DDN
Drink and Drugs News

25 February 2008
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Editor's letter

Reactions to our first DDN/Alliance service user conference have been illuminating, interesting and inspiring for the next attempt. Most of the responses to our office and to our colleagues at the Alliance have been overwhelmingly enthusiastic; it's on the online forums that discussion gets more open. Some contributors suspected there was no point to the event, as nothing would change. Others found it a less than polished experience compared to a standard conference format. Some didn't go – but were sure it couldn't have been worth it. That's the most frustrating comment to hear!

Was it worth it? Well we hope and believe so – but it depends on what happens next. We got a lot of information from it, and in this special issue we've only been able to include a fraction of the many comments and suggestions that were left on hundreds of post-it notes. I hope it gives you a taster of the passion in the room that day: there was appetite for positive change and constructive liaison to get there – we now have to try and harness this energy to make it happen. None of the information we gathered will be wasted (except maybe the suggestion to get spent meth bottles valued as recycled glass... though who knows?!).

The comments will inform our work on DDN, and give us ideas on improving communication with service users all over the country. Documenting problems and issues is surely the start of improving them. This event was just the beginning: expect to hear more!

One of the very strong messages that's come through already is how much people gained from sharing experiences with others from around the country. If you have thoughts about the conference, or any other aspect of service user involvement, please don't stop the dialogue: get in touch so we can explore the issues that matter to you.

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In this issue

News in Brief

Life skills

A new health education programme for 9-11 year olds which covers issues around drugs, alcohol and tobacco, as well as bullying and peer pressure, has been launched in schools in Tower Hamlets by Life Education, the UK's largest children's health charity. The programme, funded by a grant from the Lehman Brothers Foundation Europe (LBFE), will be specifically designed to meet the diverse needs of children in the east London borough. 'We intend to use the learning from this programme to help us create a model which can be adapted to other inner cities and where children are likely to be at greater risk,' said Life Education national director Stephen Burgess.

Get involved

The focus of this year's Alcohol Awareness Week, 7-14 April, organised by Alcohol Concern, will be the case for greater investment in the alcohol treatment sector to help services cope with increasing numbers of referrals. Anyone who would like to take a leading role in their area by hosting a public meeting to discuss alcohol-related issues, organising an information stand on the high street, and getting their local MP on board to raise awareness, should contact Frank Soodeen on franks@alcoholconcern.org.uk

Packaging police

A random audit of the packaging of more than 500 wine, beer and spirit drinks on sale across the UK has been organised by alcohol industry body The Portman Group. Any organisation whose products are considered to be in breach of the group's code of practice will be given six months to change the marketing or be investigated with a view to removing the drinks from sale. 'The industry is responding to public concern about alcohol misuse by making sure that its house is in order,' said chief executive David Poley. 'No other European regulator has instigated such a stringent audit of standards. We are determined to ensure that drinks producer activity remains beyond reproach.'

Mike clinches it

Reader Charles Howard updates us on our quest to find the oldest drug worker in the country (*DDN*, 11 February, page 5). He writes: 'My Dad, Mike Howard, who is 73 next week, is still involved in SMART (Oxford) and up until last year was the chairman, at age 72.'

New clinical guidelines coming on drugs and alcohol

Drugs and alcohol are among the subject areas the National Institute of Clinical Excellence (NICE) has been asked to produce new guidance on by the Department of Health, as part of its 15th work programme.

The work programme will include two combined public health and clinical guidance topics on alcohol use disorders, covering prevention, early identification and management in adults and adolescents. The institute has also been asked to produce public health guidance on interventions to improve the effectiveness of needle exchanges in preventing the spread of blood-borne viruses and 'encourage the optimal provision of needle exchange schemes amongst injecting drug misusers'.

'We have asked NICE to develop joint public health and clinical guidance on alcohol use disorders that will not only cover prevention and early identification but also initial management,' said public health minister Dawn Primarolo. 'This work programme shows the government's continued commitment to ensuring that NICE tackles a wide range of issues that are important to the NHS and important to patients and their carers.'

The NTA has just announced that it is preparing guidance on clinical governance in drug treatment, for publication this summer. A consultation document is on the NTA's website to help partnerships build clinical governance into their treatment plans and invites providers, commissioners and others to comment on areas of practice. NTA director of quality Annette Dale Perera said: This consultation is an opportunity for people providing and commissioning treatment to influence the shape of the final guidance.' Available at www.nta.nhs.uk/areas/clinical_guidance/clinical_governance/default.aspx

IHRA: Narcotics Control Board must change

The UN's International Narcotics Control Board (INCB) must change its working practices and approach if it is to remain relevant, says a new report from the International Harm Reduction Agency (IHRA).

Action at many UN levels may be necessary to achieve this, according to *Unique in international relations? A comparison of the International Narcotics Control Board and the UN human rights treaty bodies*.

The board serves as an independent body to monitor individual states' implementation of their obligations under international drug conventions; however it has been criticised for being one of the most secretive bodies in the UN. NGOs and other organisations have no opportunity to observe or make submissions, says IHRA.

The INCB claims unique status in international relations, says the report, which it uses to justify its closed meetings. 'The INCB has failed to modernise its processes and retains working practices from defunct monitoring bodies,' it says. 'The INCB's 'uniqueness' stems not from its mandate, its activities or its legal status, but instead from the working methods the board has adopted, methods that are out of step with those of similarly constituted UN bodies which have chosen to operate via open and inclusive processes.'

The board's secrecy is 'becoming an increasing worry for the international community,' says IHRA, which wants to see it adopt a more open policy and monitoring system, and 'develop a dialogue with civil society'. An earlier IHRA report on drugs and the death penalty found that the UN's position as both upholder of human rights and enforcer of international drugs control policy was an awkward one. 'Promoting human rights is one of the purposes of the UN according to its charter – drug control is not,' said IHRA senior policy officer Rick Lines. 'There is no parity between the two agendas.' (*DDN*, 11 February, page 7)

Report available at www.ihra.net/uploads/downloads/ NewsItems/Barrett-UniqueinInternationalRelations.pdf

Great debate asks abstinence above all?

The question of whether abstinence – from both illegal drugs and substitute medications – should be seen as the 'gold standard' treatment goal, or whether this threatens the gains brought about through harm reduction is at the centre of a series of events organised by a coalition of substance misuse organisations including DrugScope and the Conference Consortium.

The three half-day events in April, nicknamed the 'great debate', are designed to give those in the field the opportunity to discuss the issues sparked by the BBC's challenging of the NTA over the abstinence record of English treatment services (*DDN*, 22 October 2007, page 4) and similar controversies in Scotland. The issues were examined depth in 'The New Abstentionists', Mike Ashton's supplement in the latest *Druglink* magazine (available online at *www.drugscope.org.uk/resources/goodpractice/treatment/studies.htm)*

'Many believe it's best if people can manage without drugs,' said Paddy Costall of Conference Consortium, 'but there is also the risk of losing the harm reduction gains which have made us the envy of other countries.' Harry Shapiro of DrugScope said the organisations had 'taken this unprecedented initiative because we think the debate is a critical one. We want to make sure it is based on the best evidence and thinking we can find.'

Events are being held in Edinburgh on 3 April, Manchester on 10 April and London on 16 April. To register visit http: www.conferenceconsortium.org

'New Thai war on drugs will kill thousands'

Thailand's 'war on drugs', which was reinstated this month, will lead to 'thousands of inappropriate arrests, deaths and the disruption of HIV prevention and other services,' according to the Thai Aids Treatment Action Group (TTAG).

The TTAG is urging people to lobby the Thai prime minister to prevent human rights violations and protect health and harm reduction services.

Those responsible for 'past human rights violations in the name of drug control' have never been held accountable, says TTAG, and no measures have been put in place to ensure professionalism and accountability in drug control efforts. According to Human Rights Watch, almost 3,000 people were killed in a single three-month period during the government's 2003 war on drugs, of whom 'more than half had no relation to drug dealing or had no apparent reason for their deaths'. Local officials often use 'blacklists' of drug suspects to settle scores with enemies, says TTAG, which is calling for a public consultation on the government's approach. It wants to see prime minister Samak Sundarajev commit to human rights standards and work with civil society organisations to promote a humane approach including a national harm reduction policy.

Rather than being subjected to indiscriminate suppression, people who use drugs must be supported to be actively and meaningfully involved in leading harm reduction work in Thailand says the organisation. Efforts to force tens of thousands into prison or drug treatment are ineffective and immoral.'

Fax His Excellency Samak Sundaravej, prime minister of the Kingdom of Thailand on +66 2 282 5131.

Crystal meth 'crisis' exaggerated says Drugscope

The UK is not on the verge of a crisis in methamphetamine – or 'crystal meth'– use despite media reports to the contrary, according to DrugScope.

The charity was responding to media reports that the situation in the UK now mirrors that of countries like Australia and New Zealand and at the end of the 1990s, which saw a sharp increase in rates of use.

The drug's reclassification as a Class A drug last year was to enable the police to target resources to the potential threat posed by crystal meth, not because it was already a significant problem, DrugScope says.

'Crystal meth is a destructive substance that we do not want to see take hold in the UK,' said chief executive Martin Barnes. We have seen the damage it can cause in other countries such as Australia, New Zealand and the USA. So far, the preemptive, precautionary strategy from the law enforcement agencies appears to have been working. All the indications are that crystal meth is still not presenting major problems to treatment or enforcement agencies.'

The dramatic rise in use in Australia was caused by a number of factors including proximity to the drug's major manufacturing regions in the Far East, and a 'heroin drought' that saw many users switch to crystal meth, he said. 'Unlike Australia back then, the UK already has a well established market for a whole range of stimulant drugs. Those dealing in crystal meth might find it difficult to establish a market – the drug is potent and some users of other stimulants may find the strength too much to handle.'

