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DDN Drink and Drugs News

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Editorial – Claire Brown

Harnessing energy

Why old tricks often work best in the internet age

There's a different energy at local events compared to national ones. Maybe it's because more people know each other, or maybe it's because people are swapping information that they can make use of immediately – information that can affect what you do tomorrow.

This certainly seemed the case at Greater Manchester Service User conference this week (page 10-11), which must have involved a tremendous effort of co-ordination between local agencies and service users. We know the amount of effort that goes into organising an event, but if they've helped a fraction of their delegates to take the next step forward into getting support, housing, work or just advice and friendship, then it's got to be worthwhile. Even the steering group, made up of service users and representatives from all the local DATs and the NTA, must be worth the (no-doubt headache-inducing) effort involved in co-ordinating meetings, just for the relationships it encourages between participants who might not otherwise meet. Aside from the general good vibe, the practical sessions certainly demonstrated the possibilities of practical local co-ordination on aftercare.

Several of the Greater Manchester services talked about their initiatives involving leisure activities and exercise, and emphasised that creating a sense of wellbeing in recovery is as important as having financial stability. Our cover story (page 6-7) demonstrates how East London service users have harnessed their group's energy, quite literally, through creating a cycling project. Successfully securing grant money to set it up, they've become not only fitter and more energetic, but also more mobile, more visible, and proud to raise awareness that people recovering from the soul-destroying state of addiction can be at least as high achieving as any other person that's motivated to do well.

This issue

Smuggled tobacco death toll greater than all illegal drugs combined

Smuggled tobacco kills more people in the UK than all illegal drugs combined, says an international team of tobacco control experts. The abolition of smuggling could prevent 4,000 deaths a year, according to findings published in the *British Medical Journal*.

Around 22 per cent of all tobacco smoked in the UK is smuggled, according to HM Customs and Revenue (HMCR) figures – the equivalent of 18 billion cigarettes. This comes in the form of real and counterfeit cigarettes as well as hand rolled tobacco. The researchers estimate that eliminating the smuggling trade would lead to a 5 per cent drop in the number of cigarettes smoked and – as the death rate is 'broadly proportionate' to total cigarette consumption – a consequent reduction of the 80,000 annual tobacco-related deaths by 4,000. By comparison, around 1,000 deaths a year are estimated to be attributable to heroin or cocaine, and research published in *The Lancet* rated tobacco as the most harmful of all drugs for 'chronic physical harm' (*DDN*, 6 October, page 6).

Smuggled tobacco products are often sold for as little as a third of their normal price and are much more likely to be consumed by low-income smokers. Smoking is one of the main causes of differing death rates in UK death rates based on social class, with people from low-income backgrounds far more likely to die from smoking-related causes. The government has recently abolished its public targets for reducing the percentage of smuggled tobacco, and the report's authors are calling for new targets to be published and made the joint responsibility of HMCR and the UK Border Agency.

'Smuggled tobacco is far more dangerous than duty paid tobacco because it brings tobacco onto the market cheaply, making cigarettes more affordable,' said leader of the research team and director of tobacco studies for Cancer Research UK, Robert West. 'If we are to lower smoking rates and reduce health inequalities in this country, the government needs to treat tobacco smuggling as a national emergency and act now to stop the trade.'

Meanwhile the Royal College of Nursing (RCN) is calling for more government investment in anti-smoking measures, particularly in deprived communities, to avoid the country's health inequalities becoming 'further entrenched.' It wants to see targeted public awareness campaigns, national training standards for healthcare workers and skills training for nurses. 'More needs to be done if we are to change the attitudes of millions of people, particularly children and young people, who continue to smoke despite the serious health risks,' said the RCN's chief executive Peter Carter.

The cost to the NHS in England of treating smoking-related illness has now reached £2.7bn a year – equivalent to £50m a week – according to a new report from Action on Smoking and Health (ASH), Cancer Research UK and the British Heart Foundation. 'The harsh reality is that half of all long-term smokers will die from this addiction,' said Cancer Research UK's director of tobacco control Jean King.

DrugScope hits out at NTA 'failure' critics

Accusations that the drug treatment system is 'failing' because of the relatively small proportion of service users that leave drug free are inaccurate and misleading, according to DrugScope.

The NTA's announcement of a 'watershed' rise in the numbers of people completing treatment (*DDN*, 6 October, page 5) was attacked by BBC home editor Mark Easton, frequently a critic of the NTA, on the grounds that just 3.6 per cent of people were discharged free of illegal drugs. Research fellow at the Centre for Policy Studies think tank Kathy Gyngell, meanwhile, described the NTA's new guidance for commissioners and providers of residential treatment as a 'Kafkaesque elevation of best practice jargon and bureaucratese masking a lack of commitment to getting clients drug free.'

DrugScope's chief executive Martin Barnes said that the figures showed progress was being made but there was no room for complacency. 'While we do need to be more ambitious for people in treatment, to claim the system is 'failing' because a relatively small number of drug users leave the system 'drug free' is inaccurate,' he said. 'Overcoming a drug dependency can take many years and unless the complex factors which contribute to drug use are addressed, relapse is a possibility.'

Many DrugScope members were concerned about lack of access to residential rehab, he said, but maintained that while there was a case 'for expanding residential or detox services, it is wrong to suggest that one size fits all when addressing what are often extremely complex needs.'

The NTA meanwhile is consulting on a model of drug treatment systems to help deliver the best outcomes from available resources, in response to recent increases in pooled budget funding. Consultation document available at *www.nta.nhs.uk/areas/value_improvement/docs/improving_value_drug_treatment_systems_consultation_document_final.pdf*

Government considering on-the-spot fines for cannabis

People caught carrying cannabis for a second time could face an on-the-spot fine of £80 instead of a warning, the Home Office has announced. The drug is expected to be reclassified as class B from early next year.

The measures would be introduced to protect the public from the 'harmful drug', says the government. The recent Global Cannabis Commission report for the 2009 UNGASS drug policy review, however, stated that a regulated market would cause less harm than international prohibition (*DDN*, 6 October, page 5).

The proposals are also likely to disproportionately affect young black males – delegates at Release's annual conference last month heard how black people were six times more likely to be stopped and searched by the police than whites, and Asians twice as likely (*DDN*, 6 October, page 11). Senior research fellow at the Institute for Criminal Policy Research Tiggey May told the conference that one effect of cannabis policing was that 'young BME males are being swept into the criminal justice system to meet Home Office targets.'

The government is to consult on its Penalty Notice for Disorder proposals which mean that those caught with cannabis could still get a warning on the first occasion, would be likely to face the £80 fine on the second and arrested on the third.

'This is the next step towards toughening up our enforcement response, to ensure that repeat offenders know that we are serious about tackling the danger that the drug poses to individuals and in turn communities,' said Home Secretary Jacqui Smith. Criminalising people 'unnecessarily' was not the government's aim, she said, but it was important the police and courts had a range of sanctions available. 'I am extremely concerned about the use of stronger strains of cannabis, such as skunk, and the harm they can cause to mental health,' she said.

Cannabis was reclassified to class C four years ago – a parliamentary order has now been submitted to reclassify the drug to class B from next January.

Commissioners and providers encouraged to support families

Supporting families and carers is the focus of new guidance published by the NTA. The document is aimed at helping commissioners and drug treatment service providers to develop services to meet the needs of families and carers and involve them in their family members' treatment. It also follows the latest drug strategy's aim of putting more emphasis on families' and carers' needs.

The NTA's chief executive Paul Hayes said that many drug users depended on their family and friends to make sure they got help, so supporting carers made it 'more likely that more people access drug treatment and their treatment is successful'.

Professor Alex Copello, consultant clinical psychologist at Birmingham and Solihull Substance Misuse Services confirmed that family members would benefit from support, which would in turn benefit the whole family. 'All the evidence shows that the families of drug users suffer high levels of stress and symptoms such as anxiety and depression and as a result are prominent users of primary care services,' said Prof Copello. Adfam's chief executive Vivienne Evans confirmed that 'carers are the biggest source of support for drug users'.

'This guidance represents a sea-change in attitudes that recognises not only are families able to support drug users, but that they need support in their own right too,' she added.

The guidance is online at www.nta.nhs.uk/familycarer

Welsh look inwards

The Welsh Assembly Government has begun a series of comprehensive reviews into substance misuse treatment in the country to identify what works best. For the first, Healthcare Inspectorate Wales will look at the planning, commissioning and delivery of treatments that involve substitute prescribing in the community.

The review will focus on the service user's experience of treatment – including waiting times, referral and support services like housing, training and employment – along with outcomes and service management. The findings will then be used to develop guidance, says the government, which recently issued its new ten year drug and alcohol strategy, *Working together to reduce harm* (*DDN*, 4 October, page 4).

'A major aim of the substance misuse strategy is to continue to improve treatment and services across Wales,' said minister for social justice and local government Brian Gibbons. 'This series of reviews will help us find out what is working well and ensure that services across Wales learn from each other.'

BMA calls for compulsory labelling

Legislation for the compulsory labelling of all alcoholic products to address confusion over what constitutes a unit of alcohol has been called for by BMA Scotland. The government should no longer accept the failure of the drinks industry to stick to voluntary measures, it says.

The call comes as the Scottish Government publishes the results of its consultation on tackling alcohol misuse in the country, which received more than 500 responses from organisations, individuals and MSPs. Proposals include raising the minimum age for alcohol off-sales to 21, curbing irresponsible promotions and setting a minimum price for a unit of alcohol (*DDN*, 16 June, page 4).

The latter would target high strength products that are sold at 'pocket money prices' and cause the most damage to health and communities, said public health minister Shona Robison. 'The Scottish Government's proposals are unashamedly radical and I therefore welcome the enthusiastic response to our consultation,' she said.

