the care pathway. We invest all this energy, all this time and money in providing appropriate treatment, without gaps, for people who want to address their drug misuse, and fall down when it comes to housing. People will often be doing well in a programme but have no stable accommodation, or are living in B&Bs where others are injecting, and offering temptation, so they are constantly undermined by a lack of suitable housing. This requires vision and action to correct, and is one area where I hope we will begin to see some changes in the coming year.

A Competent Workforce to Tackle Substance Misuse

Every worker in the substance misuse field now needs to have a working knowledge of DANOS. In the first of our series, Trevor Boutall, Skills for Health technical consultant, describes the standards and their purpose.

DANOS – the Drugs and Alcohol National Occupational Standards – were born out of a cross-sector imperative to develop a competent workforce to help substance misusers address their problems and meet the challenging demands of the government's drugs strategy.

DANOS, which can be downloaded from www.DANOS.info, describe the standards of performance, knowledge and skills needed by individual practitioners if they are to be effective in playing their part in delivering this strategy.

Role Profile of a Drugs Worker from www.DANOS.info

With DANOS, every worker in the drugs and alcohol field, whether employed or volunteering, should be clear exactly what is expected of them and what they can contribute to delivering services that meet the needs of individuals and the communities they live in.

There are over 100 units within DANOS, covering the functions carried out by commissioners, service managers, and those delivering front line services in widely diverse contexts. Only a small proportion of units – perhaps 10, or 20 at most – will apply to any individual's job. We call this group of units their role profile.

Practitioners having – and understanding – their role profiles is just the first step to ensuring we have a competent workforce; it helps them know how they should be performing. Within each unit there are performance criteria that allow practitioners to assess their own performance and get factual, evidence-based feedback from their line managers and others on how well they are doing.

If they are meeting the standard, that's great! They can gain confidence that they are working in line with the national benchmarks of good practice, and, if they can prove they are, they can get accreditation through National (and Scottish) Vocational Qualifications and other competence-based qualifications.

If, however, they are not meeting the standards, then they are not delivering services that meet either users' or commissioners' requirements. Practitioners need to identify where they are not consistently meeting the standards in their role profiles and reflect on the reasons for this. Do they need to change their practice to meet the standards? Are there organisational or systemic barriers to their meeting the standards? Are there areas or knowledge or specific skills they need to develop?

Each unit of the DANOS standards includes a detailed specification of the knowledge and skills required. Some of these are generic skills like communication, analytical or negotiating skills. Others are specialist knowledge and skills, such as knowing the different substances and their effects, or being able to work with children and young people. There are also context-specific areas of knowledge like familiarity with local agencies, protocols and practices. The knowledge and skills are defined as learning outcomes to help trainers prepare training courses and resources which develop these knowledge and skills and check that training has been effective.

Without the required knowledge and skills, practitioners cannot perform competently – they cannot meet the standards. They need to develop the necessary knowledge and skills, either through induction or through focused development activities, such as reading the relevant literature or participating in training events. They then need to apply their newly-acquired knowledge and skills in the work context under supervision and receive feedback on their performance until working to the standards becomes second nature.

The DANOS standards, together with the National Occupational Standards for other sectors – health and social care, criminal justice, mental health, youth work, housing, employment, sport, volunteering and others – have been designed to support a system of targeted continuing personal and professional development (CPPD).

'Every worker in the drugs and alcohol field... should be clear exactly what is expected of them and what they can contribute to delivering services that meet the needs of individuals and the communities they live in.'

The Cycle of Continuing Personal and Professional Development

CPPD is a shared responsibility of the individual practitioner and the organisation. Together, they must agree the requirements for their current – and future – roles, identify where performance meets requirements and, where it doesn't, plan and undertake development activities. The cycle continues with a review of whether performance has improved in line with planned objectives and a regular review of the job role: how have the requirements changed, how will they change in the future, and how can the practitioner prepare to meet future challenges?

The DANOS standards themselves are subject to continuous review and improvement. They have recently been updated to reflect the latest evidence of what works, improvements in practice, and new models of partnership working between the health and social care sectors. They also incorporate a number of new standards covering the prescribing of controlled drugs, helping individuals comply with their medication, carrying out brief interventions with alcohol users, working with carers and families and recruiting and managing volunteers.

The world doesn't stand still. The drugs our clients use, their needs for care and our responses to these needs are continuously changing. DANOS will continue to change to reflect these needs.

Next Month: Giving credit for competence – DANOS-based qualifications.

Psychoactive drugs and the drug problem

In the second of his Background Briefings, Professor David Clark introduces psychoactive drugs and describes a simple classification of drug type based on their major mode of impact on the mind. The multitude of factors that influence the way that a drug can affect a person, and that ultimately can contribute to a drug problem, are briefly introduced.

A psychoactive drug is a chemical substance, whether of natural or synthetic origin, that affects the brain to produce alterations in mood, thinking, perception or behaviour.

People throughout history have made considerable efforts to discover and invent substances that will help them change their psychological state. Psychoactive drugs have always been, and will always be, part of everyday life. People take them for their pleasurable effects, to reduce the stresses of everyday life, to experience new subjective states, and to help overcome 'clinical' conditions such as depression or anxiety.

Use of some psychoactive drugs has been made illegal by society and their consumption can lead to judicial consequences, even when it is argued that some of these drugs have benign adverse effects. Other psychoactive drugs are legal, despite the fact that their misuse is associated with negative effects for both individuals and communities. Others are mass-produced in vast quantities by drug companies to satisfy the demand of doctors and patients. Some people consider these prescription drugs to be unsafe.