However, it was important not to become complacent, he added, and the experience of other countries had shown the value of having strict controls on the chemicals used in the drug's manufacture.

Welsh focus on alcohol

Tackling alcohol-related harm will be the focus of the new Welsh substance misuse strategy, the consultation period on which is now open, the Welsh Assembly Government has said.

The consultation sets out the key areas of *Working together to reduce harm – the substance misuse strategy for Wales 2008-2018* – prevention, supporting substance misusers and their families, tackling availability and protecting individuals and communities. The strategy will focus on targeted, evidence-based education and there will be increased investment in youth, outreach and harm reduction services, the government says. Access to in-patient services will also be improved, and the government says it will press for a reduction in the drink-drive limit, increased alcohol taxation and tougher rules on alcohol promotion.

'Reducing substance misuse, and excess alcohol consumption in particular, should be seen as a priority for Wales,' said chief medical officer for Wales Dr Tony Jewell. 'There is growing evidence that young people in Wales are starting to drink at an early age and regularly binge drink, with the consequent risk of injury, road traffic crashes, unsafe sex and anti-social behaviour.'

The consultation closes on 13 May. Documents are available at www.wales.gov.uk/substancemisuse

Call for ban on cannabis products

A ban on the advertising of all tobacco related products including those used for smoking cannabis, such as king-size rolling papers, has been called for by mental health charity Rethink.

It is not acceptable for these products to be exempt from the ban on tobacco advertising, says the charity, and a ban could reduce the number of people smoking cannabis and 'experiencing mental health problems as a result'.

'Research has shown that more people think king-size rolling papers are used for cannabis than for tobacco,' said Rethink's head of campaigns Jane Harris.

'More restrictive advertising guidelines would help to protect young people who are most at risk of developing mental illness as a result of cannabis use. It is time the government recognised the influence of advertising and made a decision on health grounds to widen the current tobacco advertising restrictions.'

News in Brief

Homeless gaps

The majority of clients dealt with by homelessness agencies have multiple problems around alcohol, drug misuse, mental health, benefits and debt, according to a new report from Homeless Link and Resource Information Service, the first 'baseline demographic' on the state of the homelessness sector. Support for education, training and employment is far less commonly available than other types of support, according to *Survey of needs and provision*.

Available at www.homelesslink.org

In a senti-mental mood

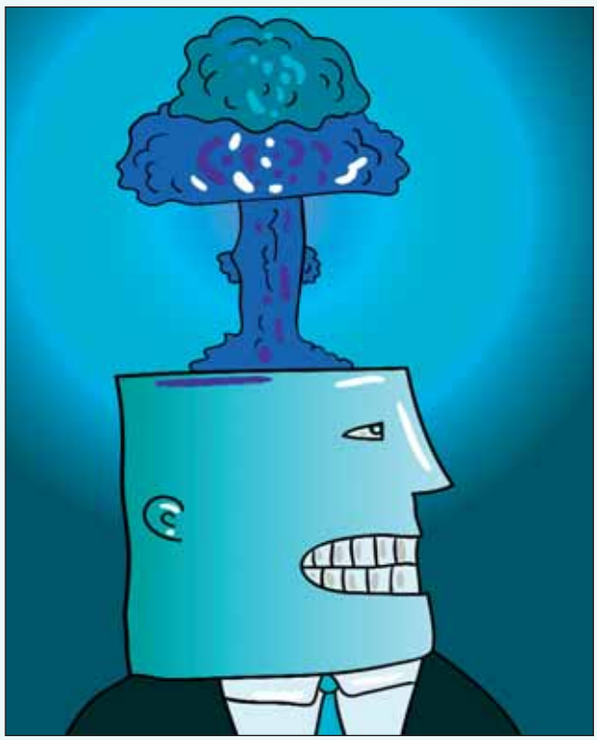
The fact that addiction can affect anyone from any background is the theme of *Senti-mental*, a new play by ex-prisoner and ex-substance misuser Dean Stalham. It tells the story of a couple from vastly different backgrounds, but both in the grip of heroin addiction. Mr Stalham won a Koestler award for his previous work while still in prison. *Senti-mental*, directed by Andy McEwan, is on at the Union Theatre in London until 1 March. Visit www.uniontheatre.org for ticket information.

Seven up

Seven new alcohol clinics offering free support and advice have been opened in west Kent by the Kenward Trust, following the success of pilot projects in Sevenoaks. The clinics, funded by the Choosing Health project, offer up to six confidential sessions. Details online at www.kenwardtrust.org.uk

Inspirational funding

Up to £10m a year over the next seven to ten years will be invested in projects aimed at improving the lives of young people through the first Inspiring Scotland fund, launched last month. The scheme will combine resources from private, public and voluntary sectors, with the Scottish Government investing more than £9m over the next three years. 'By providing charities with crucial funding, Inspiring Scotland will enable more projects to be established that will give young people the help and support, at the right time, to get their lives back on track,' said cabinet secretary for education and lifelong learning, Fiona Hyslop MSP. For more information visit www.inspiringscotland.org.uk



'Rarely, if ever, has this writer read a more biased, inaccurate, and irresponsible piece of journalism... the article is a covert attempt to advance the agenda for the global legitimate peddling of addictive substances, which spread death, and disease...'

Potential for change

Thanks for the article by Dr David McCartney (*DDN*, 14 January, page 6). Having worked in substance misuse substance services over many years now, I have often come across the negative view from other workers that people are incapable of getting better (both in drug and alcohol services) and I have found this concept disastrous, as nobody can predict the future for ourselves or our clients and their state of readiness to change at any given moment.

Having worked in detoxes I have seen many people who may have been written off by workers make positive changes and turn their lives around. As a person in recovery myself and having been through the system, it was the professionals that had expectations and hope for my potential that helped get me through rather than cynical and negative attitudes. Everyone has potential for change at whatever stage they're at.

I think that some part of this negativity especially around abstinence may well be in part at least to do with the workers' own issues around drug and alcohol use and in a society where drinking/using culture is the norm, the thought of living an enjoyable life while abstinent seems impossible for some people to grasp.

I know from my own history when in addiction, I had no idea of how I could have a life without a drink. Again in response to the article, the negativity towards 12 steps may well be based on rumours, myths and ignorance about the fellowship, and as a professional I believe the duty here is to present the facts in an objective, informed and impartial way, rather than letting personal biases sway what is imparted to the clients.

Let's make an effort to let people have choices so they can make their own minds up.

Cathy, London

THC retention – help needed

I have been a resident in rehab since 3 December last year. My problems were alcoholism and chronic cannabis use. I have not had a drink since last November, and have not smoked or ingested cannabis since 2 December. While in rehab I have never tested positive for alcohol, but have continually tested positive for THC [tetrahydrocannabinol – the psychoactive substance in cannabis], using the urine test. I have consulted my GP to see if there were any underlying medical problems, but fortunately there were none.

I was given a deadline of the 4 February to test negative, otherwise I would be asked to leave. This test showed a faint line and I have been given a little longer to produce a strong line. I have requested a gas spectrometry test but this has been refused. There is no other evidence of me having smoked cannabis, neither physically nor apparent in my behaviour.

In pursuit of a reason for me continuing to test positive a fellow resident (who is doing a nursing course) gave me a copy of *DDN* in which there was an article about retention of THC in the body, and which mentioned that antidepressants could slow the metabolism of THC.

I have been taking Venlafaxine – 75mg twice daily for over six years – and wondered if this could be the cause of my continuing positive tests. I have given this article to the management of the rehab, but it has been dismissed as it is not scientific.

Before entering rehab I asked for an appointment with a psychiatrist to review my medication, with a view to being completely drug-free while in rehab. His advice was to double my medication! Fortunately I ignored his advice and reduced my dosage and finally managed to give Venlafaxine up completely about two weeks ago. No one warned me – *ie* the psychiatrist, local drug and alcohol support service, the management of the rehab or my GP – that the taking of antidepressants could adversely effect my THC test results.

I therefore wonder if there is any scientific research into this matter, both for my own chances of completing my rehab and also for others who may be in the same situation. So far, all I have been quoted is that the government guidelines state 28 days as the maximum for retention of THC in the body – the conclusion being that I must be lying.

Cliff Chapman, by email

Average methadone doses misleading

It is often quoted that prescribers are using on average around 60ml of methadone, which is said to be a suboptimal level. However, this figure gives no idea of where a patient is in their condition.

My personal range of prescribing to around 35 people is from 30ml–170ml. All individuals are on a dose that they agree on – if they want to go up or down it's up to them.

The people on the lower doses are those who are tailoring off methadone after being stable and are dropping at their own rate. The people on the middle doses are either being titrated up or down, don't need a higher dose, or don't want a higher dose.

I fully accept there will be some people that want to manage their heroin use rather than stop it, so will keep to a level with which use on top allows some effect. I know this, and they know I know. I see it as harm reduction – less use than would be previously necessary.

To use a figure as the average dose prescribed in the UK without any breakdown is pretty misleading. If there is a link with a better breakdown I'd be grateful.

Dr D Cocks, GP, Cardiff

Alcohol and short-term memory loss?

The announcement that Jacqui Smith intends to give the Police new powers to confiscate alcohol from young people drinking in public ('Smith sanctions police to get tough on underage drinking' – *DDN*, 11 February, page 4) was a little puzzling, as such a power already exists, and has done for a decade. The Confiscation of Alcohol (young Persons) Act 1997 empowered the police to require under-18s to hand over alcohol in a public place, and failure to do so could be an arrestable offence.

Initially, when the announcement of fresh Home Office action was being trailed by the BBC, it was heralded as a new power, and was being welcomed by bodies such as Alcohol Concern. As the media week went on (and presumably once the Home Office realised that the power existed, and had in fact come in to force under Jack Straw's tenure at the Home Office) the proposal was watered down to Smith talking about a review of existing powers.