'The drinks industry agreed to a voluntary code to label drinks with their alcohol content in 1998, yet ten years on it is not working and it is time for the government to take tough action,' said BMA Scotland chair Peter Terry. 'Legislation is the only way forward. Labelling on alcohol content and units along with clear guidelines on the daily drinking limits would help people to better understand their own drinking habits and encourage them to make informed choices, rather than being tempted with confusing measures and marketing ploys. We are disappointed that standardised labelling has not been included in the Scottish Government's plans to tackle Scotland's drinking problem, and only hope that this oversight will be revised.'

Parents still take drugs, say their kids

One in five young people say they think their parents have taken drugs, and one in ten think they still do, according to the findings of a new survey by Addaction.

Around 2,500 adults and young people were questioned on their attitudes to drugs and alcohol in YouGov and Dubit surveys, with most of the adults surveyed aged between 35 and 44, the generation that witnessed the dramatic change in attitude to drugs that accompanied the burgeoning dance music culture from the late 1980s onwards.

However, 90 per cent of the young people questioned described themselves as against drugs, and – contrary to the view widely put across in the mainstream media – said they felt 'little or no pressure' from their friends to take them. Furthermore only 13 per cent thought that celebrities glamourised drug taking – two thirds of parents, however, were worried about the impact that stories about celebrities' drug use had on young people. Parents questioned were also more likely to think other people's children were using drugs than their own.

'Parents are more familiar with drugs than they were in the past – the rave generation of the '80s have grown up and become parents,' said Addaction's chief executive Deborah Cameron. 'This should give us the basis for more realistic discussions between parents and children about drugs, but our concern is that the demonisation of these issues often means the debate takes place in a moral panic. We want to encourage a much more open dialogue within families about drugs and alcohol. Good lines of communication can prevent problems from snowballing.'

News in Brief

Make it mandatory

The Royal College of Nursing wants to see a national mandatory retailing code to reduce the pressure that alcohol-related harm is putting on the NHS. A stringent, monitored system is needed to tackle alcohol misuse, it says. 'Nurses and healthcare assistants are at the forefront of the delivery of care and have direct contact with individuals who are suffering from alcohol-related harm,' said chief executive Peter Carter. 'Many are under pressure to provide expert care without adequate resources, which means that further investment is needed if we are serious about tackling the effects of binge drinking.'

Midlands matters

The West Midlands Regional Alcohol Group has launched a consultation on how best to tackle problems of alcohol misuse in the region, which has the third highest alcohol-related death rate in the country. Anyone who lives or works in the region is invited to visit www.bigdrinkdebate.co.uk. There will also be a series of events to publicise the consultation over the coming weeks. 'We know that this region has a problematic relationship with alcohol and this is contributing towards some pretty scary statistics including rising numbers of people being admitted to hospital with an alcohol related illness and the numbers of people being involved in violent crimes,' said regional director of public health Dr Rashmi Shukla. 'The question is, what we do to reduce the harmful impact that excessive drinking is having on this region? The West Midlands Big Drink Debate is an opportunity for you to tell us what should be done.'

Another LEAP forward

Three more patients, Danny, Neil and Gary, have successfully completed the three month community-based Lothians & Edinburgh Abstinence Programme (LEAP), bringing the total number of graduates to 45 since its launch (*DDN*, 14 January, page 6). 'I am absolutely thrilled that as we pass our first year of treating patients, success stories like today's graduates continue to happen,' said clinical lead at LEAP, NHS Lothian, David McCartney. 'In the end this is about the hard work that patients put in throughout the treatment process.'

Group therapy at HAGA in east London goes beyond talking – a new cycling group is boosting energy levels, self esteem and public awareness, hears **David Gilliver**

Life cycles

'People in recovery have a lot of energy,' says Alastair Mordy, street outreach worker at the Haringey Advisory Group on Alcohol (HAGA). 'These are very, very energised people.' Last month that energy was put to very impressive use in '1,000k in a day', a 1,000 kilometre cycle relay in London's Finsbury Park, with final mileage actually clocking in well above that.

The fundraising event was staged by Wheels of recovery, a sports project operating within HAGA. Around 70 people took part, more than half of whom were clients, and as far as Wheels of recovery are concerned this was just the start, with plans to take the events London- and even country-wide.

The idea came after Mordy started a small running group at HAGA in the spring. 'It quickly became apparent that my passion for running wasn't going to translate,' he says. 'It's not that accessible – it's hard, it's painful and the risk of injury is relatively high.' Some clients who weren't physically up to pounding the pavements were walking instead, but it was obvious that that wasn't doing the trick – the group needed something that got the adrenaline pumping but that almost anyone could do. 'Somebody suggested cycling and immediately it clicked,' he says. 'Cycling is much more accessible while still being quite thrilling – old people can do it, young people can do it.'

The project applied for a grant from the London Cycling Campaign's (LCC) Community Cycling for London fund, which offers awards of up to £5,000. 'We explained the philosophy behind it, which is physical therapy for people recovering from addiction,' he says, 'and the pitch was accepted. I'm confident that we're the only addiction charity or group to get money from the LCC. We're really quite different to their other client groups – clubs, schools, straight respectable groups – but they've been completely behind us.'

Established in the early 80s, HAGA now has around 30 staff and sees more than 1,000 clients over the course of a year. As well as a day centre, a children and families service and a group to help people back into work, there are a range of counselling options available, as well as an outreach service for local street drinkers and three shared houses in partnership with Haringey council – two for predominantly alcohol clients and one mainly for ex-drug using clients. Most referrals come from the local authority's DASH (Drugs Advisory Service Haringey) as well as other drug and criminal justice agencies in the borough.

Indeed one of the benefits of Wheels of recovery has been to strengthen the links between local services, many of whom came on board for the project. 'Most of the services in Haringey now know what's going on in HAGA whereas they may not have before – simply because there may not have been any

regular, direct connections,' he says.

This time the group has only raised money from within Haringey but the idea is that the next event – which will take place next spring or summer – will take in the whole of east London. After that – and some necessary further fundraising – the plan is to go London-wide and then country-wide. Impressively, all of this was in the original bid to LCC.

'It's about exhausting yourself in a positive way and using that energy that people in recovery have in a positive way,' he says. 'Cycling is one of the most accessible ways of doing that, and it also solves transport problems for people with no money and helps build self-esteem for a group that doesn't always have high self-esteem. The cycling movement is a very positive movement – it's obviously very ecologically aware but there are also lots of events and fund raising, positive things that people can identify with. So instead of being "I'm a person in recovery" it becomes "I'm a cyclist".'

A central part of the philosophy is not just the physical benefit for individual recovery, but the whole aspect of being a benefit to the community. 'Running, walking and cycling are all part of a big fundraising lifestyle,' he says. 'We pitched that to LCC and said we wanted to get recovering people out on their bike, and not necessarily even long-term recovering people. As long as they're stable, their health's ok and they've been detoxed, then we're ready to go.'

The social element of the cycling group also clearly plays a crucial part for many clients – 'we could do fitness-related stuff and it wouldn't work,' he says. 'It's about being part of a group.' Now the aim is to put on more and more events to raise not just funds but public awareness of treatment and recovery, and what a huge step it is for the people involved. 'It's partly about raising awareness of how brave it is,' he continues, 'but also to say "look at how useful we are to the community once we've changed".'

Indeed, apart from the inevitable one or two organisations that didn't want to be associated with the event – 'I'm not sure they liked the brand' he says – feedback from the local community has been excellent, with local businesses, shops and cafés all getting involved, whether through sponsorship or providing food and equipment on the day. But what about feedback from the clients themselves?

'It's been great,' he says. 'Some found it all quite daunting to begin with but we slowly hooked them in.' Some service users went for National Standard Cycling Training – what used to be known as cycling proficiency training – and were then able to train up their peers, a couple of whom couldn't cycle at all.

'It's a doing group rather than a talking group,' he says. 'There's a huge amount of practical therapy – the number of life skills you can teach within this little paradigm is really quite endless. The group still has CBT [cognitive behavioural therapy] elements like goals – running events and learning how to raise money. But it's almost not about the cycling, it just so happens that there's money coming into cycling at the moment. That wasn't deliberate, it's just the way it happened.'

It is extremely timely – especially in this east London setting – with the Olympics on the horizon, something that can also help to change the public's attitude to treatment and recovery, he believes. 'It offers the potential to say that it's all well and good to have this huge amount of resources going in to something where we can watch people shave tenths of a second off each other's times – I'm not saying that's not important – but also to remember there are other things (around physical activity) that are important as well. People who are barely able to get off the sofa because they're so low, but then they do and they find their endorphins start to pump and they begin to slowly feel better.'

To this end HAGA is monitoring the effects of Wheels of recovery on clients to try and help further build the case for the benefits of physical activity in addiction recovery. 'Some clients have been very depressed in the recent past and it's really making a real difference,' he says. 'We're filling out TOPS (treatment outcome profile) forms specific to this project – doing psychological and physical health self assessment ratings every 12 weeks, so we can build some sort of evidence base, even if it's very basic, to see if there's an improvement.'

'People can become positive with very little,' he continues. 'I think the physical has been neglected to a certain extent in addiction work – we concentrate on the mental, the emotional and even the spiritual, but very rarely the physical. There might be a nod to it, a bit of gardening or an allotment space, all of which is great. But endurance sports are not about competing in terms of position and speed, they're about proving yourself over the long haul which ties in very well with stamina in life and stamina in recovery, as well as the philosophy of delayed gratification.' Other upcoming plans are for a hiking group to get clients out of London and into the country, as well as an allotment for older clients who would struggle to manage even the walking. 'It has to be something outdoors and physical,' he stresses. 'Swimming in a pool is not what we're trying to do here – go swimming in the sea instead. That's a stretch and a challenge and a connection with something that in London we don't tend to have. And it does have an effect – it's energising and life affirming.'