There are thousands of psychoactive drugs, many of which share common properties with drugs of a similar chemical structure. Psychoactive drugs can be grouped in various ways; one simple classification that is commonly used is based on their major mode of impact on the mind. This classification groups drugs into sedatives, stimulants, opiates, hallucinogens, and drugs that exert mixed actions.

Sedatives come in the form of alcohol, minor tranquillisers such as valium and other benzodiazepines, barbiturates such as nembutal, as well as anaesthetic gases and other volatile substances such as gas lighter fuels. These substances have the common property of down-regulating mental activity, producing a state of relaxation or sleepiness. They can slow reaction time and impair co-ordination. Higher doses produce intoxication and sometimes unconsciousness.

Stimulants include amphetamine, cocaine and caffeine. These drugs up-regulate mental activity, causing alertness, feelings of enhanced energy, and excitement. However, these drugs can also produce agitation and anxiety. Long-term use of stimulants can produce symptoms that closely resemble paranoid psychosis, i.e. thought disorder and hallucinations.

Opiates include the naturally occurring opium, as well as a wide range of synthetic drugs, including morphine, heroin and methadone. Although these drugs produce sedative effects, they can also produce a special and intense kind of euphoria. Opiates are well-known for their pain-relieving properties.

Hallucinogens include the naturally occurring plant mescaline as well as LSD and a range of other synthetic drugs. These drugs change a person's perception of the world, distorting what is heard or seen, or leading to a person experiencing things that don't really exist.

Drugs that cannot readily be fitted into one of these classes include cannabis (sedative and hallucinogen), nicotine (sedative and stimulant) and ecstasy (stimulant and hallucinogen).

Although we have categorised drugs in this fashion for convenience purposes, we must not assume that drugs have fixed effects dependent purely on their chemical properties. Sadly, far too many people believe the idea that specific drugs have fixed and predictable effects, which are the same from person to person.

In fact, the way that a drug affects a person depends on three factors:

- The drug (the pharmacological action of the substance itself)
- The set (personality, attitudes and expectancies, physical condition of the user)
- The setting (the influence of the physical and social setting within which the use occurs).

'People throughout history have made considerable efforts to discover and invent substances that will help them change their psychological state. Psychoactive drugs have always been and will always be part of everyday life.'

When trying to understand a drug effect and ultimately a drug problem, the situation is made all the more complex by the fact that each of these factors can be broken down further. For example, the impact of the first factor (the drug) needs to take into consideration the amount of drug taken (dose), the route by which the drug is taken (eg by injecting or by mouth), and the speed by which the drug reaches the brain.

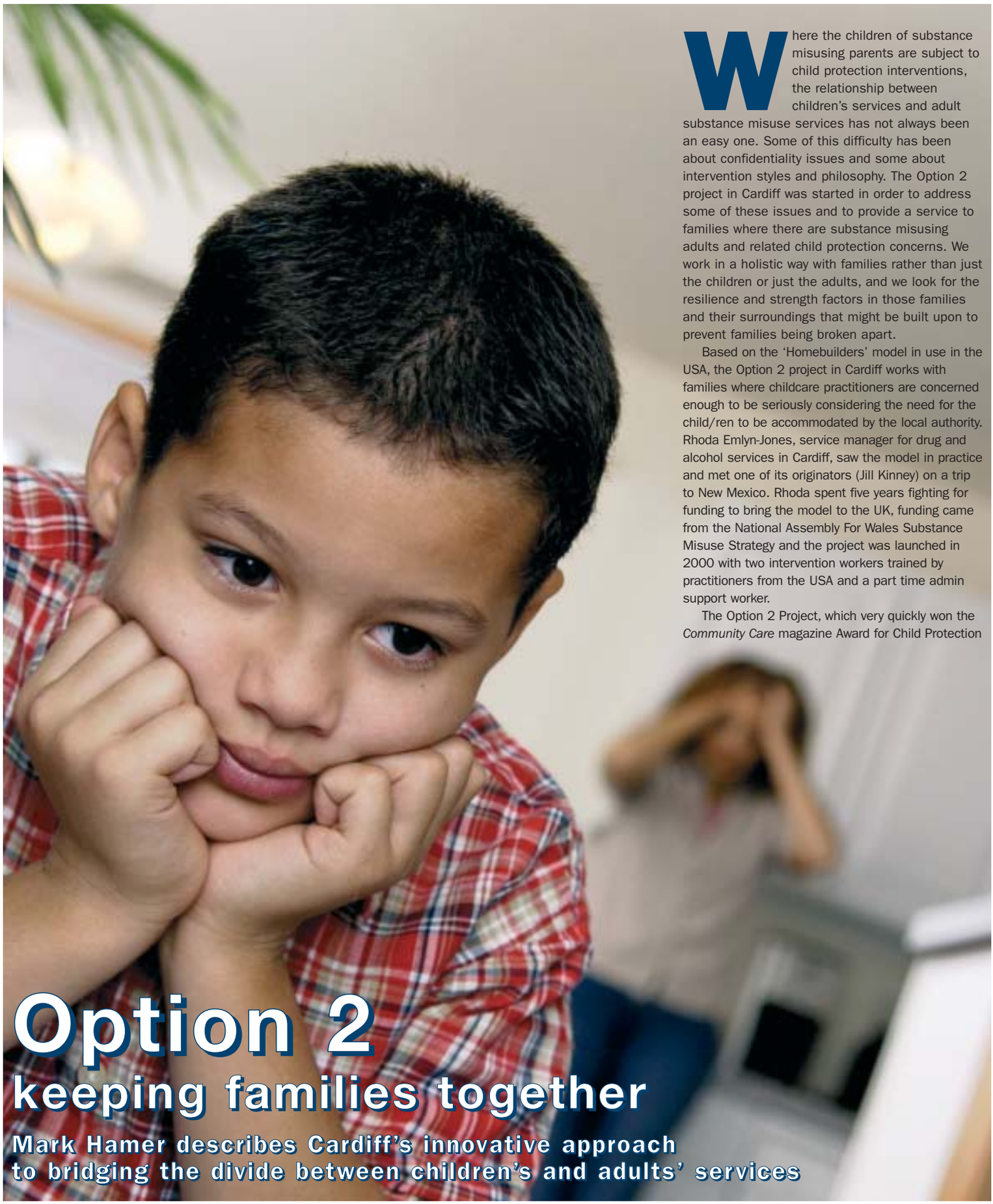
The situation is made more complex by the fact that drugs are not taken on a single occasion. If a person likes their experience they will use the drug again, and then on repeated occasions. When this happens, the brain tries to adapt to the changes that each dose of the drug produces. This brain adaptation can lead to alterations in future drug effects. It can also lead to changes in psychological experience when the person is drug-free, e.g. depressed mood after long-term amphetamine use.