In vinum veritas est. Sometimes.

Kevin Flemen, KFx

Irresponsible and distorted

Rarely, if ever, has this writer read a more biased, inaccurate, and irresponsible piece of journalism than 'Deadly serious' (*DDN*, 11 February, page 6).

Editorial restrictions on space prevent submitting a response which would, with indisputable facts, expose in detail, the half truths, innuendo, distortions, inaccurate allegations, and suppression of truth contained in the above.

While purporting to express its concerns regarding alleged contraventions of human rights, the article is a covert attempt to advance the agenda for the global legitimate peddling of addictive substances, which spread death, and disease, together with aggravating, or inducing severe mental and emotional disorders among those vulnerable enough to succumb to them, but not before they rob those unfortunate people of their personal dignity, and deprive them of their ability to exercise their free will.

Peter O'Loughlin,
The Eden Lodge Practice.

MMT/crime correction

Just to correct a misrepresentation of the facts in last week's letter from Peter O'Loughlin re methadone prescribing, in which he states that: 'MMT is an effective therapy intervention, but it does not show a statistically significant effect on criminal activity', citing the 2007 Cochrane study as his source. The study's conclusion actually states:

'Methadone is an effective maintenance therapy intervention for the treatment of heroin dependence as it retains patients in treatment and decreases heroin use better than treatments that do not utilise opioid replacement therapy. It does not show a statistically significant superior effect on criminal activity.' (www.cochrane.org/reviews/en/ab002209.html)

So along with the other documented benefits there is a statistically significant effect on crime, but unlike the other impacts, it is not superior to no-opioid therapies.

Steve Rolles,
Transform Drug Policy Foundation

We welcome your letters

Please email letters to the editor, claire@cjwellings.com or post them to the DDN address on page 3. Letters may be edited for reasons of space or clarity – please limit length to 350 words.

Post-its from Practice

Challenging social services

Dr Chris Ford considers how best to respond to her patient's needs during pregnancy.

On returning after my wonderful three-month sabbatical in Latin America, almost the first person I saw in the surgery was Rachel, aged 26 years who had been a patient of mine for three years. She was receiving methadone maintenance and had been working as a classroom assistant in a primary school all of that time. She had come to tell me she was pregnant (and ask me if I had a good time). She was excited and wanted the baby but she was obviously scared and had a list of questions.

She was now 20 weeks, had engaged well with the local specialist midwife and was attending all her appointments. She had been offered to transfer her drug treatment to the specialist services, but had declined stating that she could get care for herself and her baby in the surgery. She then asked me why Social Services would not help her. I asked her to explain and she described how the midwife had referred her to Social Services, at her own request. They informed the midwife that she was not priority and that they could not do anything until the baby was born. The midwife went on to explain that she was homeless having left her sister's flat when she found out she was pregnant because her sister and partner used daily. This information had not changed her priority status.

I was shocked and 'almost' didn't believe Rachel, even knowing our social services well – could they not support a vulnerable 26-year-old single pregnant woman who used drugs, or see her as a priority? I set out to investigate starting with the midwife who confirmed Rachel's story and agreed that this was a terrible situation. I then rang Social Services and spoke to the duty social worker, who had no record of her and when I told the history they restated that she wouldn't be a priority. I asked if they were familiar with Hidden Harm (*http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm*) and/or the New Clinical Guidelines (*www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf*). The social worker had not heard of either.

I then spoke to the head of the department who 'sort of' understood my concern and went off to investigate. Unlike her staff, she was also pleased that Rachel was asking for help now, before the baby was born and agreed to set up a pre-birth meeting and invite all parties. She had no suggestions about her lack of housing. Fortunately we have a housing outreach team in the area working with people who have substance and housing problems and I have referred Rachel urgently to them.

Services that cannot understand, interpret and respond to the bigger picture of genuine client need for vulnerable groups are setting up clients to fail, failing in terms of their professional and service duty, and disregarding important national guidance. Drug users have a right to good services and this includes a receptive, caring and professional response by service staff willing to find ways of offering help. Why should a pre-birth meeting be so difficult to offer to a pregnant, homeless woman who uses drugs? Housing is vital to us all and even more so to Rachel, and a referral to an appropriate local agency seems like a basic service response.

The Clinical Guidelines clearly state that for service users like Rachel, good communication and coordination is imperative between parties, care needs to be multidisciplinary and planned. For me, pre-birth meetings with the parent/s in the driving seat are really helpful in achieving this. Rachel knows she will struggle without good support – let's hear her.

If you aren't totally familiar with your local maternity and social services policies around pregnant drug users, then check them out and challenge them if they aren't up to the standard advised in Hidden Harm and the New Clinical Guidelines.

Dr Chris Ford is a GP at Lonsdale Medical Centre and clinical lead for SMMGP

One day in Birmingham with more than 600 delegates – two thirds of them service users; the rest professionals and policymakers. It was always going to be lively, with plenty to discuss – our challenge was to capture the significant issues relating to service user involvement. In this special issue we round up some of the dialogue of the day. Quotes are from those who spoke out, and from the 9,000 words jotted down on post-it notes by the afternoon discussion groups. They've given us a nationwide snapshot of service user experience to take beyond this event.

'Advocacy not adversary'

'User involvement means different things to different people,' executive director of the Alliance Daren Garratt told delegates in the opening session of Nothing about us without us. 'But effective, targeted user involvement is something that you own.'

Things had changed in the ten years since the launch of the Alliance, he said, but user involvement was not just about using past experiences. 'It's about acknowledging injustices, and working to put them right.' The aim, however, was not conflict, but effective treatment. 'It's advocacy, not adversary,' he said.

What was necessary was a way of challenging the discriminatory culture around care that effectively led to a denial of citizenship for service users. 'When you enter drug treatment, you have no control,' he said. 'If you give people ownership and control, and support them in achieving their goals, then you give them dignity, security and status and they start to value themselves and others. That's what has the biggest impact on the success of treatment – people are not passive recipients.'

User involvement required political bravery, but service users themselves had to be trusted to move forward with that, he said. 'We have a much more structured system of user involvement than many other places,' he said. 'We should celebrate that.'

Involvement 'not as embedded' as managers believe

User involvement needs to be firmly embedded within treatment, but is not as embedded as regional managers often believe, said Glenda Daniels of the Oxford User Team (OUT).

Service users should be involved in both needs assessments and the setting up of partnerships, she said, and to be fully effective that had to include the full spectrum of current, ex- and potential service users – those who had yet to enter treatment.

'How many of you are happy with the overall level of involvement?' she asked delegates, with a show of hands revealing that it was very few. Whatever the issues around resources, services were obliged to display a service user charter, she reminded them, so the onus was on them to commit fully.

'We've still got a very long way to go to ensure consistency of involvement,' she said. 'Don't settle for half-hearted involvement in this process.'

CONFERENCE QUOTES

'If we wait for things to come to us, we could be waiting ages. We need to get a collective voice.'
Si Parry (Morph user group, Southampton)

'There should be services at weekends. Drug problems aren't just nine to five.'
Delegate

'We're taking control of our lives, you need to give us control over treatment – there should be equity across the board.'
Delegate

'If the system's not working you need to tell us, and it won't work unless people are given a hearing. There has to be an acknowledgement that people will be passionate and are not necessarily used to engaging in bureaucratic processes.'
Daren Garratt (The Alliance)

'Am I particularly gifted? No I'm not. I just made the decision to change.'
Peter Martin (ex drug user, now chief exec, Journeyman Resolutions)

'What could policymakers do better? They could trust service users to set and fund their own agendas. They would then be in a better position to do what they wanted to do.'
Delegate

'Compare the £800m spent on treatment with the £4-5bn spent seizing the 10 per cent of drugs that are caught coming into the country... Addicts are the scapegoats of our age – and little has changed.'
Sebastian Saville (Release)

'We need to come up with focused ideas that have high impact... A lot of people don't put enough bloody effort in to user involvement. Some people have done this spectacularly well. Don't reinvent the wheel – use what works.'
Jimi Grieve (NUN)

'There should be a mandate from the NTA on service user involvement. Lack of one has been an excuse to ignore us.'
Delegate

'Be an activist and a realist' Hayes urges service users

It is essential that service users understand the reality of the world that they – and service providers – operate in, rather than having a 'rose-tinted view', NTA chief executive Paul Hayes told delegates. But this did not mean that real opportunities did not exist.

'Service users as a group are unpopular with the public, compared to old ladies who need hip replacements or babies in incubators,' he said. 'You are seen as the authors of your own misfortune – there is no way we can hide from that.'

Substance misusers were also far from a priority in the NHS, he said, as tobacco and alcohol were seen as far greater issues from a health harm perspective. Drug users were more likely to be seen as a danger to public health, community safety and the economy. 'Because you are seen as a threat, the government is prepared to spend money on drug treatment,' he said.

The NTA was trying to transform this negative public image and defensive political attitude, he stressed. 'We are in the business of doing good by stealth.' Far more people were in treatment – and staying in treatment – than before, he said, but all too often the system had been characterised by professionals taking control away from service users. 'Success needs to be gauged by who's getting better and how quickly, not head counts,' he said.

The NTA had a duty as part of the NHS to involve service users, and family members where appropriate, in planning their treatment, he said – this was an obligation on anyone delivering services funded by their PCT. And the most powerful voice of leverage was that of service users. 'You are citizens and therefore you have rights and responsibilities, but it is a two-way street.'

One of the key future political priorities would be getting as many people as possible back into work, so the NTA was constantly pushing for improved co-operation between treatment providers and employers, he said. 'Service users are citizens able to take responsibility for your own lives – it gives you an opportunity to reject the stereotype.'