'It's about exhausting yourself in a positive way and using that energy that people in recovery have in a positive way. Cycling is one of the most accessible ways of doing that, and it also solves transport problems for people with no money and helps build self-esteem for a group that doesn't always have high self-esteem.'

So has there already been a noticeable change in the clients involved in the project? 'Definitely,' he says. 'Two or three of the clients are so highly functioning that they'd make fantastic staff. We want to focus the public's attention on the fact that people recovering from addiction are often more highly functioning than the norm – they're potentially extremely highly achieving people. Having achieved change they become extraordinary, because change is actually not that ordinary – most people don't change significantly in their lives. My theory is that this group of people are potential community leaders – they are the sort of people that ordinary society should actually be looking up to. And that's why awareness-raising is more important than the fundraising.'

‘ Every person that I meet is different, and has different needs, aspirations and expectations. Why do we think drug users are any different?’

Who’s responsible for recovery?

I would like to make some observations based upon my experience within the field regarding the recent debate around the term ‘recovery’, and the assorted interpretations and connotations that this term can incorporate.

Firstly, I think it’s important to state that in my experience, no drug worker, counsellor, social worker, or any other associated professional has ever, ‘got people off drugs!’. Individuals get themselves off drugs, and we can help facilitate this change if we work with the individual’s complex and multifaceted needs.

Even then, the most experienced and nuanced of workers can only assist change in those who are ready to change. In this respect the abstinence or maintenance debate becomes irrelevant. The key issue must always be, ‘what does the client want/need/expect from us?’

I have clients who have used heroin and crack cocaine for decades. For many of them, the most important issue is that they get some semblance of control over their drug use, and that they buy the essentials of food, heating and clothing before they buy drugs. This prioritising is a big step forward for them. Maybe in the future they will decide upon an abstinence-based programme of treatment, but at this point self-care is their main priority, and a methadone maintenance programme has assisted them in this.

I have another client who has now completed a community detox from all drugs and medication and is drug free. He is clearly in a different place personally than the previous client group and consequently his treatment was tailored to his needs.

And that’s the point! When we talk about maintenance or abstinence, we leave out the most important point. What do our clients need? How can we help to improve their lives, and consequently the lives of those that they come into contact with? If we don’t ask these questions, and keep them at the heart of our work then we lose the reason for our being altogether.

Every person that I meet is different, and has different needs, aspirations and expectations. Why do we think drug users are any different? It seems some people are doing great work to bring this very simple fact to the public’s attention, and I commend them for this. There is nothing to fear by making this point to the general public. Some will judge us harshly, but did anyone who reads this really get into this line of work to be popular? We are here to help those who want help in any way that we can, and we should never, ever forget this.

Karl Phillips, tier three drug worker/counsellor

Not just an afterthought

It’s no secret that drug treatment services are under serious review in Westminster.

Last Friday, I attended the Service Users Re-let Outcomes Event, the aim of which was to find out from service users what makes a quality drug and alcohol treatment service and what we want from our services.

It was, I felt, a productive and meaningful exercise with structured workshops organised to allow maximum feedback to be given to Westminster DAAT staff on three key treatment services: assessment centres, structured drug and alcohol treatment and peer led support services.

There was much talk of going through the treatment process and how it could be improved with many sensible suggestions made, especially the need for ongoing support after getting clean.

After I left, I was in no doubt that the DAAT wanted to provide the most effective service it could and recognised the fact that treatment does work and does save lives.

However, with all the media statistics of a tragically low number of addicts actually staying clean and a high dropout rate, I think we should look at the entire process from the start rather than focus on the individual steps of the journey.

Speaking from extensive personal experience and from talking to both users and practitioners, I really believe drug and alcohol services should be more driven by personal goals, with pragmatic aftercare given a much greater emphasis from the start.

The focus should not be on relapse prevention as this presupposes failure. It would be more helpful to start with redefining who you are and where you want to be. Counselling and therapy should not be there to offer justification for previous behaviour, but to encourage you to move forward and challenge unhelpful beliefs.

I spoke to Cathy Dixon, a holistic therapist in the field, for a more strategic view and she suggested starting with a ‘Project You’ care plan. This would set out achievable, measurable targets with the help of a facilitator or, later on, a co-buddy system. She added that support in building up physical and mental health with alternative therapies, such as auricular acupuncture and Tai Chi, is also a proven method of creating mood stability and calm so lacking in people with addictions.

Motivational issues will, of course, be very different for clients coming in through the criminal justice route rather than voluntarily, but this could be addressed. A concept of self-care is needed in any case.

Personal empowerment is crucial to recovery and the useful uptake of treatment; treatment that could help mend so many more damaged lives.

Sophie Dent, service user, WDP Harrow Road
(Catherine Dixon is at www.energyroots.co.uk)

We welcome your letters... Please email them to the editor, claire@cjwellings.com or post them to the address on page 3.

Debate

Is maintenance for quitters?

'Rehabilitation is for survivors, maintenance is for quitters' was the theme of this year's Addiction Dependency Solutions debate held this week in Manchester Town Hall. ADS's Julia Brosnan sent us this report from the debate, summarising the panel's views

THIS YEAR'S DEBATE featured an impressive panel of national experts in the field of drink and drug dependency, who came to discuss 'rehabilitation is for survivors, maintenance is for quitters' before an audience of 200. As the chair, ex-broadcaster Felicity Goodey (who now works extensively across many regeneration and health projects) pointed out, this was a deliberately provocative title designed to get to the heart of treatment gap that so many professionals and service users encounter in their working and personal lives.

CEO for ADS, Rhona Bradley, got the debate off to a good start. Citing the case of a desperate mother who was unable to find treatment for her 15-year-old daughter, she said: 'The "silo" working practices and excessive bureaucracy that drugs and alcohol professionals are faced with are hindering rather than helping significant numbers of service users from getting the treatment they need.'

These comments were clearly directed at fellow panellist Paul Hayes, chief executive of the National Treatment Agency. Mr Hayes said that treatment options had improved significantly in the past seven years; now only a third of people who want treatment don't receive it, whereas previously it was two thirds. He said that methadone/maintenance prescriptions should be used and offered in conjunction with other treatment options.

However, Dr David Best, a leading academic in the field of addictions, said that in practice this was not the case, and that there was large scale over-prescription of methadone, which was too often used as a low-level end in itself. He said: 'This is a liquid handcuff and quick chat approach... whereby the client is coshed by the sedating effects of their prescription.'

Two panellists brought politics to the platform. Dr Brian Iddon is the Labour MP for Bolton South East and chairman of the All-Party Parliamentary Drugs Misuse Group. Dr Iddon described himself as a 'critical friend' of government, who believes that maintenance prescribing has its place, but should be part of a wider range of options. Kathy Gyngell, who chaired and authored the 'addictions reports' of the Social Justice Policy Review for the Conservative Party, took a different view. She spoke passionately about a recent visit to the abstinence-based Providence Project in Bournemouth. She said: 'An abstinence-based rehabilitation approach to treatment is one that respects human dignity and aims to restore that dignity to the individual.'

Tim Leighton, director of the Centre for Addiction Treatment Studies made a plea for an end to the polarisation of the debate. 'There is no "one size fits all",' he said. 'Long-term methadone prescription suits some people, while rehab works for others.' Interestingly, he said he believed that the solution to some people's addiction lay within the nature of their particular addiction, and that for some the answer was staying in the communities where their problems had begun. Rhona Bradley echoed the need for a multi-treatment, client-led approach, as advocated and practised by ADS itself.

The debate, held on 16 October, marked the relaunch of ADS, a leading drugs and alcohol treatment agency in the North West with 35 years' experience. It also highlighted the agency's move into the arena of formulating strategy and influencing policy spearheaded by CEO Rhona Bradley. She commented: 'As drug and alcohol misuse become increasing matters of public concern, and with the release of ever more shock statistics, especially in relation to alcohol consumption in the North West, ADS seeks both to promote a better understanding of the causes and effects of drug and alcohol related problems and their solution, as well as to influence policymakers and opinion-formers.'

ADS's website is at *www.adsolutions.org.uk*

'This is a false argument... it doesn't help any of us,' said the NTA's chief executive Paul Hayes

I'M ALL IN FAVOUR OF DEBATE. Testing someone's point of view can clarify issues and help to a better understanding of the way forward.

Unfortunately, all too often nowadays in politics and the media we have two sides of an argument and no resolution. Debate often appears as a shouting match between the deaf.

This doesn't help those of us involved in providing public services are run. And unfortunately the reputation of the drug treatment sector has suffered.

There is a debate within the field. It is often posed in black and white terms – abstinence versus maintenance, recovery versus harm reduction, rehabilitation versus substitute prescribing.

Here we have another permutation: rehabilitation versus maintenance. My point is simple: the NTA does not accept that polarisation.

It is a false argument, which encourages entrenched positions, and doesn't help either the people working with drug users, or the users and their families themselves.

The NTA believes in a balanced treatment system, in which a range of treatment options are available from which addicts can benefit at different points in their lives.

That means methadone is available as the standard clinical treatment to start the process of getting heroin addicts off drugs. We make no apologies for that: the doctors at NICE recommend it.

It also means psychosocial interventions, so-called talking therapies, are available too. And detoxification, which may be offered in the community as much as in a residential setting. And a variety of other non-medical help and support, too.

In addition it means abstinence-focused treatment is suitable for some people, when they are ready to take advantage of it, and the clinicians judge it is likely to work.

That is our position. It may get lost in the clamour of voices with different views. Nevertheless, our aim is to get drug addicts into treatment in order that they come off drugs.

Treatment is a means towards an end – and the end is overcoming addiction, getting drug-free, abstinence if you like.

Some people are in treatment for a long time before they can get to that point, but that must not make us complacent. All of us, policy-makers, commissioners and providers alike, should be ambitious for users.