It is made even more complex by the fact that many people who develop a drug problem do not use just one drug. For example, a person who misuses amphetamine may also take benzodiazepines, to help them overcome the adverse effects of the stimulant. This leads to more adverse effects.

It is made more complex again by the fact that the person is probably purchasing an impure product in an unsafe environment (from 'the street') at a time that they are possibly experiencing adverse health, social and emotional problems.

And, finally, it is imperative to stress that a person may have already have problems of social deprivation, childhood abuse, learning difficulties, and personality problems before they developed a drug and/or alcohol problem.

There is a long and tangled path between the psychoactive drug and the drug problem in today's society.



Option 2
keeping families together

Mark Hamer describes Cardiff's innovative approach to bridging the divide between children's and adults' services

Where the children of substance misusing parents are subject to child protection interventions, the relationship between children's services and adult substance misuse services has not always been an easy one. Some of this difficulty has been about confidentiality issues and some about intervention styles and philosophy. The Option 2 project in Cardiff was started in order to address some of these issues and to provide a service to families where there are substance misusing adults and related child protection concerns. We work in a holistic way with families rather than just the children or just the adults, and we look for the resilience and strength factors in those families and their surroundings that might be built upon to prevent families being broken apart.

Based on the 'Homebuilders' model in use in the USA, the Option 2 project in Cardiff works with families where childcare practitioners are concerned enough to be seriously considering the need for the child/ren to be accommodated by the local authority. Rhoda Emlyn-Jones, service manager for drug and alcohol services in Cardiff, saw the model in practice and met one of its originators (Jill Kinney) on a trip to New Mexico. Rhoda spent five years fighting for funding to bring the model to the UK, funding came from the National Assembly For Wales Substance Misuse Strategy and the project was launched in 2000 with two intervention workers trained by practitioners from the USA and a part time admin support worker.

The Option 2 Project, which very quickly won the *Community Care* magazine Award for Child Protection

VStock / Alamy

in 2001, and was highly praised in the 2002 Joint Review of Social Services in Cardiff, has since grown to include an Option 2 project managed by Rhoda in the Vale of Glamorgan and a number of other projects across the UK based on the model and having had their staff trained by Option 2.

Option 2 workers (of which I am one) work intensively with families for a four to six week period. We give families our mobile telephone numbers and are available to family members 24 hours a day for the duration of the intervention. The aim of the intervention is to enable families to make whatever changes are appropriate so that the children can remain safely at home. Following referral from a childcare social worker, an Option 2 worker will make contact with the family within 24 hours. We follow a very clear model of intervention, which begins with briefly looking for strengths, and risks and creating a short-term safety plan with the family. This is designed to prevent the child/ren being removed during the early part of the intervention. Option 2 workers often find themselves negotiating with child protection workers for a little time and space for the family so that the pressure can be relieved for a period and families can have the opportunity to make changes before the tools of a statutory intervention are brought to bear.

Very early in the intervention we concern ourselves with practical problems, which may prevent family members from becoming involved in a therapeutic process. For example, the home may have no cooking facilities and it is unlikely that a parent will be able to do any focused work on changing their parenting if they are constantly concerned about such basics as feeding their children. Option 2 staff have easy access to about £35 per family, which they can spend on things that will open the doorway and help families to engage in more therapeutic work. Items like gas and electricity, a cooker, wallpaper, a pushchair, food, shoes and baby goods have been provided for families by this money. The fund is there to remove those emotional barriers but is also helps families to realise that things can improve, raises expectations of success and increases hope.

'Very often families feel that there is no point in trying, that things have gone too far, that they are not capable of making things better or that they are just not worth the effort. Feeling hopeless, pointless and worthless, some are just waiting to lose their children, already grieving before the act.'

Very often families feel that there is no point in trying, that things have gone too far, that they are not capable of making things better, or that they are just not worth the effort. Feeling hopeless, pointless and worthless, some are just waiting to lose their children, already grieving before the act. Often, our first task is to address these feelings of guilt and inadequacy and bring some hope – and so we ourselves must always feel hopeful. We don't work with a rule of optimism, but a rule of hope. This takes experienced and mature workers that we have recruited from backgrounds in social work, psychology and counselling and we look for people who are at the peak of their practice. This intensive and often emotionally draining work means that we need to protect our workers; each individual works with no more than two families at any one time and we provide our staff with various levels of supervision.