Treatment would remain a political priority, but this did not mean increases in funding would continue, he warned. However, there was still more than enough money in the system to deliver on the agenda, but that agenda would continue to be crime-led, because that was the political reality.

'Reject the victim label, but also the fantasy that if everyone would stop stigmatising you everything would be alright,' he urged. 'Get active, and with a hard-headed reality of the society you are operating in. Be an activist and a realist – then you have a real opportunity.'

CONFERENCE QUOTES

'Stigmatisation is a problem, but worse is the stigma people put on themselves. You can overcome obstacles if you want to – there is a lot of help out there to support you.'
Peter Martin (Journeyman Resolutions)

'We need to get less confrontational without becoming wimpy.'
Delegate

'Let's be more effective. Charities exist only for the benefit of their beneficiaries – and that's you guys.'
Nick Barton, (Action on Addiction)

'Have any other patient groups been asked to professionalise themselves?'
Delegate

'How can I be a service user when there's no service in my area?'
Delegate

'We are service users on lots of different levels. It's very difficult to get a definition of what service user involvement is, because it's very difficult to get a definition of what a service user is.'
Delegate

'Service user involvement is a dangerous, difficult experience. It's hard to get through difficult parts of life without arguments.'
Dave Skidmore (NTA West Midlands)

'Reject the victim label, but also the fantasy that if only everyone would stop stigmatising you everything would be alright.'
Paul Hayes (NTA)

'It's tough in the swamp of drugs and the law. Get teeth – get informed and know your rights.'
Sebastian Saville (Release)

'I bang on about five KPIs – items that every DAT has to do on service user involvement. In the South East we're extremely lucky to have a regional manager with passion and belief in user involvement. It's what kicked out user involvement in the South East. Service users locally need to know what these points are.'
Glenda Daniels (Oxford User Team – OUT)

'Let's be productive in changing what we can change, rather than spending months on what we can't change.'
Delegate

Thrashing it out: delegates discuss the best ways to keep user involvement real and relevant. The afternoon session involved discussion tables where people from different backgrounds and areas of the country debated what's working and what's not. They jotted down issues of importance and sticking points for service user involvement as they went along.

One of the most frequently recurring themes at Nothing about us without us was that of image – the image service users had of themselves, or the image that service providers and wider society had of them. When it came to truly effective user involvement, negative self images, it was felt, could go beyond feelings of stigmatisation, individually or collectively, to become a barrier to being heard – or even feeling able to speak out – in the first place.

'You're talking about people who've never been listened to in their whole lives,' said one delegate. 'At school, by their own families, wherever.' This lack of self-confidence was then compounded when faced with the new – and often bewildering – language of user involvement. 'It's full of acronyms and jargon, and that's an obstacle that's used against us,' said another delegate. 'Respect is a word that's bandied around so often, but often it doesn't mean anything at all.'

Many of the delegates spoke of how easy it was to be intimidated when dealing with service professionals, clearly a major barrier if involvement was to be genuine. 'The dialogue on the streets is a very different kind to the dialogue you need in these situations,' one stressed.

Every profession develops its jargon and

'We need to bring up the next generation of user involvement; it's up to us. We have to do that at the right time, on the right terms, with respect.'
Jimi Grieve (NUN)

'One size does not fit all. We need different methods to involve service users.'
Don Shenker (Alcohol Concern)

'DATs and policymakers have a responsibility to provide solutions but service users have responsibility to say what's working. We need to shift. Ten years ago nobody gave a shit what service users think. Now you are in a pivotal position.'
Simon Shepherd (FDAP)

'Drugs are big business, but the treatment of drugs is also big business. You're expecting too much if you don't engage in proper partnership with service users.'
Delegate

'We need to send a clear message to government that treatment is working and is improving our lives.'
Delegate

'A lot of potential talent and experience is lost due to the use of inappropriate language – where folk tend to switch off rather than try to work out its meaning. First impressions last and are hard to dispel.'
Delegate

'Most of our service users have told us they don't want to be professionals learning the terminology. They want to be service users helping other service users.'
Kevan Martin (North East Regional Alcohol Forum – NERAF)

'We need to be involved. We need to keep banging on doors (of the NTA *etc*) asking why aren't we involved?'
Delegate

'The war on drugs is one of the great reasons why drug users are second class citizens.'
Sebastian Saville (Release)

'Service user groups should be separate entities from treatment agencies. After all it is the service users' group.'
Delegate

Them and us?

One of the most consistent themes raised by delegates was that of image and identity among service user groups, and how to avoid the pitfalls of the 'them and us' culture. **David Gilliver** reports.

acronyms, which – bewildering as it may be to someone from the outside – can become an intrinsic part of doing the job, so what's the solution? 'There's got to be a middle ground,' said one delegate, and some called for the establishment of a professional code of service user involvement, to help ensure respect and clarity on both sides. A consultation could be launched on the best way to go forward, it was suggested, perhaps using service user forums to contribute ideas and suggestions.

'We agree that there is lots of jargon surrounding the commissioning and provision of drug treatment, and we need to try and simplify this as much as possible,' said south east regional manager at the NTA, Hugo Luck. 'We could all probably do better. Everyone has their own jargon, slang, call it what you will, and can lapse into it despite our best efforts, whether it is clinical talk or street slang concerning names for drugs. The important thing is to create an environment where people feel they can stop whoever is talking and ask them what they mean. This can be through agreeing ground rules in advance, taking an advocate along to explain things, or providing a glossary to demystify the language.'

On the issue of a professional code of conduct he pointed out that there is a drug service users' charter, developed by SCODA/DrugScope in 1997 and referred to subsequently in the Quality Standards for Drug and Alcohol Services (QuADS) and a number of NTA documents. 'There are also very clear statements in the recently published clinical guidelines regarding the way patients should be treated' he said. 'This includes the right to dignity, respect, and involvement in the planning and delivery of one's treatment.'

Acronyms and jargon were likely to remain a key issue in user involvement, said Jimi Grieve of the National User Network, so it was essential to comes to terms with that and act accordingly. 'People don't know about this when they start out, so we need to pay real attention to style and linguistics in bringing up the next generation,' he said. It was also fundamental that user involvement be kept real and relevant. 'We have to be very, very canny and careful how we plan conversations – we have to be targeted, solution-focused and results-focused, and to evolve and mature as a movement.' This would involve concentrating on succinct arguments and what the movement really wanted to achieve, he stressed. Being confrontational would simply serve to perpetuate the 'them and us' culture.

One way to build a stronger identity was for user groups to become more involved and networked with each other, it was felt. This way experiences – good and bad – could be passed on and advice offered when another group encountered problems. The use of online forums for sharing experiences was seen as a key way of building an identity, but it was important for groups and their members to respect other peoples' viewpoints, regardless of whether they were using, on a prescription or abstinent. 'It's whatever works for you – you shouldn't judge.'

Some delegates, however, felt that service user involvement ultimately only got as far as the consultation level and no further, and that often it was only the 'easy wins' that were taken on board. The more difficult issues were the ones less likely to be acted on, even though they might be the things that most needed addressing.

'This raises the issue of how user groups and their representatives can be seen to appropriately represent the needs of drug users,' said Hugo Luck. 'The NTA acknowledges that it is difficult to engage a range of different users in one group – it's important to try and get the views of a range of service users or local users in order not be tokenistic. If user groups feel that their views are not being heard, and have raised this previously with their service or DAAT, then they should bring this to the attention of their NTA regional team, who will raise it with the DAAT in question.'

William Pryor, however, raised the controversial issue of how much identifying with user groups was itself a route to freedom or a trap. 'Are you just stigmatising yourselves by belonging to these groups?' he asked. Most felt that this was not an issue – that self image and society's view played a far more important role. 'I'll be a recovering user for the rest of my life,' one delegate said.

It was felt across the board that user groups themselves recognised the value of the work they were doing and the contribution they were making. 'We're not victims of society,' said one delegate. 'We need to do things for ourselves – no one at the NTA would be in a job if it wasn't for us.'

CONFERENCE QUOTES

'If a user group is not independent in its funding, it will have an addictive relationship with its DAT. If it is truly independent and has muscle, then people will listen.'
William Pryor

'What are the issues on funding, now DATs are getting less year on year?'
Delegate

'These guys on the panel get paid, but volunteers don't. Help us to get paid and enabled to get involved.'
Delegate

'We've gone back to the dark ages – there's no funding.'
Delegate

'You have to build networks to generate your own funding. It's a long slog, over two or three years.'
Mark Slocombe (St Mungos)

'Peer-led services provide better services – it's a fact. If funding was pulled for service user involvement, we would see an increase in lapses.'
Delegate

'Offering cash incentives to service users to come and give their views is the only way to get service user involvement off the ground.'
Glenda Daniels (Oxford User Team – OUT)

'User groups need to be aware of what help is out there for obtaining funding, *eg* use of voluntary action groups.'
Delegate

'Try and make ways to get more people into the forums. Give a reward or cash and pay the bus or taxi to get them there.'
Delegate

Go to the Lottery fund and Comic Relief and work towards charity status. It can be difficult to establish yourself as a group.
Delegate

'There are problems with chasing funding, such as Comic Relief. There's a danger that you mould the service to fit the funding.'
Delegate

'Get help from your DAAT on doing a needs analysis. Find out the gaps that would give you the edge.'
Delegate

Simon Parry of Morph: 'Don't get mad, get organised'

User groups doing it for themselves

The tricky issue of funding came up throughout the conference. Some user groups worked harmoniously under the umbrella of their DAAT; others needed to find other means of survival.

How much real identity – and autonomy – can a service user group could realistically have, if it is funded by a Drug and Alcohol Action Team? This was a key issue raised at the conference: some service users felt that those steeped in user involvement and speaking in acronyms themselves, had almost crossed the line, effectively establishing third tier of the 'us and them' culture.