Making things better, together

Service users, services, the NTA and the Greater Manchester DATs showed their commitment to working together at their second annual service user conference last week. DDN joined them for some essential local bonding and practical workshops that brought aftercare to life

What does 'aftercare' mean?, workshop leaders at the Greater Manchester Service User Conference asked their audience. 'It's the moving on process after primary treatment,' delegates replied, 'the support you need to reintegrate. As much as relapse prevention, it's about building confidence and establishing new skills. It's about finding somewhere to live, developing education and skills, and getting help with finding work.'

The theme of the conference, 'making things better, together' reflected the practical nature of an event that attracted service users from all over Greater Manchester and introduced them to practical ways that they could take their next step forward. Supported by all ten Greater Manchester DATs and the North West NTA, the event was upbeat and practical, focusing on knowing where to get help.

'I didn't know there was so much help you could get,' commented one delegate at the 'aftercare' workshop. 'I was dropped like a sack of spuds after my alcohol detox. I think they put more effort into class A drug users than drinkers. I ended up on class As because of that.'

Karen Hughes of Addiction Dependency Solutions (ADS) Wigan explained how their free service addressed diverse needs during daytime drop-in sessions, from housing support to leisure activities and including personal skills like communication and anger management.

Her colleague, Karon Ladon, explained that the support and advice that they offered on employment, training and education was 'not like a job club'.

'It's about focusing on the individual, reassessing where you're at and what your needs are,' she explained. This might include help with a CV, applications and interviews, or advice on disclosing information or undergoing Criminal Records Bureau (CRB) checks. 'There may be setbacks along the way, but that's not the end of the world. We'd just try something different,' she added.

Investigating different options could involve looking at opportunities for voluntary work, she said, and was 'a chance to learn new skills and good for building confidence, as well as a good route into work.'

Iain Kemp from Outlook, part of the Lifeline charity, explained how service users at their services had decided they would prefer to be known as 'members' rather than service users – part of their complete break from a drug-using past. Becoming an 'Outlook members graduate' represented completing training and skills coaching, then moving on to a work placement.

Twelve months from the start of the Outlook programme, attendance records were good and 'there's a positive attitude – we're inspiring new members to succeed,' says Kemp. But progress had only been made by examining any setbacks and obstacles as they went along.

'We found we couldn't do aftercare properly without addressing certain issues,' he explained. They identified a 'lead' member of staff within the local college to support members through their NVQ 2 and 3 Health and Social Care training, they spent time on personal development and planning, and they looked at how they could meet members' individual needs more effectively.

Sometimes this might be as straightforward as helping members work out where they fitted in to life outside the service and helping them to communicate their needs. 'We had to rise to the challenge of learning to support them in a different way,' said Kemp.

During a 'routes to employment' workshop, Ann-Marie Hopkins explained how the Working Ventures not-for-profit organisation helped disadvantaged people gain sustainable employment.

Its local network, the Greater Manchester Employer Coalition (one of ten employer coalitions from around the country) works with 300 local companies and

What does 'aftercare' mean? 'It's the moving on process after primary treatment, the support you need to reintegrate. As much as relapse prevention, it's about building confidence and establishing new skills. It's about finding somewhere to live, developing education and skills, and getting help with finding work.'

The conference agenda was set by a steering group made up of service users alongside representatives of all ten Greater Manchester DATs and the North West NTA.

'What I like about recovery is that we're a bunch of angry, passionate people... Service user groups have to seize the day.'

Nick Mercer, counsellor

organisations to help people back to work and make them more employable.

One such company is GM Procure, a consortium of social housing providers with homes in the North West. Through their involvement with the coalition they try and encourage the contractors they use to employ local disadvantaged people, including former drug users looking to return to work.

'The difference between Working Ventures and other back-to-work schemes is we get the jobs first, then build the process around it, says Hopkins. 'It's soul destroying doing work experience and training when there's no job at the end of it.'

One of these social housing providers is Trafford Housing Trust, who used to outsource their void clearance (clearing up after tenants have moved out) and environmental services, such as sorting out fly tipping. The Trust decided to bring these services back in house after Hopkins convinced them to use Prolific and other Priority Offenders (PPOs), the hardest group to place in work. As part of the programme they are given six months employment, then after five months they are given as taste of specific trades (such as plumbing) that they would like to go into. They are then placed with a contractor. At each stage they are supported with regular training, mentoring and review meetings.

Aileen McDonnell set up the B4Box scheme to involve key partners in providing practical training for employment. 'There are people who can work and who want to work but are denied the opportunity,' she says. 'After someone has recovered, one of the most important things they need is a job, for both money and self-esteem.'

B4Box focuses mainly on over-24s, helping people to get the skills they need to do local jobs. They ran an intensive course for the long-term unemployed in Salford College in the summer. If participants achieved 100 per cent attendance and punctuality, they got an interview – and more than half did. This led to a year's on the job training to achieve a level 2 NVQ, so within 15 months, says McDonnell, you could go from being unemployed to earning £30,000 a year. The initial projects are working with housing associations, so the jobs are predominantly in the construction industry, with some office support roles available. They are now planning to widen the scheme.

One delegate, Tom, shared him own experience. He had a criminal record, no job and no training. He did the intense course with a 100 per cent attendance record, had his interview, completed a three-week trial with an employer who has now taken him on permanently. 'I wouldn't have done it without support, and would still be on drugs,' he said.

As important as the job training is the practical support that schemes like B4Box can offer. McDonnell says they use a 'better off calculator' to make sure they get every bit of benefit they are entitled to. They have negotiated painstakingly with partners, including councils, housing authorities, New Deal and suppliers to gain every advantage they can.

Forming these partnerships within the community has been hard work, but is now paying off. 'Some individuals that were very cynical at the start are now phoning up wanting to be involved, she says.

Another important part of the aftercare package is having somewhere decent to live. Leading the conference's housing workshop, George Pointon said that lack of housing had been identified as number seven on a list of what causes crime – but he believed it should rank much higher.

Some housing associations used points systems that were illogical and unfair, because of the way homelessness is defined. For instance in some areas you would be allocated 200 points to move you up the housing register if you had no bedroom to sleep in, but were sleeping in a friend's living room – while in the same areas you could be allocated only 175 points if you were entirely homeless.

Unfairness was pervasive. Bed and breakfast owners had a tendency to cherry-pick clients, said Pointon. Supported accommodation such as hostels suffered from key workers' tendency to move on or be poorly trained for their role. Clients were at risk of being housed with drug users or alcoholics when they were at the particularly vulnerable stage of trying to get away from substance problems themselves.

'The main message is that you need to know your rights, and how to get legal advice,' he said. 'A lot of regulations are just guidelines and do not have to be complied with.' Housing Associations would assist with filling out forms to get on the waiting list for social housing. 'You need to be honest when filling forms if you are in treatment – it won't be held against you,' he advised. Other practical advice included: 'If you have arrears you must demonstrate you are committed to paying them off. This may only be 5 per cent of your weekly income, but 12 weeks of payments shows commitment, whatever the outstanding debt.'

Alongside the practical advice and local support contacts offered at the conference, there was also plenty of inspiration and morale-boosting – not least from Nick Mercer, a drug user turned counsellor, in his twentieth year of recovery from drug addiction.

'What I like about recovery is that we're a bunch of angry, passionate people,' he told the captive audience. 'Service user groups have to seize the day.'

He urged delegates to seize the opportunity of meeting with other service users at such a positive and motivational event. 'First you have to admit there's a problem. That's why I love this – it's us acknowledging there's a problem,' he said. 'What we do when we come into a room like this is say "let's unpack this". It's a real courageous thing to do.'

Acknowledging that some days he felt good, some days he felt low, Mercer urged the audience to draw on their personal strengths and realise that each one of us has something valuable to offer.

'It's not about conforming,' he said. 'We're all different. And we've all got our recovery place, whether it's from drugs or bereavement or family. It's about looking at that place in me that identifies with you.' **DDN**

Colours of recovery

From its origins in a Kingston upon Thames church project, Kaleidoscope is celebrating its 40th anniversary this year. **David Gilliver** hears from its chief executive, Martin Blakebrough, about harm reduction, hippies, and humanisation

'It was a typically spiky relationship,' the Rev Martin Blakebrough says of the church mission his father started in Kingston-upon-Thames 40 years ago and the local police, who would frequently raid it. 'I think we still try and keep fairly spiky as an organisation.'

It wasn't really the sort of church mission that would spring to most people's minds, however. Beginning as somewhere to go after the pubs closed, Eric Blakebrough enrolled Cambridge graduates and local hippies to provide services to 'those on the margins of society' – particularly the homeless and drug users. The club provided contraceptives and a surgery prescribing substitute drugs, the reason for the frequent attentions of the local constabulary. In the mid 70s, the night before a UN delegation on drug use was to visit the club, it was burnt down.

By the following decade, however, Kaleidoscope was operating one of the first needle exchanges in the country. 'A Baptist Church project – as we were then – is not normally seen to be involved in things like this,' says Martin Blakebrough. 'Churches generally have shied away from harm reduction.'

Surely the howls of outrage must have been deafening? 'Not from the church, no,' he says. 'The big issue we had was with condoms, to be honest. It was something that had to be faced in the club very early on, back in the '60s, and was basically the harm reduction and abstinence debate right there. We had to take the difficult decision of saying that preventing harm to someone was more important than a personal moral view of life, so when it came to needles it wasn't that difficult. We'd already had that debate. Do you let people die of HIV/Aids or do you accept behaviour and try and work from where people are?'

The organisation celebrated its 40th anniversary at the House of Lords – the pillar of the establishment – but typically chose comedian Mark Thomas, frequently a thorn in its side, as the main speaker, while Blakebrough senior spoke of the importance of keeping the voluntary sector independent and not 'monitored at very move'. 'The establishment is aware of us – Iain Duncan Smith was there and people like that – but we've always kept a very fiercely independent line, which I think is essential,' says Martin Blakebrough. 'We were the first treatment service to sign up to the Drugs Health Alliance, even though we have a lot of money from the criminal justice system. We're quite happy to be a critic of the government even though you have to run government contracts.'