By looking in great detail at the strengths in the family, workers can begin to create and build on the understanding that family members are already successful at some things. There is always some level of success that we can work with; if some level of success did not exist the client would not have managed to stay alive. We then explore their values as individuals and as a group, creating in the individuals the belief that they are actually worth the effort of change. Using solution-focused language and card games designed to elicit positive values and strengths, we can build in the family the belief that what they have is worth protecting and that maybe they have the ability and strength to protect what they have. At the same time we are creating a cognitive dissonance, an irritating disparity between whom they believe they are and how they actually behave. Drawing a distinction between the person and the behaviour allows the person to see that what they do is not the behaviour of who they want to be. It is easier to change behaviour than belief, and so a real internal change process slowly begins.

Building motivation and confidence allows the family to start to think positively about the future. Using the information we have gained, our developing understanding of the family, and techniques like the 'miracle question' (drawn from Brief Solution Focused Therapy and Neuro-Linguistic Programming) we can begin to help the family to develop some clear goals. By the middle of the second week, most families will have created a number of goals for themselves. These will often be something like 'the children go to school every day' or 'I will take my Subutex regularly'. We use a very formal tool to scale goals so that families and others can measure how successful they are in relation to those goals. With such clarity about goals, it becomes easy to identify the behaviours needed and the steps that need to be taken to allow the individual to achieve that goal.

The intervention is highly solution-focused and goal oriented. Problem-focused talk is discouraged, reframed into opportunities and turned into goals. Workers make great effort to focus their attention on where the individuals in the family are now, rather than where the worker or the child protection worker would like them to be, or where they have been in the past. In this way the next small and achievable step can be identified and the family can successfully move forward.

A key part of this intervention is transparency. Families know that if it is at all relevant, what they say to their Option 2 workers will be discussed with the childcare worker. Childcare workers know that records are shared with clients and they will be told of any serious concerns. In fact workers provide their families with their own identical copies of their case files. Families truly feel that they are working in partnership; they come to trust their Option 2 worker and feel able to disclose information they had kept hidden from others in the full knowledge that although it will be discussed with others, it will be handled sensitively.

The outcomes speak for themselves. It is a target that 75 per cent of families we work with will remain together. This has been exceeded every year and around 80 per cent of families remain together a year after the intervention. The early 'bridge-building' aims of the Option 2 project continue to be met and the intervention has been so successful that children's services in Cardiff County Council are looking at how the tools and practices can be used by children's services as part of their drive to refocus their efforts more on preventing children from harm rather than protecting them at a later date. It is felt that 'front loading' services, focusing efforts on providing early services to children in need, can prevent many children being separated from their families and placed in foster care. Furthermore, the tools, the ideas and the style of this intervention are an ideal fit with the aim and structure of the Childcare Assessment Framework, providing useful and useable information on both risks and strengths.

A facilitative style of management is vital for resources such as this to work effectively. When workers feel trusted and respected as professionals they are able to give 100 per cent of their effort to the families they work with. We at Option 2 are able to work when families require us, rather than when systems expect us; we are available to the families we work with 24 hours a day and so we need to feel supported by our colleagues 24 hours a day. We do this through a 'buddy system' – workers are aware of their colleagues' location. If we get called out, we contact our buddy and we talk with that worker at the end of every day, offering peer supervision whenever our buddy asks for it.

The complete manual for this intervention: 'Preventing Breakdown: a manual for childcare professionals working with high risk families' is to be published in Jan/Feb 2005 by Russell House Publishing. You can read more about Option 2 at www.another-way.co.uk.

25-26 January – Leics
Families, Carers and Drugs...
Organised by Afdam and DrugScope. This is the second national conference organised jointly by DrugScope and Adfam and will highlight new research, innovative ideas and the latest from frontline services. The conference will provide an opportunity for professionals, researchers and carers to exchange expertise and experiences, whilst hearing from speakers and workshop leaders who have in-depth knowledge of the issues surrounding substance misuse and families. Loughborough,
w: www.drugscope.org.uk/819
e: events@drugscope.org.uk
t: 020 7928 1211.

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

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

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

23 February – London
Arrest Referral - Full Speed Ahead?
Organised by Spotlight. This conference sets out the challenges ahead for those involved in commissioning, managing, delivering and monitoring arrest referral work. Speakers from the Government, Home Office, Drugscope, Addaction, CRI, Coca and the Institute for Criminal Policy Research, King's College London.
w: www.policyspotlight.co.uk/conferences/pdf/psl-arrest.pdf
t: 0870 351 8720
e: bookings@policyspotlight.co.uk.

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

24-25 February – Manchester
UK Hepatitis C Awareness & Prevention Conference
Organised by UK Hepatitis C Resource Centre and Mainliners. Among the topics to be explored are projects to raise awareness, including England and Scotland's Health Departments' public and professional awareness activities, and key prevention issues such as progressive harm reduction approaches including injecting rooms, prescribed heroin, current issues surrounding sexual transmission and needle stick injuries. Workshops will seek answers to questions on case finding, prevention and screening.
t: 020 7378 5495
e: dkeys@mainliners.org.uk
w: www.hepccentre.org.uk.