'This depends on the terms of reference for the group or the contract,' said Hugo Luck. 'User groups are set up to carry out a range of activities, such as peer support, activism, or consultation on new services. There needs to be basic agreement of ground rules for operating, which should be agreed between the user group and DAAT from the start. DAATs are not the only source of funding, and a number of user groups have obtained charitable status so they can fundraise independently. Local councils for voluntary service should be able to support user groups in this process.'

Independence and identity were inextricable, said William Pryor. 'If a user group is not independent in its funding it will have an addictive relationship with its DAAT,' he said. 'If it is truly independent, and has muscle, then people will listen.'

It's down to user groups to be proactive, according to Simon Parry of Southampton-based user group Morph. 'Don't get mad, get organised,' he advised. 'We haven't taken a penny of DAAT funding. They offered to employ us, but we preferred to be commissioned by them.'

'We've always raised our own funds, after some initial help from the voluntary service,' he and fellow Morph activist Sue Tutton explained afterwards. This has meant applying to local 'pots' of money like the city council's 'Community Chest' grants and the NTA's user and carer grants, and bidding for a part of the DAT's underspend. Sometimes money comes from unexpected sources, like a donation from the family of an advocacy client who died the day before she was due to go for detox.

After a couple of years the DAT offered to employ them. 'We said no, thinking they meant as user involvement workers, which we weren't interested in,' says Parry. They went back suggesting new terms: 'We said if there's a way we can be commissioned to provide roughly what we already provide – without having to compromise our independence or autonomy – we'd love to sign off benefits and just be able to get on with it!' So after some negation, the DAT pays their wages and they raise the rest of the money they need. 'It seems to work well,' they agree.

'We never did it for the money,' he adds. 'We didn't know we could be paid for it! That was never the point. We came from the punk/DIY movement: if there were no gigs in your town you'd organise them, not just moan about it – so when it took nearly six months to get a script, we applied the same logic!' Script waiting times in their area are now two weeks at the most, and commonly days or even hours – demonstrating the point of all of it.

'There's too much talk on drugs, not enough on alcohol.'
Delegate

'We believe alcohol service users have the right to choose the type of service they want.'
Don Shenker (Alcohol Concern)

'As a society we've decided that alcohol treatment isn't as important as drug treatment. People with alcohol problems aren't seen as as big a threat as people with drug problems. I'm not telling you how it should be, I'm telling you how it is.'
Paul Hayes (NTA)

'We use our energy to get alcohol seen as another drug. Drugs are drugs are drugs.'
Si Parry (Morph user group, Southampton)

'Service users who have successfully recovered or are recovering are a huge resource, particularly related to alcohol abuse treatment.'
Delegate

'Service user groups should encompass all drugs, including alcohol.'
David Hirst (Kent County Councillor)

'We're not answering the needs of alcoholics. There's no real clarity about service users' needs – we need common grounding.'
Delegate

'Service users are the key to the drink and drug problem, so surely money should be invested in their training, rather than just treatment.'
Delegate

'The next conference should be segregated – alcohol upstairs and drugs downstairs.'
Delegate

'Perceptions have become polarised because of abstaining alcoholic users, and continuing (but controlled by treatment) drug users. Their needs are fundamentally different.'
Delegate

'We need to stop paying lip service and help in funding projects for under-served groups.'
Delegate

'Independence and ownership' key to involvement

Service user independence and ownership of the methods of involvement are central to genuine involvement, says Alcohol Concern's director of policy and services, Don Shenker.

He told delegates that programmes needed to be designed, evaluated and run by service users, and there should be proper support and supervision for them to do that.

'Service users and commissioners need to sit down together and plan services,' he said, adding that it was 'a shame' that the Alcohol Strategy said so little about service user involvement.

Shenker chose the conference to launch Alcohol Concern's User-led commissioning toolkit, designed to demonstrate the most effective ways of involving service users at commissioning level. 'Genuine involvement needs the full commitment of commissioners,' he said. 'PCTs and DATs are required by the Health and Social Care Act to involve service users, so there is no excuse.' It also made good sense for commissioners, as it led to better information and quality of services, but it was essential that the involvement be led by service users.

To be done properly, however, it also needed a thorough planning process which required time and money, he warned.

'One size does not fit all. It needs time, patience and dedication from commissioners and service users alike, and this commitment should be rewarded financially for service users. It is the commissioners' responsibility to start the process – in terms of resources, funding and posts – and it also requires a genuine commitment to listen.'

User-led commissioning toolkit available at £15 by contacting info@alcoholconcern.org.uk. Free of charge guidance is available by contacting the same address.

Getting heard, getting started

Many delegates commented that support for alcohol users is woefully inadequate in their area. Kevan Martin started NERAF with nothing but determination to make sure alcohol users are heard in the North East.

Coming home after intensive treatment for a 20-year alcohol addiction, Kevan Martin needed local support. He got involved with his local drug user forum and realised there were many more people in his situation, looking for help with their problem drinking. Becoming vice chair of the forum, his agenda was frustrated by being told by the NTA that alcohol was not part of the forum's remit – despite the area experiencing the fewest treatment services and the longest waiting times in the country. Incensed but undeterred, he started up a self-help group in his home town of Whitley Bay.

Realising he would need support to take his group further, Martin approached a community service agency called VODA, who helped him to set up NERAF – the North East Regional Alcohol Forum. Its two-pronged strategy would help people locally, linking them with alcohol services and rehabs; and influence strategy and services further afield through a national campaign.

Since those early days, NERAF now works with providers and the PCT. Furthermore, they are providing service users with choice of support, alongside 12-step and AA services and have embedded service user involvement as a natural part of the treatment landscape.

'Service providers like us, because it's another avenue for them,' said Martin, 16 months on from starting NERAF. 'User involvement has been accepted like a breath of fresh air up here, because it's making practical differences.' Now two years old, the group is a force to be reckoned with, though Martin is realistic about how much further there is to go. 'Will we get service user directives on alcohol?' he mused, while a panelist at the conference. 'I don't know – we're struggling to even get treatment. But outcomes should be based on service users, and not on commissioners.'

CONFERENCE QUOTES

'There are places to go, such as Black Poppy and NUN for help and ideas. Others will be only too pleased to help... you need to get off your backside.'
Jimi Grieve, NUN

'There's a strong feeling that we want to communicate through user groups and not be sterilised by government procedures.'
Delegate

'You can't do the job properly if you don't involve service users. Service users should be leading the process – and this requires dedicated training and money.'
Don Shenker (Alcohol Concern)

'Aren't you getting fed up with more jargon? All you need is more treatment available when you need it, when you want it.'
Sebastian Saville (Release)

'A professional relationship has to be that in both directions – we're open in speaking to you so please speak to us with a degree of openness. Stop talking in acronyms and jargon.'
Delegate

We need some kind of national service user group – to have power over DAATs that won't co-operate, and to make sure we have some measure of independence.
Delegate

'I'm just interested in my own personal experience and what it's given me. All of this jargon goes over my head.'
Delegate

'We need to make sure we're talking to drug users in all situations. It's a different world sitting round a table with people from probation – it took me a while to get used to it. I had to consciously choose not to play up to stereotypes. It's not about flashy notepaper *etc*, it's about how we behave.'
Si Parry (Morph user group, Southampton)

'Service users need to communicate differently to make the most of being heard.'
Delegate

'There needs to be more cohesion between service user groups to get a national service user voice.'
Delegate

Feedback from the conference showed that meeting up with others from around the country and swapping experiences was one of the greatest benefits of attending, and many delegates wanted to know how they could permanently improve their networking. As well as the many regional user groups that demonstrate thriving activity programmes and publications, there are online forums that will welcome you to their community wherever you are in the country.

'I see the way forward as service users being an independent network, not part of DATs. Outcomes should be based on service users, not commissioners.'
Kevan Martin (NERAF)

'It's about communication. Every DAT needs to be involved with service users about their needs assessments.'
Dave Skidmore (NTA West Midlands)

'The key things for service users are: be less confrontational and more dynamic; keep knocking on doors; be realistic about what can be changed.'
Delegate

'The National User Network should be the central base. There needs to be national website where you can log on for questions and answers.'
Delegate

'At grass roots level, service users have to decide what's best for themselves... commissioners need to give genuine commitment to listening. '
Don Shenker (Alcohol Concern)

'Service users need to communicate differently and DAATs need to hear better.'
Delegate

'Every service user group should meet up and bounce their ideas off each other. They must have somebody to relay the information to the NTA.'
Delegate

'Why am I the only commissioner from my area being funded to come to this conference?'
Delegate

'We need more communication between service user groups and more open forums. There's strength in unity.'
Delegate

'A group can become personality driven. A centralised website would facilitate a legal structure to help you build up your service.'
Delegate

'A user group can function professionally and still maintain an active grass roots.'
Delegate

Strength in numbers

Regular communication, strength in numbers, effective networking, peer support: All of these themes emerged as strong priorities for service users attending the conference – either as features of a wish list for those who felt inadequately engaged, or as essential components of the support mechanism for others representing a thriving local group.

Thriving groups were willing to share experiences – through their newsletters and through contributions to the conference poster display. SUS (Service Users' Say) in Birmingham offers knowledge exchange and therapies. DRUGS (Derbyshire Recovering Users Guide to Services) newsletter announces a new service improvement officer.

Wolverhampton's SUIT (Service User Involvement Team) promotes an anonymous text message service to warn of dodgy batches of drugs. Nottingham City users forum gives details of research projects needing user expertise. MASE (Manchester Addiction Services Empowered) urges service users to get involved in influencing service development.

