DDN
Drink and Drugs News

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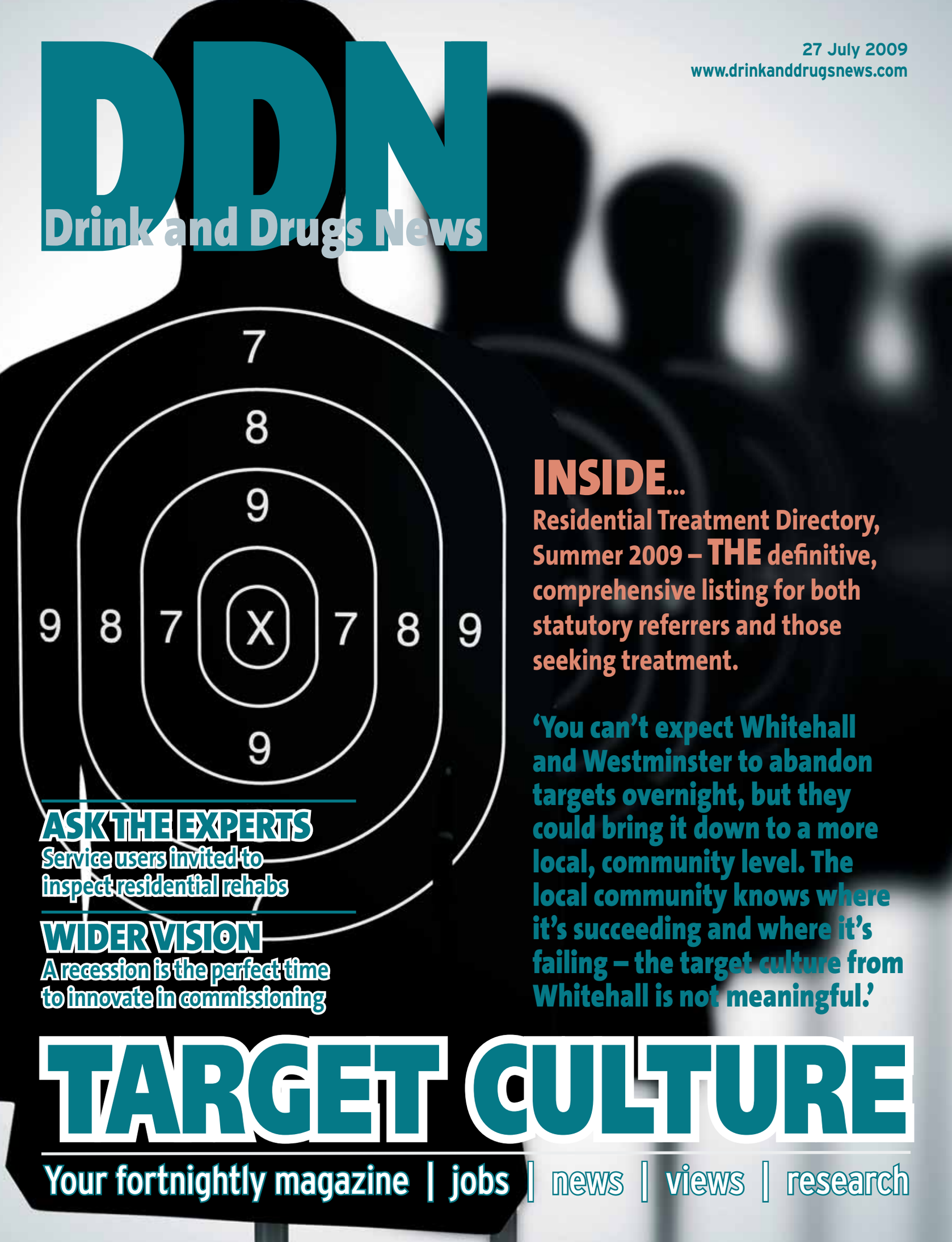

INSIDE...

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Editorial - Claire Brown

Time for change

Could a criminal justice overhaul be on the cards?

Criminal justice issues affect all of us in one way or another – which is why we thought we'd give them some decent airspace in this issue. It's been interesting, challenging and frustrating collating comments and concerns – which hints at the difficulty in changing the system. But throughout a very wide range of opinions, the need to change the dominating target culture screams loudest. Of course we need clear standards and boundaries – never more so than in this environment – but priorities in drug and alcohol treatment seem badly skewed away from fixing the underlying problems that trap people in the criminal justice system.