14-15 March – Cardiff
3rd Annual Tackling Drugs Supply Conference & Awards
Organised by Home Office and Calder Conferences. The aim of the conference is to identify, promote and recognise best practice among police forces in tackling drug supply. The presentations of the winning nominations allow delegates to share innovative approaches in tackling drug supply. In addition, the event aims to acknowledge and celebrate the good work that is being undertaken throughout the country.
w: www.calderconferences.co.uk/caridiff_page.asp#
t: 020 7273 3886
e: Brian.Hanrahan@homeoffice.gsi.gov.uk

16 March – London
Partners in Prevention. Good Practice: From words to action
Organised by Adfam, in partnership with the HM Prison Service Drug Strategy Unit. This one day conference will explore good practice in treatment and support involving families of prisoners with substance misuse problems. HMPS DSU Good Practice Guidance will be launched on the same day.
t: 020 7202 9443
e: a.higgins@adfam.org.uk.

20-24 March – Belfast
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.
w: www.ihra.net

6 April – London
Responses for the Future Exhibition
Organised by Drugs and Alcohol Today. This is a one-day exhibition that aims to bring together representatives from all tiers of the drugs and alcohol sector - allowing exhibitors to market their goods and services directly to key stakeholders.
t: 01273 623222
e: grahamh@pavpub.com
w: www.drugsandalcoholtodayexhibition.com

28-29 April – London
Management of Drug Users in Primary Care
Organised by RCGP and Healthcare Events. This is the tenth annual conference on the subject - and is aimed at a range of stakeholders including generalists and specialist GPs, shared care workers, pharmacists, drug users and joint commissioners.
t: 0208 541 1399
e: susie@healthcare-events.co.uk
w: www.drugs.gov.uk/Events/1103643868/Drugsbrochure2005.pdf.

19-21 May – London
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 – London
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.
t: 020 7324 4373
e: amanda.smith@neilstewartassociates.co.uk
w: www.neilstewartassociates.com

OVERSEAS EVENTS

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

16-18 February – Barcelona
Policing Drugs on the Streets of Europe
Police officers from all over Europe who specialise in neighbourhood drug enforcement are invited to a unique conference in Barcelona next February. Organised by the Centre for Public Innovation, in conjunction with the Home Office, this conference offers mid-ranking police officers the opportunity to meet, share best practice and learn about pioneering operational international initiatives. The programme has an international flavour, with speakers coming from the UK, Netherlands, Sweden and Spain and will also incorporate a series of practical workshops.
w: www.policingdrugs.com
t: 020 8675 5777
e: patricia.sauer@publicinnovation.org.uk

7-9 July – Budapest
8th European Conference on Drugs and Infections in Prison
Organised by Cranstoun Drug Services, European Network on Drug and Infections Prevention in Prison (ENDIPP) and others. This year's event – Unlocking Potential: making prisons safe for everyone – will cover a range of topics including: thoughcare and after care; multi-agency working in practice; and harm reduction.
e: smaster@cranstoun.org.uk

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

TURNING POINT

Society Guardian

Pavilion

Present

drugsandalcohol today

Responses for the Future

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

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

Who should attend?

Everyone working in the drugs and alcohol sector including:

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

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

Advanced booking exhibition tickets -
Only £18 (inclusive of VAT)

Group discount:
Buy 5 tickets for only £60 (save £30)
Tickets on the day: £20 per ticket

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

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

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DDN Drink and Drugs News

RELEASE

Release Drugs University IV

Drugs – the politics, philosophy and economics

THE NEW DRUGS BILL – NEW SOLUTIONS OR NEW PROBLEMS?

Following on the heels of the government's Drugs Bill, the Release conference on **Friday 28th January** takes a timely look at the fundamental issues surrounding the illicit use of controlled drugs.

Many informed commentators have noted that the new Bill concerns itself with the symptoms of widespread drug-taking rather than dealing with the underlying problems, which are more complex, more enduring, and less susceptible to easy answers.

In a policy landscape in which reasoned argument and expert knowledge are urgently required (and too often in short supply), Release has assembled a unique, inter-disciplinary collection of experts from around the globe: each of them highly respected in their fields, with a brief to explore topics ranging from philosophy to law enforcement, human rights and ethics to addiction treatment, and the probable future directions for science and policy.

The event is chaired by **Mishal Husain**, familiar to viewers of BBC World TV, and will feature presentations from internationally renowned speakers including:

- **Dr. Peter Cohen** of the University of Amsterdam, who will ask "Does society need to get high?"
- **Prof. Cindy Fazey** of Liverpool University speaking on the problems of Afghanistan's opium industry
- **Shami Chakrabarti** Director of Liberty on the vexed question of ASBOs (Anti-Social Behaviour Orders)
- **Olga Heaven MBE** Director of the charity Hibiscus, on the plight of the very high numbers of women drug "mules" incarcerated in UK Prisons
- **Prof. Craig Reinerman** Sociologist at the University of California, Santa Cruz, and a trenchant critic of contemporary drug policy, on the relations between racism and the War on Drugs.

The day includes a filmed interview with the legendary American chemist **Dr Alexander Shulgin**, 'the man who invented Ecstasy', in which Dr Shulgin explores both his work and his views about the future direction of drugs and drug policy.

Dr Chris Ford and **Dr Matthew Johnson**, both eminent UK clinicians, will conduct a live debate about the philosophy and practice of drug treatment.

And much more....

All in all, the conference offers a rare opportunity to catch this top-notch gathering engaged in a potent mix of topical discussion and debate. Amongst the regular round of conferences, here is one that truly is special.

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

Not to be missed

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Drink and Drugs News

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brighton housing trust

BHT Addiction Services

BHT's Addiction Services provides a comprehensive programme of support to men and women, many of whom are former rough sleepers in the City, who are committed to abstinence and recovery from their addiction to drugs and alcohol.