Kaleidoscope's philosophy is that respect should underpin all services. Is this something he feels can be missing in the field as a whole? 'Yes, I think the sector's in a poor shape to be honest, because it's business first,' he says. 'We've always put clients first, which is part of the respect agenda. The sad thing is the bigger you get the more distant you are from your clients.'

Isn't he worried that this might happen to Kaleidoscope, which now has around 100 staff? 'I am. It was nice in the House of Lords that we were able to have quite a

'I think the sector's in a poor shape to be honest, because it's business first... We've always put clients first, which is part of the respect agenda. The sad thing is the bigger you get the more distant you are from your clients.'

number of our clients there, particularly those who have been with us for a long time. Often at these events you have the occasional client who's clean and it's like a religious service – they can testify how wonderful life is – whereas our clients there were long-term in the treatment service and not stabilised, a lot of them.

'That's who we also support – we obviously want to see, and do see, people make massive improvements, but for others it's literally just making sure you're providing a service that they can at least feel they're benefiting from and keeps them alive,' he continues. 'The sad thing is that when you're more performance managed you're more interested in the clients who are going to demonstrate your performance ability. That's what I don't want us to become. I think we have to be a service for as many people as we can.'

Kaleidoscope still operates in Kingston, even taking over the running of an old people's day centre after it was threatened with closure, but its headquarters have now moved to Wales and it provides services throughout south Wales – Newport, Merthyr, Tredegar, Swansea, Cardiff, Llanelli, Carmarthen – across the M4 corridor and into the valleys.

'It's amazing for us to be involved in all that because we're basically a very small project,' he says. 'Until 2002 we've always minded our own business and stayed in Kingston, but we were invited to set up a service in Wales and it's gone from there.' Frustratingly for Kaleidoscope, however, many of their Welsh drug clients can only be accessed through the criminal justice system. 'It's disappointing,' he says. 'Sometimes you need people to be in treatment because they are behaving in an anti-social way and to have some means of doing that, like a DRR, isn't a bad thing. But what is bad is that in so many parts of our country the only way people can access treatment is through the criminal justice system, which is bizarre to say the least.'

The organisation has also provided the training and support to run the first methadone service in Nepal, as well as helping to set up a needle exchange there, and has worked extremely closely with agencies in India and Eastern Europe. 'A lot of the projects in Asia were connected to the church, but it was also the fact that we weren't looking to empire build,' he says. 'We don't fund any services in southeast Asia, but we support a lot of them and still work with them.'

Indeed global, or even national, domination doesn't seem to be on Kaleidoscope's agenda. 'The easiest thing would be to say 'I'd like to see Kaleidoscope in every town in the UK', but I don't really,' he says. 'I'd much rather that some of the issues we stand for, and that a minority of colleagues in the drugs field stand for, could become mainstream. Back in the early '70s agencies were totally committed to abstinence – that's what it's all about, we were told. But agencies like Kaleidoscope really did bring about an acceptance of harm reduction in the UK. I think we're seen to be one of the founders of that movement, even though we're not happy with every aspect of it.'

Kaleidoscope has always worked hard to encourage harm reduction approaches, but he has little patience with the heated debates that still play out on these very pages every fortnight. 'What makes me laugh about the debate we're having in *DDN* is there's still this paralysis between harm reduction and abstinence – I don't understand it. When I go to India, there are totally abstinence-based projects who are providing harm reduction and vice versa. They don't seem to have any problem with it, as long it's client centred. That's why Kaleidoscope is uncomfortable with aspects of the harm reduction movement, because it's almost as if everything has to be harm reduction.

'Part of the reason I'm in this business is to change people, we don't pretend otherwise,' he explains. 'But it's not forcing a change on people. In the same way that, on the one hand you can have a lot of religious nutters whose whole goal is to bring people to Christ and things like that, or you can have people who say 'I have a belief in something, and if you happen to believe it that's fine and if you don't that's equally fine.' That's respect. We had some clients during Ramadan where we had to find different ways of providing services, because they couldn't drink the methadone during certain hours – it's just being respectful and trying to find a solution.'

In fact, the whole of Kaleidoscope's ethos is underpinned by the belief that drug misuse is not a pathology that needs treatment, but a symptom of a wider despair. 'That's the reason why in a way we have done maverick things like provide an old people's day centre, and had a huge nightmare of publicity about it – stuff about old people on methadone!'

But the organisation must be used to controversy by now? 'People get very agitated,' he says. 'Sometimes when you try and set up a treatment centre the hostility you get is ludicrous, given the fact that people are getting treatment in their community anyway. But you have to live with that, and focus on the positive. There are more people able to access treatment in the last ten years than ever before, but we still need to do better. People should never have to wait to get treatment for their drug misuse problem, at least at the first tier. That is something that has largely been achieved in England but we've still got a way to go in Wales.'

So what would he like to see Kaleidoscope achieve in the future? 'I hope we're in a stronger position to provide services, but I'm always reticent to say that we want to become bigger – we have got bigger, but I don't think that's a sign of success, it's down to markets. We're very passionate about trying to influence the debate to ensure that people are treated fairly and without discrimination, to continue to champion the cause of people with drug misuse problems and humanise them. The worst thing for me is this whole dehumanisation of drug users, which I find absolutely shocking. I'd like to be part of a movement that influences so that drug users are respected members of their community. If we could do that, that would be fantastic.'

It's a family affair

Working out how to involve clients' families in their treatment in a sensitive way has been a challenge for Luton treatment centre PCP says Sam Meadows (above), but as DDN reports, they are pleased with progress

'THE DISEASE OF ADDICTION IS VERY MUCH A FAMILY ISSUE. We wanted to incorporate the family and give them a chance to have their say.' Darren Rolfe, director of the Perry Clayman Project (PCP) is explaining why the quasi-residential treatment centre in the middle of Luton has turned its attention on clients' families.

'Families are the missing piece of the jigsaw,' he says. Bringing them in not only helps them to understand their relative's addiction; it also gives them a chance to confront their own feelings, so they are in a better position to offer support.

The family involvement programme started this month, but it's taken a while to plan. Initially staff suggested integrating families with clients for joint sessions, but clients were keen to protect their privacy in treatment. During their treatment programme they are housed locally in Luton with others on the programme, with each of the five houses accommodating a carefully balanced mix of clients.

Would it be helpful to have Ma and Pa arrive on the doorstep? On reflection, PCP decided that clients should not be forced to come face to face with their families during treatment. Equally, they agreed that giving the families their anonymity while participating in the family programme was an important part of allowing them to ask questions and explore their relative's behaviour – and their reactions to it – without naming names. They would be able to see the treatment centre and counselling rooms and learn about the work their relative was doing to beat their addiction, without risking disrupting it.

Sam Meadows has worked as a family interventionist at the centre since May, and found herself in the middle of developing the new family programme. Her role has involved contacting families to encourage them to come along to the sessions, as well as running them alongside her colleague Rachel.

While there is trepidation at coming along for the first time, it is swiftly followed by relief that they are not isolated, she says. As much as wanting to contribute to the structure of their relative's recovery, first signs are that they find sharing their experiences very helpful. In particular, they need to explore the guilt and fear they feel that their family member's behaviour is a reaction to them.

For Meadows, seeing family members at the treatment centre is a logical next step in a process that began with her visiting the family home before the client was admitted. Treatment is about 'addressing a whole lot of contributing factors' and not just about putting the client on a programme, she says.

The family is invited to monthly sessions, so will come to two sessions if their relative is doing the eight-week programme and three sessions if they're on the 12-week programme. They are held in the evenings, and are a valuable opportunity to give the family as much information as possible, while allowing them to open up and explore some intense feelings they may have been bottling up for years.

'At all stages it's about how families feel,' says Meadows. 'On the first night we talk about whether the addiction is a disease or not.' She talks about how alcoholism is 'progressive and fatal, an illness of lies and cheating' – but how, on the other hand, 'alcoholics are very kind, artistic, sensitive people whose dreams have been shattered'. There are a lot of contradictions for families to explore.

Working alongside another counsellor is essential, she explains. Initially it can be slow for group members to have the confidence to engage with the process of sharing their feelings, but when the response comes it can be intense.

'I started by asking "who's ever been angry?",' says Meadows, by way of demonstration. 'Four out of 15 hands went up. So I asked "who's really been angry?" Then all hands went up.

'There were a lot of tears. A lot of them said that even that first session made them feel that they were not on their own and that there is help. They gave us feedback that they appreciated the session being more personal and tailored.'

Being involved with families has made Meadows realise they expect their problems to be 'swept under the carpet'. But working with substance misuse in different contexts and with different age groups (including starting the Drugsline charity which works with schools) has made her more determined to show people they can recover.

At the same time she is realistic about how much PCP can achieve in two or three evening sessions, and says that an important function of this intervention is to put relatives in touch with other places, particularly Alanon, where they can get longer term help and support.

I say to people, 'Instead of putting a plaster on a gash, 'why don't we sew it up?,' she says. And as far as the team is concerned, the whole operation cannot be a success without treating the family – and helping them to accept that they too deserve help. **DDN**

Untangling treatment

Professor David Clark starts to ask what does treatment involve, and how does it help people along their journey to recovery?

Key elements in treatment:
Belonging
Socialisation
Learning
Support
Personal change

To understand how treatment helps people overcome substance use problems, it is essential to understand the processes that operate in the treatment process, and how they might interact to facilitate behavioural change and a person's path to recovery from addiction.

In a large-scale piece of research, Wired In colleague Lucie James and I set out to gain initial insights into these issues by using a qualitative analysis of the views and experiences of clients on the RAPt treatment programme in one male and one female prison.