BDF (Middlesborough's Boro Drugs Forum) offers art, drumming, didjeridu, and drama. Warwickshire's Voices 4 Choices supports, trains and engages service users in the development of services. Safer Leeds Citywide Users Forum feeds into the treatment plan through an expert panel.

Sefton Service Users Forum begins a 'Move On' project this month to give service users life skills and inroads to education, training and empowerment. BADSUF (Bournemouth Alcohol and Drug Service User Forum) advertises its independent user run advocacy services. Lewisham's Service User Council's 'Out of it?' newsletter signposts latest support events and initiatives... and so on.

Group identity, the right acronym and a snappily titled magazine (Oldham's *Rattle*, Southampton's *Morphin'*) can be a massive step forward for local user power. But there are also other ways to hook up with peers for advice, support and knowledge.

The Alliance's online forum (at www.m-alliance.org.uk/forum.html) allows free access to all kinds of topics, from specific drug-related queries ('What's the possibility of getting physeptone tablets for my holiday?') to ethical issues ('Can we carry out a huge mystery shopper project?') to practical advice ('How do we start up our own publication?') to feedback ('What did others think of the first user involvement conference?'). To contribute you will need to register as a user – but with some strong opinion to contest or concur with, chances are you will want to log on and become part of the community.

The forum was developed as an extension of the Alliance's helpline, explains its administrator (and the Alliance's operations manager) Ursula Brown – a place where people could ask questions and get help from the Alliance team. 'It's gone from that to a thriving (and occasionally shouty) community with input from users, GPs, nurses, workers, carer and pharmacists,' she adds. 'Since our web redesign it's gone from strength to strength.'

The National Users Network (NUN) also offers user support, using a Yahoo Group set-up for its online forum. Chaired currently by Jimi Grieve (otherwise found at HUG – Hertfordshire User Group) NUN states its vision as supporting, educating, empowering and representing drug users.

Members share knowledge through the web group and contribute support to whoever needs it, for whatever reason. It's a steadily growing band, explains Jimi Grieve. Sponsorship from Altrix was initially earmarked for a sophisticated website, but there have been more immediate priorities that have pushed this to the back burner.

Meanwhile the group has had to narrow its focus to where it can be most effective. 'A lot of people thought a national body could become an organisation running development projects, but this is delusional,' says Grieve. 'We're a network and link to user groups. We exist to keep in touch with and talk to each other, and as a bulletin board.' Growth plans include setting up a board with constitutional documents, but in the meantime the membership is steadily creeping up as more users join the online chat.

'We're very broad,' stresses Grieve. 'We have users, ex users, abstinent groups, alcohol groups. We're an open forum for open debate and are raising questions for policy and strategy.'

The National Users network is at http://health.groups.yahoo.com/group/nationalusernetwork/?yguid=203824899 Email Jimi Grieve at jamesgrieve@ntlworld.com or call him on 07757 826744.

Why let an 'ex-junkie' label stand in the way of life and ambition? **Peter Martin** told the conference his story.

Back in the day when I was addicted to heroin and most other drugs, all I really wanted to do was to be left alone with my drugs. I had a private doctor who was generous with my supplies back in the late 60s. Then came the drug dependency units with psychiatrists (I wasn't mad) and somebody asked me if I wanted to see a social worker (whatever for?). All I wanted was to get my script.

Then came the day that I first went to a street agency. It was under the Hungerford Bridge in the West End of London. My girlfriend had returned to Sierra Leone in West Africa and I wanted to join her. I explained my predicament to the worker, who told me it was impossible as I was a junkie (I knew that), and once a junkie always a junkie.

The only way was down from there. I was to be written off as a freak, a loser, and a third class citizen. This idiot who had met me once, had my life, my dreams, my hopes and my aspirations slotted into a pigeonhole.

It's true that I hadn't done too badly by then – at failure, that is! I had a criminal record and had not long been out of Borstal, and I had been in several mental hospitals and detox units. I was a pretty sorry sight; I think I was squatting at the time – no real home, and my family had given up on me, apart from my mum who tried to keep in contact. I was not in good physical shape. I lived for my gear and if I could get hold of it, I could not control how much I used. I used all my skills to acquire drugs; to make money for drugs to inject was my sole aim. How limited my life had become.

But I was highly skilled in attaining my limited horizons. I was tenacious, with advanced street skills – skills like managing risks, trying to keep out of trouble, and doing deals for my drugs.

I went to a very good school and when I left, I didn't plan to live this life. I didn't wake up one morning and say 'I know, I want to be a drug addict'. It was a slow process, and very enjoyable in those early days. I enjoyed the lifestyle; it gave my life meaning where there was little meaning – and the drugs were a buzz. People don't realise the thrill of speed or cocaine. They don't generally appreciate the euphoria of good heroin. They do not understand our ability to control the way we feel – and for some, the self-medication process.

I did go to Sierra Leone. I came off heroin and lived my irresponsible life over there – and enjoyed it until I heard that my mum and grandmother were killed in a dreadful car crash. I went home, used again, and went right downhill for the next four years, ultimately ending up in prison with yet another

Taking control

detox. It's true that deep down in my heart of hearts, I wasn't enjoying it anymore. I wanted to give up; the drugs weren't working and I was going from bad to worse. I had pneumonias, septicaemias, hepatitis and was involved with stupid nuisance crime. At 29 years old, I did not care if I lived or died. That first guy I saw had been right: I was on the scrap heap with no relationship. Drugs had taken away all that.

This is where I got a break. I was sent to rehab instead of custody, and did 14 months in a tough rehab therapeutic community. It changed my life. It gave me hope and helped me build my self-esteem, giving me the opportunity to reinvent myself. And reinvent myself I did. I had A level street skills, but no real work skills; so I became a van driver for a while. The rehab had saved my life and given me my teeth back – they'd been all rotten and falling out when I arrived!

I went back to the rehab to volunteer and help others. Low and behold, they offered me a job as a trainee counsellor. I thought I could do that, like Yosser Hughes in the TV drama *Boys from the Black Stuff*: 'I can do that – gizza job.'

The rest, to me, is history. I knew I wouldn't get very far without qualifications, so I did a social work course at Goldsmiths College in London. This reinforced the fact that I was as good as anybody – better than some, and not so good as others. That was OK; I loved learning new things instead of not bothering because I knew it all – my old way. After qualifying in social work and youth and community work, I worked with young offenders for a while. I found I could speak their language – after all, I'd been in Borstal and I found they listened, and I could listen to them.

But it wasn't easy. I experienced a kind of alienation from the 'powers that be' – maybe a professional jealousy because of my rapport. I felt a bit looked down on because of my history. So I moved on and applied for the director's job at the rehab I got better in. Miraculously I was appointed, and managed Phoenix House in London for six years. I helped to create new rehabs and, using my street skills, set up family units and support structures for Black and Minority Ethnic users.

I started applying for other jobs – big jobs, policy jobs in government and large organisations, but got nowhere. I had to analyse this: was it because of me, or was it prejudice because I didn't have a normal background of school, university, starter jobs and progression? It was a demoralising time. I trained in management and qualified well in business administration and management. But after some interviews where I gave an excellent account of myself, I had to concede that in some cases it was prejudice, because I could not explain my early using years sufficiently to mitigate the risks to the organisation.

Again I felt unwanted – a failure. I could only get so far and had hit the glass ceiling. I developed a drink problem, which was affecting my family by now. I thought of chucking it all in.

For many reasons, including money and ego, I had to prove to myself that I was good enough to do a big job. Every job I went for rejected me in favour of people I knew I was better than. In some cases I was brighter and more knowledgeable – but I did not fit the mould.

After a drink driving offence, I left my job as a regional director of the rehab where I had got well and joined a very small charity known as APA, which had one project. If I could not get a big job, I would make one. I set about building an organisation which became Addaction – not single-handedly; I had magnificent support from colleagues and trustees alike and we created this enormous well-run organisation, which thrives today, a couple of years after I left.

Addiction is a dreadful illness. It kills, and unlike many people I know, I'm very lucky to be alive today. One thing I discovered, is that there's a fantastic life after putting down the drugs – far better than before. Another discovery is that people with addictions can be extremely talented writers, artists, builders – you name it. They make great workers too, when they have something to prove like I did.

I learned to overcome fear; it was fear that held me back from coming off drugs and trying new things – irrational fear of things that will never happen. You end up saying 'why bother? I'm going to fail anyway, what's the point?' The point is, you'll never know unless you try. We risk injecting or administering dodgy and potentially lethal substances into our bodies, but we won't risk trying something new.

I experienced labelling and stigma from other people, but it's easy to shrug off. Far, far worse is the labelling and stigma we put on ourselves. If we can find out who we really are, and be honest about ourselves, we can go far. Users and addicts have a lot to offer, especially in the drug field – but that's not all. I know people who have become solicitors, or built big companies, or worked in the city making lots of money. I know hundreds of drug counsellors – mostly very good ones, once they've had the right support. I know so many people who have the goal of being a good mum or dad. The point is, you can overcome most obstacles if you want to. Have a vision and stick to it, come what may. If you don't give up, then nine times out of ten you will get there, and there is a lot of help out there to support you. There are a lot of very decent, ordinary people who are kind and generous and wish you well, including the drug and alcohol services around.

I sometimes look back at my life and think: 'Am I special? No. Am I particularly gifted? No, I am not.' I just didn't like what I was doing and made the decision to change. I do not regret any of it – the early life was great experience and it's where I learned my street skills and manipulation. Have I been lucky? Yes, I think I have. But I don't really believe in luck. We make our own luck in this life.

'I was to be written off as a freak, a loser, and a third class citizen. This idiot who had met me once, had my life, my dreams, my hopes and my aspirations slotted into a pigeonhole.'

Peter Martin is now chief executive of Journeyman Resolutions, a consultancy specialising in management of drug and alcohol offending behaviour and treatment.