Addiction Services Manager

Salary £26,625 pa – £29,100 pa
35 hours per week
NJC Scale Point 36, rising by annual increments to scale point 39

We are seeking to recruit a committed and experienced Addiction Services Manager to manage, on a day to day basis, the services provided by the Trust's Addiction Services. This will include leading on the development of the services and ensuring the good quality delivery of these services to clients.

The Addiction Services Manager will be responsible for all aspects of contractual and regulatory compliance in the services. This will include ensuring that the services comply with all Supporting People funding requirements and that the services work closely with other providers in the City and are fully integrated into Models of Care.

The post holder will have knowledge, understanding and experience of managing responsibility for contractual and regulatory compliance. They will also have a thorough understanding of management issues including the ability to manage and supervise an experienced staff team who are responsible for delivering the programme to clients; an understanding and experience of the management of change and an ability to lead and be part of a team of professional workers.

Closing Date: 12 noon Monday 14th February 2005
Interview Date: Tuesday 22nd February 2005

Primary Programme Manager

Salary £22,599 pa – £24,708 pa
35 hours per week
NJC Scale Point 30 rising by annual increments to scale point 33

We are seeking to recruit a committed and experienced addictions worker to manage, on a day to day basis, the services delivered to clients in the secondary stage of our 12-step recovery programme. This will focus on ensuring the good quality delivery of this service to clients. The successful Primary Programme Manager will supervise and be assisted by 2 Project Workers.

The post holder will have an appropriate counselling qualification or equivalent experience, a thorough knowledge and understanding of addictions and substance misuse, a thorough understanding of and commitment to the 12-step philosophy of recovery, an ability to lead and be part of a small team of professional workers and excellent interpersonal and communication skills.

Closing Date: 12 noon Monday 14th February 2005
Interview Date: Wednesday 23rd February 2005

Detox Support & Move-On Support Worker

Salary £16,371 pa – £18,507 pa
35 hours per week
NJC Scale Point 21 rising by annual increments to scale point 24

We are seeking to recruit an addictions worker to provide practical and social support to clients in the Detox Support and Move-On stages of our 12-step recovery programme. It is a hands-on role designed to complement the existing philosophy and practice of the service. The successful candidate will receive a good induction and ongoing support. They will have experience of men and women recovering from addiction, either in a professional or personal setting but it would suit someone looking for their first permanent job in addictions work.

The post holder will have a strong commitment to and understanding of the 12-step philosophy of recovery and good interpersonal and communication skills. They will be able to use their initiative and work well in a team.

Closing Date: 12 noon Monday 14th February 2005
Interview Date: Thursday 24th February 2005

For further details and an application form please either e-mail william.nuckley@bht.org.uk or write to Brighton Housing Trust, 144 London Road, Brighton, BN1 4PH, specifying the post you are interested in and enclosing an A4 self addressed stamped envelope (42p) or alternatively call in.

Please note CV's will not be accepted
BHT operates an Equal Opportunities policy

The Drugs & Homeless Initiative (DHI)

The Drugs & Homeless Initiative provide a range of support services for people who are vulnerably housed or homeless and experiencing problematic substance use in B&NES and Wiltshire.
We are currently recruiting:

Senior Counsellor (to act as Day Care & Aftercare Team Leader)

Salary: £22,599 to £24,000 (depending on experience)

Based in Bath, the post-holder will lead and co-ordinate the work of Structured Day Care and Aftercare services. They will be responsible for the delivery of a specialist service for people with drug and alcohol problems wishing to participate in either a harm minimisation or abstinence based structured day programme and for overseeing DHI's aftercare programme. They will have particular responsibility for running a support programme for people who require support to maintain abstinence.

The successful applicant will have a diploma in counselling and a minimum of two years experience of counselling or facilitating group work, within the area of drug and alcohol misuse.

This service is currently commissioned to 31 March 2007

Criminal Justice Treatment Worker

Salary: £19,713

Based in Bath, the successful applicant will join the Criminal Justice Team to deliver a treatment programme to offenders in Bath & North East Somerset. They will have experience of group work and case management within the area of substance misuse and a willingness to work within a criminal justice framework. The ideal candidate will have some experience of supervising/giving advice to those on prescribed medication, as such this post is suited to an experienced drugs worker or someone from a nursing background.

Benefits include 25 days annual leave, a commitment to training and optional company pension scheme.

Application forms and further information is available from: DHI, 15/16 Milsom Street, Bath, BA1 1DE. Tel: 01225 329411 e-mail: info@drugsandhomeless.org.uk

Closing date: 5pm Friday 21st January 2005

Interview dates: 27th/28th January 2005

DHI is striving to be an equal opportunities employer *Registered Charity No. 1078154*

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.

Telford and Wrekin Primary Care Trust NHS

Substance Misuse Directorate

VACANCIES

We currently have a number of positions to fill within the Substance Misuse Directorate of Shropshire County Primary Care Trust. We are looking for:

NURSING POSTS

Post 1. A qualified RMN to cover a 11 month secondment period full-time E Grade £17,060 - £22,015, pro rata. depending on outcome this may become a full substantive contract.

Post 2. A qualified RMN to cover a maternity leave period full-time E Grade, £17,060 - £22,015 pro rata. April – August inclusive.

Post 3. A Qualified RMN 12 month contract (secondment available)Half-time F Grade, £22,220 - £25,250 pro rata. This post is to function as a Help to Quit nurse liaison. Working in conjunction with the H2Q services and managed under the Substance Misuse Directorate this post will focus on helping psychiatric inpatients to address their smoking behaviour with a focus on cessation.