This successful and highly regarded programme has a 12-step approach at its core, complemented by various other elements from different treatment types.

Fifteen males and 15 females, who had a long history of substance use problems and criminal offending, were interviewed about their experiences and views of the treatment programme. Transcripts of the semi-structured interviews were analysed with grounded theory.

Four interrelated themes were derived, labelled: 'belonging', 'socialisation', 'learning', and 'support'. Each of these themes impacted on a fifth theme, 'personal change', comprising two key components, motivation to change and self-esteem.

Belonging

On the RAPt treatment programme, inmates met other people with similar experiences and realised that they were not alone. A sense of belonging helped them to open up and share their thoughts and experiences. It enabled them to build trusting relationships, leading them to feel more able to be honest with themselves and others.

Belonging to a group of people who had similar experiences and problems, but who were successfully addressing their substance use, also enhanced the participants' motivation and self-belief in overcoming addiction. It facilitated the learning of new skills revolving around improved communication and better quality interpersonal relationships.

Socialisation

Participants got to know and relate to other people on the programme, and share thoughts and experiences. They learned that they were not the only ones to have certain experiences and beliefs – also, to ask for and give help, and listen to and provide feedback.

They became more able to trust, be honest, respect others, and learn about themselves. They began to feel they could talk to their counsellors and peer supporters.

Study participants described how their self-esteem and confidence increased as they learnt more social skills and became better at interacting with other people.

The development of social skills contributed to an increased self-awareness, an understanding that participants needed to change their previous destructive thought and behavioural patterns, and a belief that they could leave their old lifestyles behind and work towards a more positive future.

Learning

Learning about the disease model of addiction and admitting to being addicted helped to change self-image, as participants no longer blamed themselves for their prior destructive behaviours.

Understanding that they would have to abstain from all substances if they were to attain the goal of recovery led to significant changes in the participants' thinking.

During the step-work, participants began to see how out-of-control their lives had become and how their substance use had impacted negatively on others.

They were helped to come to terms with, and let go of, their pasts and focused on a positive future free of substance use, a process which was facilitated by understanding and utilising the concept of a higher power.

As they learnt about addiction, themselves and their capabilities, the participants became more motivated and determined to change and abstain from substance use. Meeting other people who had gone through the same stages also helped to motivate and give hope that recovery was attainable.

Participants began to understand the relationships between their drug use and their thoughts and behaviours.

They learnt a great deal about recognising certain thoughts, feelings and behaviours, and became better 'armed' to deal with any potentially destructive thoughts or behavioural patterns.

Support

Support was a key factor in the perceived success of the RAPt programme, and in the changes that the participants saw in their thinking and behaviours.

This support came from various sources – staff, peers, peer supporters, family members – and involved different aspects of the programme, *eg* group therapy, one-to-one counselling, family conferences, fellowship meetings.

In addition, the participants developed the ability to offer support to others, which helped boost their confidence and made them feel like a valued member of the group.

Support was paramount in enabling and encouraging the participants to open up about their thoughts and experiences, and let go of the past and focus on the future.

The participants received positive feedback at every step they made towards developing their new lives, and this reinforcement helped to boost self-esteem and confidence.

Personal Change

The participants frequently referred to their self-esteem and confidence, and to their motivation to change. A variety of elements related to the themes described above enhanced self-esteem and increased the participants' motivation, and confidence in their ability, to change.

We look at the influence of these four themes on 'personal change' in more detail, and the implications of this research, in my next Briefing.

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National Conference on Injecting Drug Use

Meet us at the NCIDU in London on 27th & 28th October. The NCIDU organisers are at the forefront of the harm reduction response to illicit drug use, and are committed to preventing blood-borne virus transmission, drug related deaths, and improving the health of drug users. Our team are supporting the exhibition and will be available on the Concateno stand to answer any questions.

blood borne virus screening

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TACKLING DRUGS CHANGING LIVES

NHS Norfolk

NHS Norfolk funding has been identified with which to implement a series of initiatives aimed at reducing the number of alcohol related hospital admissions in Norfolk.

This funding is for alcohol training targeted towards primary care clinicians and linked agencies. Funding has been agreed for;

- An Alcohol Recognition course.
- Brief Interventions training.
- Train the Trainers, to embed this alcohol training into organisational structures.

Whilst the brief interventions and train the trainers days, will be delivered face to face, the successful provider will be asked to develop an alcohol recognition course, that learners can access from the workplace. This approach recognises the difficulties of releasing people from their place of work.

Tenders for all, or part, of the work are invited.

Due to restricted time scale, please contact Roni Nelhams at the Norfolk Drug & Alcohol Action Team to request a tender pack.
Email: veronica.nelhams@norfolk.gov.uk
Tel: 01603 677578

Requests for tender packs to be received by 31st October 2008.

Tenders are to be submitted by noon on 28th November 2008.

ISLE of WIGHT COUNCIL

Invitation to Tender

The Provision of Tier 2/3 Community Based Drug Service and Drug Intervention Programme (DIP) Service

The Isle of Wight Council invites tenders from suitably qualified organisations for the provision of a Tier 2/3 Community Based Drug Service and Drug Intervention Programme (DIP) Service. The contract will be for three years commencing 1 April 2009, with an option to extend by mutual agreement for a further period of up to two years.

The primary purpose of the service is to provide effective Tier2/3 Community Based Drug Service and Drug Intervention Programme (DIP) Services. The services shall incorporate various features including Open Access, Throughcare/Aftercare, Enhanced Arrest Referral, Drug Rehabilitation Requirement (DRR), Prolific and Priority Offender (PPO), Structured Psychosocial Intervention, Access to Rapid Prescribing, and 24/7 Single Point of Contact. Additionally, certain Alcohol-related services are also included

Further information of how to obtain a copy of the Invitation to Tender (ITT) pack is available using the following link: *www.iwight.com/council/procurement/tenders/frmTenderDetails.aspx?TenderID=103* or email john.spencer@iow.gov.uk (Tel: 01983 520600).

The closing date for receipt of completed tenders is noon on Thursday 27th November 2008.

Derbyshire County NHS
Primary Care Trust

COUNTY HALL, MATLOCK, DERBYSHIRE

Service User Improvement Officer

Band 5 £20,225 - £26,123 per annum

Hours: 37.5 per week
Consideration will be given to flexible working options.

The Derbyshire Drug & Alcohol Action Team (DAAT) is a partnership of county statutory organisations and provides both the strategic planning and performance management mechanism for the delivery of the National Drug Strategy at local level.

Having a budget of around £7million the DAAT has a significant commissioning role for high quality drug treatment, substance misuse education and prevention throughout Derbyshire. The DAAT team is employed by the NHS Derbyshire Primary Care Trust but based within the County Hall, Matlock.

You will support the Service Users and Carers engaged with all substance misuse services in Derbyshire. You will co-ordinate the work and developmental needs of the Service User representatives and Carer representatives. It is essential that you have an understanding of the treatment system and some knowledge of substance use.

You must also demonstrate good communication skills and the ability to work as part of a team.

For further information regarding this post please contact Ed Ronayne, commissioning Manager on 01629 580000 ext 7496 or email ed.ronayne@derbyshire.gov.uk

Please quote ref: 585-TD-COU1038-08.

Closing date: Monday 3rd November 2008.

For further details and to apply online visit ***www.jobs.nhs.uk***

Alternatively contact the Recruitment Services Team on 01332 868757 quoting the Job Reference number shown above.

We are committed to equality and improving working lives of all our employees.

www.derbyshirecountypct.nhs.uk

Norfolk and Waveney Mental Health NHS Foundation Trust

CLINICAL PSYCHOLOGIST – ADULT SUBSTANCE MISUSE Ref: 246-8324

The Adult Drug Service (TADS),
Hellesdon Hospital, Norwich
Salary: £43,221 - £53,432 pa
Hours per week: 37.5 – Job Type: Substantive

TADS is seeking to recruit an experienced and appropriately qualified Clinical Psychologist to complement the current integrated Service. This post will provide Psychology Services and Specialised Psychology assessment and therapy within the multi-disciplinary team.

Informal enquiries are welcome, please contact Roz Brooks on (01603) 786786 or roz.brooks@nwmhp.nhs.uk

Closing date: 16 November 2008.

The Trust is working towards equal opportunities and welcomes applications irrespective of age, disability, ethnic origin, gender, sexuality or religious belief. A job share scheme operates-enquiries are invited. The Trust operates a no smoking policy.

For further information on the above post(s) and other job opportunities, please apply online at

www.jobs.nhs.uk

24hr answer phone (01603) 421519

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

The outlook's great

If you're looking for a brighter future, the forecast's good at our Trust: one of the largest and most innovative in the UK.

Specialist Drug & Alcohol Services,
HMP Dartmoor

12 Step Treatment Worker *Job Ref:* 342-DA760-1008

6 Months Fixed-Term

Salary: Band 6 £24,103 - £32,653 pa

The trust works within the HM Prison Service to deliver drug intervention and treatment programmes to a very high standard.

The Prison Partnership Twelve Step Programme (PPTSP) is an innovative accredited rehabilitation programme being delivered at HMP Dartmoor for offenders who are severely dependent and their substance use is linked to criminal activity.

We are looking for a skilled 12 Step practitioner who thrives on teamwork to join a skilled team of practitioners to deliver an accredited 12 Step programme within HMP Dartmoor. You will have the opportunity of facilitating a programme, which enables offenders to make informed choices regarding their substance use and associated behaviours. If you have a good understanding of the Minnesota Method and experience within the drugs field and/or a relevant professional qualification we would like to hear from you.

The interview process is in two parts; first the prison will conduct a 'pass or fail' assessment and then the trust will compile a semi-formal interview to select the right candidate. The job is subject to satisfactory completion of programme facilitator training as delivered by the Prison Service.

The trust is an equal opportunities employer with a clear commitment to promoting diversity.