Our interviewees give substantial food for thought. Paul Flynn MP thinks we've strayed a long way from 'intelligent politics' on this and we need to break courageously from media-led policies (page 9). Shadow justice minister David Burrowes sees the current system as totally unambitious and wants to refocus the approach on abstinence and recovery (page 10). And former chief inspector of prisons Lord Ramsbotham gives us the benefit of his experience to call for regional reorganisation of prisons, to give people the chance to work towards reintegration well before release. There was intense discussion between people working in all areas of criminal justice at the *In somebody else's shoes* conference (page 6) and Jonathan Aitken gave insight from both sides of the system during the panel discussion – clips of which you can view at our website, by clicking on the link in this issue's 'virtual' magazine at www.drinkanddrugsnews.com

It's a bumper issue before our August break, and we've included the much-requested residential treatment directory in this issue – which you can also find on our website. We'll be back on 7 September, so in the meantime please keep us company on our website forum and 'Your space' pages and continue sending your letters and articles for the autumn. Hope you're having a good summer!

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FEATURES

REGULARS

News in Brief

Dangerous road

One in ten young drivers has driven while under the influence of drugs, according to a report form the RAC, while one in four has been in a car when they believed the driver to be under the influence. Younger people, however, were less likely to admit to driving while potentially over the drink drive limit – 24 per cent of 17 to 24-year-olds compared to 32 per cent of 45 to 64-year-olds. The RAC has called for better education on the effects of drug driving, including prescription drugs. www.racnews.co.uk

Reaching out

More than half of all known UK organised crime groups are involved in the illegal drugs trade, according to a new government report. The government intends to work more closely with its international partners and improve coordination of resources, says *Extending our reach – a comprehensive approach to tackling serious organised crime*. Available at www.homeoffice.gov.uk

Framework for health

A new service offering confidential alcohol advice in Nottingham has been launched by Framework and NHS Nottingham City. *Last orders* works with GP practices and health professionals, offering early advice before people develop a more serious problem. Frontline staff including midwives, practice nurses and receptionists are being trained to recognise when clients are drinking too much and how to offer appropriate advice. 'The early identification and prevention of alcohol related problems is a key element of Nottingham's alcohol strategy,' said Framework's director of operations Michael Leng.

In the club

Chief executive of Clubs for Young People, Simon Antrobus, has been appointed the new chief executive of Addaction. He takes up his post on 1 October.

Commissioning competence

New guidance for commissioners in areas where tackling alcohol related harm is a priority has been launched by the Department of Health. *Signs for improvement – commissioning interventions to reduce alcohol related harm* 'offers ways to improve commissioning, looking at each World Class Commissioning competency and all stages in the commissioning cycle', says the department. Guidance available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_102813

'Radical' restructuring only hope for ailing criminal justice system

Britain's criminal justice system is failing and nothing short of 'radical' restructuring will save it, according to a new report from the Local Government Information Unit (LGiU).

The UK spends more on law and order as a percentage of its GDP than any other OECD country and has the highest per capita rate of imprisonment in Western Europe apart from Luxembourg, according to *Primary justice – an inquiry into justice in communities*. Yet it remains a 'high crime' country, with two thirds of adults and three quarters of young offenders reoffending within two years. The criminal justice system needs 'dramatic change', says the report – 'not tinkering, not half measures, but a whole new conception of its focus and purpose… It is not political hyperbole to describe the system as being in crisis.'

The report follows a six-month enquiry by a panel of MPs of all parties and leading criminal justice experts, including shadow justice minister David Burrowes (*see interview page 10*) – among those giving evidence were former home secretary Charles Clarke and former chief inspector of prisons Lord Ramsbotham (*see interview page 12*).

The document calls for a shift of control of services away from Whitehall to local level – something supported by many at the *In somebody else's shoes* conference (*see page 6*) – backed by local budgets. Money would be redirected 'to enable local communities to direct funds according to what they believe will be most effective for reducing crime and maintaining safety', it says, including drug and alcohol treatment. It also wants to see more help for offenders to get work, with a greater role for business and the voluntary sector in providing training and employment opportunities. The 'right services should be available across the spectrum', it says – 'housing, mental health, including substance and alcohol abuse, employment, education and skills and family and relationships.'

'Communities need to be given far greater responsibilities to deal with offenders,' said chair of the inquiry Clive Betts MP. 'A community based system of prisons and crime prevention would empower local people and encourage genuinely innovative and targeted solutions to crime that cannot be achieved by civil servants in Whitehall.'

Meanwhile, justice minister Maria Eagle has made a statement on the government's progress in attempting to address the proliferation of drugs in prison, one year on from the publication of *The Blakey report – disrupting the supply of illegal drugs into prisons* (*DDN*, 14 July 2008, page 4).