ADMINISTRATIVE POSTS

Post 4. An experienced administrative personnel, full-time working in the community Specialist Prescribing Service based at St Austin Friars in Shrewsbury town centre. A&C 3, £12,187 - £14,146 car users required.

Post 5. Experienced administrative personnel, Half-time job share working in the Detoxification Unit at Shelton Hospital as Unit Secretary A&C 4, £14,146 - £17,161 pro rata.

For qualified nurses an awareness of the National Treatment Agency, Qu.A.D.S, D.A.N.O.S and Models of Care are expected. As these positions are short term, experience of Substance Misuse is not necessary as these opportunities will provide this. However a commitment to these client groups and having the patience to address addiction issues is essential.

With all posts we seek individuals to join our team who can show the necessary knowledge and aptitude to work with people experiencing substance misuse problems. A non-judgemental attitude, as well as a commitment to improving the service users' experience is essential.

This is an exciting opportunity, offering varied work experience in a multi-disciplinary setting and in partnership with other statutory and voluntary agencies. We seek enthusiastic individuals who will develop personally and professionally within these roles.

- All nursing posts will receive psychiatric lead; cover 37.5 hours per week as under Whitley Council pay and conditions.
- Inpatient nursing staff will work a internal rotation shift system for which extra payments are made for unsocial hours worked

All posts are pending Agenda for Change arrangements as from the 1st April 2005.

For further information or an informal discussion about these posts please contact: Eddie Lewis, Clinical Nurse Specialist, or Mark Evans, Deputy Charge Nurse on 01743 492009. Out patient Administration ring Mrs. Anne Humphries, 01743 273380

For an application pack please contact:
Mrs. Sue Wakefield 01743 492009

Closing Date: 21 January 2005, interviews provisionally scheduled for 3 February 2005

Advanced Counsellor Training for established counsellors

PROMIS

Counselling Centre
7-11 Kendrick Mews
London SW7 3HG
Tel: 020 7581 8222

1 to 1
Group therapy
Psychodrama
Thursday evenings, 6.00 p.m. to 7.00 p.m.
£30.00 per session Dr Robert Lefever

Hatton Chase recruitment & training

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 £25,000 and £31,000

6 x After Care Workers and 5 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

Care Manager (Rehabilitation Centre)

You will be responsible for managing a 15 bed rehabilitation unit. It is important that you have 2nd stage rehabilitation experience. This exciting opportunity is based in Pinner in Middlesex. You will responsible for managing four staff members. The salary for this vacancy is £27,000 - £34,000

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

JUMP AT THE CHANCE TO MAKE A DIFFERENCE?

Celebrating the launch of **NSMEITS**, a dynamic young people's substance misuse training service, commissioned by the London Borough of Newham. The service will bring innovative methods of training, learning & harm reduction into the heart of the community.

Senior NSMEITS Worker
Salary: £28,332.00 pa incl LW ⟶ (Ref 04/12)

Leading the NSMEITS team, you will launch the project and oversee strategic and partnership development, service delivery, monitoring, quality assurance, outcome measurement and service reporting. Holding min. level 2/3 NVQ Qualification in substance misuse, project management experience, knowledge of legislation regarding vulnerable young people, leadership skills and a visionary approach.

Professional Training Worker
Salary: £24,792.00 pa incl LW ⟶ (Ref 04/13)

Delivering training for tier 1 & 2 staff, teachers and other professionals, with implementation of robust monitoring and evaluation systems. Holding a teaching/education qualification to diploma level or comparable work experience, you will have worked with adults/professionals, with min. 2 years working in a similar service.

Parent, Carer and Vulnerable Young People's Worker
Salary: £24,792.00 pa incl LW ⟶ (Ref 04/14)

Delivering targeted harm prevention to parents, carers and vulnerable young people. YOTs, criminal justice services, PRUs and community groups. You will hold min. level 2/3 NVQ qualification in a relevant field combined with one years experience working with these groups.

Schools Worker
Salary: £24,792.00 pa incl LW ⟶ (Ref 04/15)

Delivering programmes in schools and increasing implementation of drugs incident management and young people's consultation. You will hold a teaching/education qualification combined with experience of young people's learning.

Administration Worker
Salary: £10,167.00 pa incl LW (17.5 hrs p/wk) ⟶ (Ref No 04/16)

Providing effective support and administration to the NSMEITS team you will create and maintain monitoring systems, undertaking general administration tasks using WP skills (min 40 wpm), Windows Xp, Access and Office 2000. You will act as a positive and professional contact point for the services' wide variety of clients.

ALL POSTS ARE FIXED TERM CONTRACTS UNTIL 30 NOV 2007.

Closing date for all posts: 5pm 28th Jan 05.

dasl
drug and alcohol service for london

Interviews will take place on:
8, 9 & 10 February 05

Drug & Alcohol Service for London; an innovative Agency providing Schools Training, Peer Education programmes, a Young Bengali Women's Project, lesbian & Gay Youthwork, & a community based Treatment Service.

All posts are eligible for Enhanced Disclosure by the Criminal Records Bureau.

For an application pack, contact DASL quoting job title and ref No, at Capital House,134-138 Romford Road, Stratford, London, E15 4ED
Tel: 020 8257 3068
Fax: 020 8257 3066
Email: jobvacancies@dasl.org.uk

Making a difference

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.