CONFERENCE QUOTES

'If you can spend money putting me in prison, or rehab, or a straitjacket, why can't you spend money putting me on an IT course?'
Delegate

'In my areas drug users are discriminated against getting jobs... it should be about our ability.'
Richie Moore, UFO (Bristol service users)

'There should be a problem-solving ethos in user involvement. We need to harness the ability and intelligence in the user community.'
Delegate

'Until they get educated, young black gang members won't realise there are other ways of making money.'
Joe Lybird

'There needs to be nationwide training for service users to enable them to communicate with the NTA and commissioners in an effective way.'
Delegate

'Service user groups must fill in the gaps left by other services and push for change.'
Delegate

'Service user involvement is about looking at the group you've got, and the skills. We have some exceptional skills in groups all over the country.'
Delegate

'What does service user involvement mean to me? Having input into my own care plan, training and networking.'
Delegate

'Without proper training, qualifications and accreditation, we're not taken seriously.'
Delegate

'We need to be more focused about what we're doing – and getting contracts to do it. It's about demonstrating effectiveness against spend.'
Delegate

'Groups need to offer education.'
Delegate

'We need creation of a central database – a resource that would include templates, an information exchange, training and a directory.'
Delegate

Routes back to work

Joe Lybird explained how the Alliance offered him a lifeline to becoming a drugs worker.

Joe Lybird of the Kirklees Advocacy Team described to delegates in stark terms just how difficult it was not only to get work generally, but even to access the field in terms of getting a job as a drug worker. 'I wanted to move away from a life of crime and better myself, and I really believed that I could help people,' he says. 'But I'd been out of work for 25 years – I had no formal qualifications and I couldn't even get voluntary work or onto a peer education course.'

It was when he found out through the Kirklees User Forum that a representative from the Alliance was co-ordinating advocacy training that things began to change for him – he enrolled for NVQs and then signed up for the training. 'The Alliance realised that I had skills to offer and the right attitude,' he said. 'They were incredibly supportive every step of the way, even after the training – I know I can always go back and sit in and participate. There's a lot of support there. I find that DAATs now return my phone calls!'

His ambition now is to incorporate drugs work with work around guns and gangs. 'I want to go into schools and do some hard hitting prevention work – the guns and gangs culture is all about peer pressure and money, and it's only through education that we can tackle this. I want to work with children from 10 or 11 years upwards because that's the age that they start getting sucked in to it all. I haven't got a solution for everything and everybody, but I know that within my area I can really help – if I can stop even a few people from falling into that way of life and that criminal fraternity, then that's enough.'

Back to work... the first frontier

Applying for full-time employment can be daunting when you have an indelible record of substance use. But there are plenty of organisations that will help to open doors to opportunity.

The Ley Community is among rehabs that support residents through a programme of integration into the community. Finding employment is a crucial part of this: resettlement officers work half in and half out of the community, giving residents support during their return to work. 'Residents go down the job centre like everyone else, but by then their sense of self is so strong, they all get employment,' says the community's chief executive, Paul Goodman.

Addaction's Next project is an example of a popular 'back to work' programme for London ex-drug users, transforming them from clients to workers. Training covers personal development as well as drugs work, and incorporates an administrative work placement in a substance misuse service, for one day a week. With ex-offenders and some who have been homeless among its successful new workers, the students have been given a vital opportunity to gain references to continue their route into full-time employment. 'Some projects require a period of clean time; we don't,' commented Addaction chief executive Deborah Cameron. 'The Next project gives us a pool of able and skilled people from different backgrounds.'

Linda Sawyer of Working Links believes the drug and alcohol client group has the empathy to engage with other people in recovery better than anyone else, so can be ideally suited to work in the field. To this end she helps users back into work through the Clean Break scheme, which provides training, learning and support with the back-up of a peer-mentoring programme. The project's steering group included police inspectors, service providers and people from education, training, prison and probation sectors, which gave buy-in to the project's success and support to the client group from different angles.

Whatever anxiety there still is about the 'two-year rule' – which still surfaced in feedback from delegates fighting regional prejudice when job-hunting – it is heartening to find that there are organisations and schemes who see each applicant for the qualities they can bring to the job, and not as a person defined by the gaps on their CV.

DDN and the Alliance would like to thank all the organisations who supported the First National Service User Involvement conference. Without their support this event would not have been possible.

Nothing about us without us was supported by **The NTA**, **Schering Plough** and:

Adapt
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Narcotics Anonymous
Phoenix Futures
Ravenscourt
Right Start Foundation
SAM recruitment
Taylor McGill
Training Exchange
Trust The Process Counselling
Turning Point

We hope to see you all at the Second National Service User Involvement Conference 29 January 2009, Venue tbc

University of Kent | Kent Institute of Medicine and Health Sciences (KIMHS)

Training for Drug & Alcohol Practitioners

Programmes from 2008/09

Our university accredited, modular programmes incorporate the "Models of Care" framework, DANOS competencies and QuADS benchmarks. Being taught in five-day blocks, they are accessible to students living in or outside Kent, are ideal for those new to or returning to study. All programmes aim at a wide range of professionals in healthcare, counselling, criminal justice, the community and social care etc. who access clients with substance use related problems.

Certificate in Substance Misuse Management (Stage 1)

This access level Certificate provides a broad introduction for practitioners who work with problem substance users, or expect to in the near future. The programme is delivered in Canterbury and across the UK where there are cohorts of 10 or more students. It is a recognised benchmark for those seeking an accredited qualification. The programme also offers beneficial training for all social, health and education professionals whose work includes contact with problem substance users.

18 month programme from September 2008 or by negotiation

Certificate in the Management of Substance Misusing Offenders (Stage 1)

This Certificate is an access programme for prison and probation officers, drug and alcohol workers, health and social care professionals working with problem substance users in the criminal justice system. It includes NTA and Home Office strategies, eg. DRRs, CJIP, CARAT and DIP issues, ethics, cultural factors, managing challenging behaviour and working in multi agency, criminal justice settings. Available across the UK for cohorts of 10 or more students.

18 month programme from September 2008 or by negotiation

Diploma in Substance Misuse Management (Stage 2)

The Diploma provides a framework for understanding the biological, psychological and social perspectives of substance misuse, within the context of service provision. The programme aims to develop therapeutic understanding and client specific interventions, against the backdrop of current research and thinking in the field.

2 year programme from October 2008

BSc in Substance Misuse Management (Stage 3)

The BSc programme provides in-depth study of the psychological, environmental and biological aspects of addictive behaviours, this includes training in ethics, research methods and the implementation of a small research project. You will be encouraged to develop a detailed understanding of client assessment and outcome monitoring, skills required by project workers, managers and commissioners. POST-GRADUATE RESEARCH OPPORTUNITIES are also available in this area of study.

2 year (top-up of Diploma) or 4 year programme from November 2008

For further information and an application form, please contact:
Teresa Shiel, Programme Co-ordinator, KIMHS, Research and Development Centre, University of Kent, Canterbury, Kent CT2 7PD
Telephone: 01227 824330 Email: T.Shiel@kent.ac.uk KIMHS webpage: www.kent.ac.uk/kimhs/courses

Design & Print Centre 105884 02/08

Working with Anger

New Leaf offers bespoke training courses to organisations helping them devlop stratergies in working with the anger of indivdiduals.

Becky Wright MSc PGDip Couns MBACP also works on an individual basis in her Wellington Therapy Centre.

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www.newleaf.uk.com new.leaf@virgin.net

SUBSTANCE

Drug, alcohol and domestic violence training and consultancy bespoke training tailored to your organisation's needs.

Substance is an association of highly qualified, independant professionals with a wealth of experience across the social care, drugs, law, alcohol, and domestic violence fields.

Key personnel include Frances Potter, Greg Poulter, Rachel Hassan, Jai Hart, Ian May, Chris Newman and Kate Iwi.

Contact Frances Potter on 020 8847 5437
or email franepotter@hotmail.com

Cara Crossan

Clinical Supervisor/
Addiction counsellor

07733 286 397
caracrossan@hotmail.com

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CALL FREE 08000 380 480

Email: Darren@pcpluton.com
Web: www.pcpluton.com

Institute of Lifelong Learning

Foundation Degree in Drug and Alcohol Counselling

(by Distance Learning)

This is a four year part-time Degree-level course, open to applicants who are already working with clients with drug or alcohol problems. Teaching will take place via the Internet, supported by intensive workshops every year on campus. Applicants with University qualifications or substantial relevant work experience may apply for module credits.

Deadline for applications: 15th March 2008

Contact: Dr Tony Priest
Institute of Lifelong Learning
University of Leicester Northampton Centre
Northampton College Building, Lower Mounts,
Northampton, NN1 3DE.
Tel: +44 (0) 1604 736231 Fax: +44 (0) 1604 736235
Email: agp6@le.ac.uk
www.le.ac.uk/lifelonglearning/counselling

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Bristol Drugs Project is an experienced, energetic and resourceful service delivering effective harm reduction and treatment services to over 3,000 individuals a year.

STRUCTURED DAY PROGRAMME WORKERS – full-time – ref: DD01

Along with partners Addiction Recovery Agency and Nilaari Drug Agency we are delighted to have been awarded a new 3 year contract to expand our Structured Day Programme. Do you believe everybody has the capacity for change? Motivating change for both active drug users and those who are free of their problematic drug use is your core business within our CHANGE programme. You will have well-honed groupwork skills and the ability to work collaboratively within a team. For an informal discussion contact Justin Hoggans, Structured Support Services Manager on (0117) 987 6007.

HARM REDUCTION WORKER – full-time – ref: DD02

This is an exciting opportunity to be part of a 6 day harm reduction service for drug users where reducing risk is the goal. Why do injectors share? If you understand why and can work imaginatively to do something about it, we are keen to hear from you. For an informal discussion contact John Maliphant, Harm Reduction Services Coordinator on (0117) 987 6003.