For an informal discussion about this post please call 01822 892106 and ask for Caroline Liney from the 12 Step Programme.

Closing date: 09 November 2008

Apply online at www.recruitment-awp.nhs.uk

The Trust is committed to improving working lives and there are opportunities for flexible working

Social Care & Health

Services Commissioning Officer

£32,436 - £35,852 pa (Pay Award Pending)

SCDAAT, Gaol Road, Stafford ST16 3AN

You will work closely with the Commissioning Manager within the DAAT as well as with the wider DAAT Partnership and will hold responsibility for key areas of work across the County of Staffordshire. You will need excellent communication and project management skills together with an understanding of Drug and Alcohol services with a proven ability to work within a partnership arrangement. Previous commissioning experience would be an advantage.

The DAAT is a multi agency partnership and is currently hosted by the Staffordshire County Council.

We are looking for an individual who can bring partnership working expertise to the team and who can work effectively in a demanding environment. If you believe you have the qualities and skills to meet the challenge we would welcome your application.

This position is subject to a "disclosure" check under the "Rehabilitation of Offenders Act 1974". Further details regarding this check and Staffordshire County Council's employment policy will be found within the application pack.

You can view and download an application pack by visiting our website at www.staffordshire.gov.uk/SCH761 to request a postal pack by ringing 0845 452 0539 (24 hour answerphone) quoting job reference number SCH761.

Closing date for applications: 31st October 2008.

This Authority is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expect all staff and volunteers to share this commitment.

Working towards equality for all

Staffordshire County Council

www.staffordshire.gov.uk

INFORMATION MANAGER

£27,594 - £29,728 per annum (pay award pending)

County Hall, Worcester

The SMAT Support Team is based within an Excellent Local Authority and has strong links to PCT (NHS) colleagues and support. The team is noted for its commitment to reducing the harm of substance misuse, for being friendly and supportive and for having a positive solution focused approach.

The team are looking for an enthusiastic individual to provide data and intelligence to support strategic decision-making and the performance management of commissioned services. This work will support our drive to commission and provide high quality, evidence based effective services, which meet the needs of our local community and achieve national and local targets. You will develop strong working relationships with a wide range of stakeholders and providers, working across the strands of national and local drug and alcohol strategies.

The successful individual will have significant experience of an information and support role, including devising, managing and maintaining complex data and information management systems. Substantial support, training and development will be provided for the successful individual to develop their potential (Ref: FI313).

For further information contact Nic Adamson on 01905 766009 or email nadamson@worcestershire.gov.uk Enquiries/ Forms: Apply on line at www.worcestershire.gov.uk/jobs or please phone (01905) 765765

Closing date: 31st October 2008

Interview date:18th November 2008.

We welcome applications from men and women of all backgrounds and ethnic groups, including those with disabilities.

TACKLING DRUGS & ALCOHOL CHANGING LIVES IN WORCESTERSHIRE

wmjobs.co.uk

worcestershire county council

Bristol City Council

Approved provider of Tier 2, 3, & 4 (excluding Residential Rehabilitation) Substance Misuse Services in Bristol

Ref: Drug Strategy/1643

The closing date for the completed submission is 12 Noon 11th December 2008.

For further information and to apply to be on the approved provider list, please visit the Bristol e-Procurement Systems (BEPS) web site at: https://procurement.bristol.gov.uk/supplierselfservice/

BRISTOL CITY COUNCIL

Oxfordshire drug & alcohol action team

Oxfordshire Community Drug and Alcohol Service

TENDER ADVERT

Oxfordshire Drug and Alcohol Action Team (DAAT) are inviting suitably experienced organisations to tender for the provision of the Oxfordshire Community Drug and Alcohol Service.

Oxfordshire DAAT's strategic aim is to have a comprehensive and integrated drug treatment system that delivers quality services where people need them. Oxfordshire is the most rural county in the South East region, with over 50% of the population living in settlements of less than 10,000 people. Oxfordshire covers 1006 square miles and has an estimated population of 626,900.

Oxfordshire Community Drug and Alcohol Service will provide tier 2 and 3 services peripatetically across the county, to drug and alcohol users who are aged 18 or over. The primary aim of the service will be to reduce the harm caused by problematic drug and alcohol use by providing open access and structured care planned interventions for drug and alcohol users.

The service will be fully integrated into the Oxfordshire Drug Treatment System and will have a flexible user-focused approach.

The contract period will be for 3 years with the option to further extend for 12 months plus a further 12 months.

It is anticipated that the Transfer of Undertaking (Protection of Employment) Regulations will apply to this contract award.

Process for application:

1. To apply for the tender documents please write to Sarah Roberts, Oxfordshire DAAT, 29 New Inn Hall St, Oxford, OX1 2DH or email at *sarah.roberts@oxfordshiredaat.org*
2. The deadline receipt of completed tender submissions is 12 noon on Friday 16th January 2009.
3. Interviews and visits will be held the week commencing 2nd February 2009
4. It is envisaged that the start date of the service will be 1st July 2009.

daat Hackney Drug & Alcohol Action Team

The Hackney Drug & Alcohol Action Team (DAAT) and City and Hackney Teaching PCT (CHtPCT) invite expressions of interest in the tender for the provision of an Alcohol Service Review and Recommendations for Future Development.

City and Hackney NHS Teaching Primary Care Trust

Expressions of interest are sought from a suitably qualified and experienced team of consultants.

The work will fall into three distinct parts.

1. Review all current treatment service provision, value for money, population needs and the effectiveness of treatment outcomes in Hackney
2. Recommendations for alcohol treatment interventions and systems based on evidenced based best practice and value for money inclusive of dual diagnosis
3. Proposals to reduce Alcohol Related Hospital Admissions

The piece of work will inform the commissioning process of Hackney DAAT and CHtPCT by providing a blue print of services and initiatives that will be able to address alcohol related harm experienced by individuals, families and communities.

It is expect that all aspects of identification, brief intervention and treatment will be considered from Tier 1 through to Tier 4 and Aftercare.

The deadline for completion is 27 February 2009.

The budget for this project is set at a maximum of £95k including VAT and expenses.

For further information and an application form, please contact the Hackney DAAT on 020 8356 2180.

CRI

Rochdale Psycho-Social Interventions (PSI) Service

Rochdale Safer Communities Partnership – Everyone is Safe and feels Safe

CRI works to create safer and healthier communities. We help people to break free from harmful patterns of behaviour by delivering innovative services which have a measurable impact on both health and community safety issues. Our services are hallmarked by an emphasis on quality, a responsiveness to local priorities, and an outstanding record of achieving targets.

CRI are delighted to have been commissioned by Rochdale Drug & Alcohol Action Team to provide a new Psycho-Social Interventions (PSI) Service across the borough. The service will replace the existing structured day care provision from January 2009. We are now seeking to recruit to the following posts;

PSI Project Manager

(Ref NM096)

Salary: £28,843 – £30,439 per annum (pay award pending) • 37.5 hrs per week

The Project Manager will have relevant experience of developing and delivering front line treatment and support services to substance misusers in the community or criminal justice system and will have experience of delivering a range of interventions plus an appropriate social care qualification. They will also need to demonstrate competence in managing & supervising staff and be able to develop partnership working & productive relationships with all key stakeholders.

PSI Volunteer & Mentor Co-ordinator

(Ref NM097)

Salary: £23,387 – £25,130 per annum (pay award pending) • 37.5 hrs per week

In addition to a thorough understanding of substance misuse issues, the Volunteer & Mentor Co-ordinator will need to demonstrate experience of working with volunteers and/or mentors and of providing supervision & facilitating training sessions. The Co-ordinator will also be responsible for placing volunteers with other local services and as such be skilled at building relationships with other agencies.

PSI Workers x 2 *(Ref NM098)*

Salary: £22,648 – £24,315 per annum (pay award pending) • 37.5 hrs per week

PSI Workers will need to demonstrable the ability to deliver front line substance misuse services, possess group work skills and have knowledge of individual assessment and care planning with substance misusers. They will possess or be working towards a relevant health or social care qualification and will be skilled in a range of current structured intervention approaches.

Closing date: 29th October 2008

For an application pack and further information visit: www.cri.org.uk Application forms are to be emailed to james.davies@crinet.co.uk

The successful candidate will be subject to a Criminal Records Bureau check at enhanced level.

In return for your commitment and enthusiasm CRI offer excellent terms and conditions and comprehensive training and development opportunities.

Committed to anti-discriminatory practice, CRI aims to be an equal opportunities employer.

INVESTOR IN PEOPLE

Safer communities, healthier lives Registered Charity No: 1079327

For details of all **Phoenix Futures** vacancies see

www.drinkanddrugs.net

INVESTOR IN PEOPLE

Phoenix Futures

Ending dependency, transforming lives

harbour drug & alcohol services

Harbour Drug & Alcohol Service provides a range of interventions for people with problematic substance use in the City of Plymouth. Harbour combines the skills and experience of a diverse workforce and welcome applications from candidates who wish to contribute to this valuable service.

The following exciting opportunity has arisen within the Criminal Justice Service. This service provides treatment for people referred from the police, probation or prison services.

Substance Misuse Specialist (SMS) Practice Supervisor

Full Time – 37 hours a week

Starting Salary: £ 26,464 per annum

The Role of a SMS Practice Supervisor, is to help reduce the harm caused by substance misuse to users themselves, affected others and to the wider community. The SMS Practice Supervisor will ensure that this is achieved through supervising the services provided to clients by their team base. The practice supervisor will support the service manager in ensuring that services are provided in line with models of care and the drug misuse and dependence guidelines. The SMS Practice Supervisor will also provide other workers with a consultancy service in their area of specialism and where appropriate represent the service manager in his/ her absence. The practice supervisor must be qualified to deliver substance misuse specialist interventions and experience in providing supervision is preferential.