FLOATING SUPPORT WORKER

London c. £21,987 - £22,564 pro rata

Inclusive of London Weighting • 6 Month Fixed Term Contract

Working as a member of the London Community Services Team, you will provide practical support and advice to men and women with a history of substance misuse who are experiencing problems with their tenancies in the London area. From a relevant background and ideally with professional qualifications, you should have experience of working with similarly vulnerable groups. Excellent communication skills are essential for this role.

As part of an organisation that believes in recognising and rewarding your performance, you will enjoy an attractive salary and a range of benefits. You can also expect first-class training resources and the freedom to pursue your personal and professional goals.

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 reference LFS/01. Alternatively, please call the Phoenix House recruitment Line on 020 7234 9772. Closing date: Friday 28th January.

phoenixhouse
www.phoenixhouse.org.uk Rebuilding Lives

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

THE PRIORY CLINIC NOTTINGHAM

Bank Therapists

We are currently recruiting bank therapists for holiday and sickness cover. Successful applicants will have:

- Minimum 2 years experience in a substance misuse setting
- Experience of facilitating group therapy
- A good working knowledge of 12 step addiction work
- FDAP accreditation or similar

Please contact Audrey Lowery, Clinical Services Manager on 0115-969-3388 for further details and an application form.

THRESHOLD HOUSING LINK

(Registered Charity No. 1017599)

A resettlement agency working with single homeless people in Swindon

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

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

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

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

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

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

HELPING PEOPLE HELP THEMSELVES. 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.

STOKE-ON-TRENT SERVICES

It takes commitment, creativity, compassion and determination to deliver services that make a real difference to people's lives. Have you got what it takes to join us? We are developing new multi-agency community drug teams in Stoke-on-Trent, in partnership with the local Drug and Alcohol Action Team.

This is an exciting project, designed to increase the numbers of problem drug users both entering and succeeding in drug treatment services. We are looking for excellent team workers with flexibility, drive and the ability to think and work creatively. Along with excellent interpersonal and communication skills, you will need a good knowledge of drug and alcohol issues and a real commitment to the rights of drug users and delivering services that meet their needs. While relevant qualifications would be ideal, we can offer first-class training to individuals with the right transferable skills.

You could come from a nursing, social care, prison or housing background, or perhaps you are involved in voluntary work. If you have the potential and aptitudes we're looking for, you will enjoy excellent support and opportunities for ongoing professional development. So whether you're looking for a full or part-time career, it's time to join this dynamic new team.

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.

SERVICE MANAGER • £27,372 - £30,654 You will manage key aspects of the service, using your leadership and strategic skills to achieve financial efficiency, ensure excellent service standards and build effective local partnerships with a range of providers and purchasers. Along with at least three years' experience in social care, health or criminal justice work, you will need up to date knowledge of current issues, policies and funding sources in the substance misuse field. The ability to manage and motivate large teams is vital. **Ref: N8310/1078.**

TEAM LEADERS • £21,033 - £24,000 We are looking for three team leaders. The first position calls for an understanding of substance misuse across the Criminal Justice System including a knowledge of case management and relevant legislation. The second – involving the development of volunteer support for drug users and their families – requires a thorough understanding of individual and organisational developmental needs relating to service user, carer and volunteer working. The third role, addressing outreach and harm minimisation initiatives, demands an understanding of the role of harm minimisation within substance misuse and the ability to communicate appropriate messages to individuals and groups. All three positions require two years' post qualifying experience in substance misuse and the knowledge and ability to supervise other staff, together with an understanding of Models of Care. **Refs: N8310/1057** (Criminal Justice), **N8310/1058** (Support Work) and **N8310/1059** (Outreach & Harm Minimisation).

2 x SOCIAL WORKERS/CASEWORKERS • £19,713 - £25,407 You should have assessment and counselling skills, the ability to use recognised theoretical models and to act as a resource for colleagues on matters relating to child protection and community care policies and procedures. A practical understanding of case management is essential. Salary is dependent on qualifications and experience. **Ref: N8310/840/2.**

3 x CRIMINAL JUSTICE WORKERS • CRIMINAL JUSTICE CASEWORKER • PRISON LINK WORKER £17,922 - £20,370 You will contribute to the development of a whole system approach to the delivery of interventions for offenders with substance misuse problems. You should have experience of providing care-planned interventions/treatment, and an understanding of the criminal justice system and the needs of ex-offenders with a history of drug misuse, including aftercare and resettlement. **Refs: N8310/1065** (Criminal Justice Workers), **N8310/1066** (Caseworker), **N8310/1069** (Prison Link Worker).

2 x COMMUNITY SUPPORT WORKERS • £13,953 - £16,968 You will provide practical and one-to-one support to service users as part of their care plan. You should have voluntary or paid work experience in a social care or community organisation and an ability to form non-judgemental working relationships with people who have complex needs. **Ref: N8310/1061.**

2 x TEAM ADMINISTRATORS • £13,701 - £15,795 Along with a good level of literacy, spelling and presentation, you will need the ability to set up new data information systems. Keyboard skills and a familiarity with Microsoft Office applications are also essential. **Ref: N8310/1063.**

If you want to find out more about the Stoke on Trent Community Drug Teams please call Paula Hammond or Joanne Williams at the Drug and Alcohol Action Team for an informal chat on 01782 235708.

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.

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 email jobs@turning-point.co.uk or call 0161 228 2053 (answerphone) quoting the relevant reference number. The successful applicants will be subject to checks by the Criminal Records Bureau. Closing date: 2 February 2005. Shortlisting begins: w/c 7 February. Interviews will be held from w/c 18 February.

Stoke-on-Trent Drug and Alcohol Action Team

TURNING POINT turning lives around

INVESTOR IN PEOPLE

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