Salary for both posts: £16,617 - £24,980 - starting salary dependent on experience and qualifications. For both jobs you will need experience of working with drug users & we welcome past personal experience of problematic drug use.

Funded by Safer Bristol – Bristol Community Safety & Drugs Partnership

Closing date: Tuesday 11th March at noon
Interviews: Tuesday 18th and Wednesday 19th March

Please fax, e-mail or write to Ed Holder, quoting the job reference, for an application pack: BDP, 11 Brunswick Square, Bristol BS2 8PE
Fax: (0117) 987 1900, E-mail: recruitment@bdp.org.uk

We are committed to anti-discriminatory practice in employment and service provision; we especially welcome applicants from Black and minority ethnic groups, as they are under-represented within our organisation.

No CV's agencies or publications.

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The Royal College of General Practitioners Sex, Drugs and HIV Task Group presents

The 13th National Conference:
Management of Drug Users in Primary Care

Meeting the Needs of Diverse Populations: Hard to Reach or Easy to Ignore?

Thursday 24 and Friday 25 April 2008 Brighton Centre, Brighton

The conference is the largest event in the UK for GPs, shared care workers, drug users, nurses and other primary care staff, specialists, commissioners, and researchers interested in, and involved with, the management of drug users in primary care.

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To find out more, please either call Hannah on 020 8541 1399 or email hannah@healthcare-events.co.uk

To download a conference programme, visit www.healthcare-events.co.uk

Lewisham

Lewisham Drug & Alcohol Training Programme

Lewisham Drug and Alcohol Training 2008

The programme is co-ordinated by Lewisham Drug and Alcohol Strategy Team's (DAST), Training and Workforce Development Manager. It is now in it's third year and has been commended as a model of good practice nationally by the NTA and was highlighted as a key area of strength in the 2007 HealthCare Commission Substance Misuse Review. So far the programme has successfully provided training for over 1500 professionals working in Lewisham in the last two years it has been operational. Every course is individually evaluated and overall satisfaction for each course has rated between 90-100% on meeting participants learning objectives.

A Gram and a pint? (Cocaine and Alcohol) – Two day course

Facilitator – Danny McGowan (Advanced level)

This course has dual aims.The first is to provide participants with the latest in-depth theory on Alcohol and Cocaine Polysubstance use. The second is to look at the latest practice in working with Alcohol and Cocaine Polysubstance users. The course focuses on theory and examining the latest evidence based research while looking at practical solutions for working with combined cocaine and alcohol users.

2-3 June & 11-12 November 2008

Effective Aftercare – One day course

Facilitator - Danny McGowan (Advanced level)

With aftercare being one of the most vital components of effective treatment outcomes, this course seeks to explore the theoretical and practical elements of aftercare to develop models of good working practices for Tier 2- 4 workers. The course will develop participants' awareness of aftercare including its research evidence base and related theoretical approach. As well as providing a holistic model of aftercare and the skills to implement this in their place of work.

11 March & 1 December 2008

Courses are FREE to anyone providing services to professionals working in Lewisham whether paid or unpaid. Courses are also open to people working outside of the Borough of Lewisham. Course fees are £100 a day for the Cocaine and Alcohol course and Effective Aftercare course. Full details of these two courses as well as other training on offer are available by contacting 020 8314 8226

ARP

South London and Maudsley NHS NHS Trust

Lewisham NHS Primary Care Trust

ISLINGTON

Islington NHS
Primary Care Trust

Expressions of Interest for the provision of Islington's Integrated Drug Treatment Services

Islington Social Services and Islington Primary Care Trust, on behalf of The Safer Islington Partnership, invites written expressions of interests from suitably qualified and experienced providers to deliver Islington's Integrated Drug Treatment Services. This pre-qualification process is for two component services:

Service A: Direct Access Assessment and Psychosocial Service (Tier 2/3) / Contract Number 08/011
The service will be the triage access point within Islington's Drug Treatment System and will provide assessment, advice & information, fixed site needle exchange, outreach, harm reduction and psychosocial interventions.

Service B: Low Threshold Opiate Prescribing Services (Tier 3) / Contract 08/012
The service will provide flexible tailored prescribing services to individuals, with low motivation or a history of non-engagement, and will minimise potential barriers to treatment and maximise effective client engagement

The deadline for expressions of interest will be 5pm on Thursday 6 March 2008. Anticipated service start October 2008

To express interest please register your details via this link:
https://tenders.islington.gov.uk/systems/islingtonqtplanner.nsf
(View contracts by category: 85000000-9, Health and Social Work Services)

The pre-qualification questionnaire & documents will go live from Midday on Thursday 21st February 2008.

The DDN nutrition toolkit

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EXPRESSIONS OF INTEREST
CRIMINAL JUSTICE TEAM

Safer Wiltshire
TACKLING DRUGS CHANGING LIVES

The Safer Wiltshire Partnership would like to offer potential providers an exciting opportunity to be involved in the commissioning of a Criminal Justice Team to deliver the Drug Interventions Programme in rural Wiltshire.

The Service would extend across the whole of Wiltshire (excluding Swindon) and include the district locality areas of Salisbury, Kennet, West Wiltshire and North Wiltshire.

The primary aim of the Service will be to change the drug taking behaviour of Wiltshire residents and reduce related offending leading to a reduction in the physical, psychological and social harm to individuals and the wider community. These services must be delivered in line with Models of Care (2006).

A consultation day will be held for interested parties to contribute to the commissioning process, details of which will be made available after the deadline below. Any expression received in response to this advert will be taken to be an expression of interest in any tender(s) which may result.

Expressions of interest must be submitted in writing or by e-mail by 5pm on 10 March 2008 to Maria Keel, Contracts officer, Safer Wiltshire Partnership, Wiltshire County Council, County Hall, Trowbridge, Wiltshire BA14 8LE, email: mariakeel@wiltshire.gov.uk.

Wiltshire COUNTY COUNCIL

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Alcohol Concern

Can you help families affected by alcohol misuse?

Alcohol Concern is setting up an exciting new project to enable alcohol services nationally to work more effectively with families affected by alcohol misuse and alcohol-related domestic violence. With three years funding from the Big Lottery, the project will use action-research to drive forward policy to make a real difference to those affected by alcohol misuse.

Families and Domestic Violence Project Team Leader (£33,730 to £37,383 inc LW)
The Project Team Leader will lead the development of this new project and be responsible for its ongoing development and evaluation. He/she will identify and liaise with key partners, write policy briefings and research and appoint alcohol services to become pilot sites for the project. The Project Team Leader will have sound policy understanding and professional experience of management in alcohol misuse and either families or domestic violence issues.

Families and Domestic Violence Policy Officer (£29,213 to £31,544 inc LW)
The Policy Officer will have joint responsibility for developing the project and be responsible for training, research and evaluation of the project outcomes. They will support pilot sites in building capacity to work with families and domestic violence issues. The Policy Officer will have demonstrable experience of working with alcohol misuse and either families or domestic violence issues.

Project Administrator (17 hrs pw, £10,759 to £11,591 inc LW)
The Project Administrator will provide support to the project and combine administrative work (such as the facilitation of meetings and the production of newsletters) with project activities such as carrying out of basic research and the collation of outline briefing material on relevant topics.

Alcohol Concern is the national voluntary agency on alcohol misuse. Its principal aims are to reduce the incidence and costs of alcohol-related harm and to increase the range and the quality of services available to people with alcohol related problems.

Closing date for applications: 13th March 2008 (12 noon)
Interviews: 31st March to 2nd April 2008

For an application pack email recruitment@alcoholconcern.org.uk, download a pack from our website www.alcoholconcern.org.uk or call our recruitment line on 020 7264 0516

Alcohol Concern is committed to implementing a comprehensive Equal Opportunities Policy and we welcome applications from all sections of the community

Funded by the National Lottery through Big Lottery Fund

Blenheim

The London Drug Agency

Providing quality services in response to the changing needs of diverse communities

To request an application pack, please telephone our response handling line on 01206 570706 or email: info@peterlockyer.co.uk quoting the reference number.

Closing date for completed applications: 10th March 2008.

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We value diversity in our workforce and welcome applications from all sections of the community.

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Evolve Project – London SE5

Evolve provides a comprehensive service for Southwark residents whose primary drug is crack cocaine. Provision includes an outreach service, DIP co-ordination services, drop in and tier 3 services including group work and structured keywork.

Quantum Direct Access Service – Forest Hill SE23

Quantum is an open access service offering a range of support for drug users in Lewisham specifically targeting primary heroin and crack users. The service provides a drop-in, keyworking and needle exchange and also works with local GPs to advise on substitute prescribing.

For both posts, you will need to demonstrate a track record of the successful development of projects as well as extensive experience of working with service users in the substance misuse field. You should also have a proven track record of staff management and supervision as well as excellent skills in care provision development, implementation and monitoring. **REF: BCDP/DDN/37**

www.blenheimcdp.org.uk

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

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1 Full time Clinical Nurse Manager (RMN/SRN) (£37,543 – £44,478)
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4 Counselling Support Workers (part time/job share available) (£16,536 – £25,320)
2-3 Part time House Keepers (£ 14,492 – £17,781 pro rata)
1 Part time Admin Assistant (£ 14,492 – £17,781 pro rata)

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, but it is not essential.

We plan to launch this new service in May 2008, so don't hesitate. Please send a covering letter and CV to Thames Clinic Personnel, Trust The Process Counselling, Telford Place, 1 Telford Way, Luton, Beds, LU1 1HT.

Also visit www.trusttheprocess.org

Closing date for all positions is Friday March 20th 2008

Contact Cathy Howlett on 07961 544544.

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