To download a role profile and an application form please visit our website

www.harbour.org.uk

If you require any additional information please telephone Harbour HR Services on (01752) 314254

Closing date for applications: 5pm on 31.10.08

Benefits include:

- 25 days annual leave per annum (including incremental increases) plus recognised Bank Holidays
- Company Pension Scheme
- Life Assurance Scheme
- Free Occupational Health Services
- Implementation of policies to positively promote a work/life balance
- Commitment to Continued Professional Development

Harbour is an equal opportunity employer and invites applications from all sectors of the community. All post holders will be subject to an enhanced CRB check and satisfactory references.

South West Essex NHS
Primary Care Trust

South West Essex Primary Care Trust is a progressive organisation serving a population of 420,000 across a geographical area covering the towns of Brentwood, Basildon, Billericay, Wickford, Grays and South Ockenden and the rural area between.

The PCT Board has placed reducing health inequalities and improving the health of the people of south west Essex amongst its top priorities and committed a Public Health budget in excess of £4.5M to achieve this.

Alcohol Harm Reduction Trainer

Band AfC 7, £29,091 - £38,352 pa
Plus 5% High Cost Area Supplement (max £1544)
Based at: Purfleet, Essex

We are looking to develop and implement a wide-ranging programme of alcohol harm reduction training to a variety of community based staff and agencies, including GPs, Practice Nurses, Community Nurses, Voluntary Groups, Acute Trust Staff, Local Authority Staff and other relevant parties.

As part of the Health Improvement Directorate you may be expected to provide one-to-one support for some clients coming through our Vitality Health and Wellbeing Service, or those referred from other Community Staff.

Possessing a relevant qualification you will ideally also possess a degree or post graduate qualification in Public Health or Health Improvement. You will have significant experience in the design and delivery of community based health improvement programmes, with experience of the substance misuse agenda.

In return, we offer you the opportunity to work creatively within a large, innovative and well resourced specialist health improvement function committed to improving the health and wellbeing of some of the most deprived communities in England.

For an informal discussion, please contact Matthew Macdonald, Service Director for Health Improvement on 01375 364466.

Job Description and Person Specification are available below. If you require assistance completing the online application form then contact the Recruitment Hotline on 01277 302342 quoting the Ref: JH10.

South West Essex Primary Care Trust is an equal opportunities employer and welcomes applications from all sections of the community. We are committed to improving the working lives of our staff and offer a range of flexible working options from part time/job share to home working. In addition we offer a range of competitive benefits which include a final salary pension scheme, relocation packages of up to £5000, Lease Car Scheme, generous annual leave entitlement, childcare vouchers, discounts at a range of shops/services and access to the NHS Discount Scheme. The Trust is committed to continuing professional development and career development opportunities.

Applicants who declare they have a disability will be short listed for interview where they meet the essential criteria for the post.

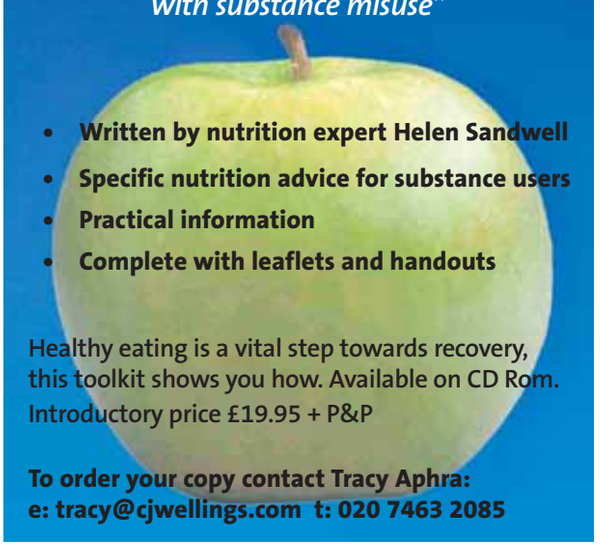
We will communicate with applicants who are short listed for interview via email. Please check your email account regularly. If you do not hear from us within two weeks of the closing date, please assume that you have not been short listed on this occasion.

To apply please visit www.swessexpct.nhs.uk, click 'working for us'.

Closing date: 3 November 2008.

The DDN nutrition toolkit

"an essential aid for everyone working with substance misuse"



- **Written by nutrition expert Helen Sandwell**
- **Specific nutrition advice for substance users**
- **Practical information**
- **Complete with leaflets and handouts**

Healthy eating is a vital step towards recovery, this toolkit shows you how. Available on CD Rom. Introductory price £19.95 + P&P

To order your copy contact Tracy Aphra:
e: tracy@cjwellings.com t: 020 7463 2085

For more information on ALL our current vacancies or to apply online visit **www.bournemouth.gov.uk**

Bournemouth Borough Council

Community Care

DAAT Performance Officer - St Paul's Lane

Ref: SO0065, £24,545 - £27,594, 37 hours per week

Playing a central part within our successful Drug and Alcohol Action Team, you will help us deliver effective interventions every day. Experienced in managing and enhancing performance, you will be skilled in conducting needs assessments and analysing data, and capable of communicating productively at every level.

For an informal discussion contact Karen Wood on 01202 458740.

Apply online or an application pack may be obtained from Recruitment Team, 24-hour answerphone on (01202) 454775 or (01202) 458838. Alternatively, e-mail: recruitment@bournemouth.gov.uk

Closing date: 24th October 2008. This post is subject to a pay and grading review.

The Council is committed to achieving equal opportunities and a work life balance. Bournemouth Borough Council does not accept CVs without an application form.

Capita Social Care and Housing

Leading provider with Drug & Alcohol Services for both Temporary and Permanent Recruitment.

Currently recruiting for vacancies within London and the Home Counties within the following specialisms:-

Arrest Referral
Specialist Drug & Alcohol
Dual Diagnosis
Youth Offending
Supported Housing
Ex-Offenders & Resettlement
Commissioning
DIP and DAAT

For an initial chat please contact Dan on
0207 202 0012
or email your cv to dan.essery@capita.co.uk

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- Continuing to provide for all recruitment needs of Drug and Alcohol Services
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Substance Misuse Practitioners – Midlands

Experience working with substance misuse clients essential. Professional qualification a benefit (e.g. social work, RMN, RGN).

The role involves assessments & developing care plans with Class A clients on substitute medication. Full training on titration available. Dual Diagnosis experience a benefit or potential gain.

This post can be offered on a contract or permanent basis (rates are negotiable).

For more information please contact:
Simon Quin 0800 311 20 20
or 01772 889722
simon.quin@servicecare.org.uk
www.servicecare.org.uk

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SUBSTANCE MISUSE PERSONNEL

PERMANENT - TEMPORARY - CONSULTANCY

Supplying experienced, trained staff:

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

NOW REGISTERING AND SUPPLYING NURSES

Register online www.SamRecruitment.org.uk

want to join a successful, dynamic, expanding team?

Trust The Process Counselling's ongoing success in helping people combat addiction has prompted the need to expand their services into new areas of intervention.

The Thames Clinic is a six bedded, medically supervised residential detoxification facility, based in **Kingston upon Thames** and we are seeking to recruit dynamic, forward thinking professionals to work with us in this exciting new venture. If you want to be part of this growing dynamic team and personally strive for excellence then contact us **now**!

We require:

FULL TIME NURSING STAFF
(part time/job share available)
(£23,749 – £30,590)

COUNSELLING SUPPORT WORKERS
(part time/job share available)
(£16,536 - £25,320)

We are also considering applications for **COUNSELLORS** for our treatment facilities in **Luton** and **Warrington**.

Previous experience of working in the addiction field is essential, or a very definite sensitivity to the needs of this client group. Those with personal experience of addiction or dependency on drugs/alcohol and who are at least two years drug free/sober are encouraged to apply.

Email your CV to david.durand@ttpcc.org.uk or call David on 0845 241 3401

t c thames clinic

www.trustheprocess.org

ttp counselling

Every one of our service users reaches a point where they take a good hard look at their life and begin to address the problems caused by their addiction. As one of the most diverse substance misuse organisations in the UK, Phoenix Futures brings positive change in the lives of individuals, families and communities affected by drug and alcohol misuse.

We're entering an exciting new phase of development, in which we're planning a new generation of services which are fully integrated, personalised and enabling. So there's no better time for you to take stock of your own future career direction and make a decision about whether you're right for one of our new senior roles.

Director of Operations – England

London based c. £60k

Director of Operations – Scotland

Glasgow based c. £60k

Integral to our Executive Team, you'll lead the strategic development and implementation of both service delivery and service growth. More importantly, as an inspirational leader you will work with our talented staff to bring about real change to the lives of some of the most excluded people in the UK.

Head of Operations – Prisons

London or Sheffield c. £46k (plus LW)

Following a period of substantial growth this new role will have lead responsibility for our extensive prison contracts in England. A key member of our Senior Management Team, you will further develop and facilitate effective working relationships with the Prison Service at both national and local levels.

Specialist Operations Managers x 4

£35k - 40k (plus LW)

Prisons – South (London)
Community Services – North (North West or Birmingham)
Community Services – South (London or Hampshire)
Residential Services – South (London or Hampshire)

With your proactive and innovative approach you will constantly seek ways to improve and enhance our service delivery. Whatever your specialism you will build productive relationships with everyone involved – from prison governors, government agencies and community leaders to the service users themselves.

For more on our organisation – and the valuable role you'll play in it – visit us online at **www.phoenix-futures.org.uk/takeagoodhardlook** – alternatively email **recruit@phoenix-futures.org.uk** for an application pack or telephone 020 7234 9772.

Closing date: 3rd November 2008.

Registered charity in England & Wales 284880 and Scotland SCO39008. Committed to a policy of equality and diversity.

INVESTOR IN PEOPLE

POSITIVE ABOUT DISABLED PEOPLE

Phoenix Futures
Ending dependency, transforming lives