The government had equipped all prisons with body orifice security scanners (BOSS chairs), and each prison now has a nominated senior manager responsible for delivering its drug strategy, she said. Good practice guidance on tackling drug supply routes had also been issued.

'We are seeking to make full use of the Offender Management Act to prosecute those caught attempting to bring drugs and mobile phones into prisons, which carries a sentence of up to ten years imprisonment,' she said. 'Tackling the supply of drugs and mobile phones into prisons requires a multi agency response, and we are working closely with the police and other key partners.'

Report available at www.lgiu.org.uk

Our criminal justice special starts on page 6

Cocaine use on the rise in Britain's young

Rates of cocaine use in England and Wales are increasing, according to new Home Office figures, with the number of 16 to 24-year-olds having used the drug in the last year rising from 5.1 per cent in 2007/08 to 6.6 per cent. Cocaine is the most commonly used drug in that age group after cannabis.

The number of 16 to 59-year-olds who had used the drug in the last year also rose, from 2.4 per cent to 3 per cent, according to *Drugs misuse declared – findings from the 2008/09 British crime survey*. The UK was recently labelled 'Europe's largest cocaine market' by the UN Office on Drugs and Crime (UNODC) (*DDN*, 29 June, page 4).

Overall drug use was also up, with just over 10 per cent of adults reporting using any illicit drug in the last year compared to 9.6 per cent in 2007/08 – around 37 per cent of all 16- to 59-year-olds have used illicit drugs at some point in their lives, it says. The rate of last year cannabis use rose slightly – to 7.9 per cent of 16 to 59-year-olds – but remains the second lowest figure of the last 11 years. However ketamine use among 16 to 24-year-olds rose 1 per cent to 1.9 per cent.

'These figures show a marked and worrying increase in the use of cocaine powder, in the adult population as a whole and among 16 to 24-year-olds' said DrugScope chief executive Martin Barnes. 'While this is not necessarily a surprise in view of the drug's decrease in price and increase in availability over recent years it is a significant concern, particularly the rise in use among younger people. Cocaine use is now at its highest level among adults since 1996 – one in eight 16 to 24-year-olds now report having ever used the drug.' There was also a need for 'clear and sustained' public health messages on the risks associated with ketamine, he said.

Release executive director Sebastian Saville said the figures showed that 'for all government's talk on tackling drug use and intercepting supplies, they have no effect whatsoever on the number of people using drugs. We are sending people to prison for longer sentences, and giving younger people criminal records, despite evidence that this has no deterrent effect. The government must change its strategy from simply trying to eliminate drugs and focus instead on reducing the harms caused by drug use and a failed drug policy.'

Report available at www.homeoffice.gov.uk/rds/pdfs09/hosb1209.pdf

‘End custodial sentences for drugs’, panel told

There should be an end to ‘all custodial sentences for those in possession of drugs’, according to legal charity Release. The call forms part of the charity’s response to the Sentencing Advisory Panel’s consultation on sentencing for drugs offences, which recommended an overhaul of the system with a view to shorter sentences (*DDN*, 4 May, page 4).

‘It is clear from the prevalence of drug use and offending that deterrent sentencing has failed,’ says the charity’s submission. It calls on the panel to ‘instead elevate “reform and rehabilitation” together with the “making of reparation by offenders to persons affected by their offences” to the primary purpose of sentencing for drugs offences. Release continues to urge the panel, along with other lawmakers, to search for other ways of dealing with the increasing number of people in the UK who are being criminalised every year for the possession of drugs.’

In terms of sentences for dealing, the consultation says there is ‘no evidence’ to suggest that long sentences have a deterrent effect on those supplying drugs and recommends wider use of confiscation orders instead, something Release regards as expensive and overly punitive and which should only be used in the most serious cases. The charity recommends a range of mitigating factors for sentencing, including ‘for social supply, if the drugs were used to help a medical condition or if the defendant was under pressure from a third party.’

The UK Drug Policy Commission (UKDPC), while broadly welcoming the panel’s recommendations, has reservations about the ‘automatic assumption that a confiscation order be made in those cases of subordinate roles’. Mitigating factors for those convicted of supply offences should also include where there is ‘a corresponding drug dependency or addiction problem,’ it says.

Transform, meanwhile, said it was concerned that ‘the narrow parameters of the sentencing guidelines consultation do not allow it to go far enough’. ‘Drug use and misuse are health and social issues and it is bizarre and unjustifiable that they are not dealt with and regulated within the health system, but that instead the government attempts to address them through criminal sanctions,’ it says.

The consultation’s parameters were ‘based on the false premise that drug use and misuse should be a criminal justice issue’ it says.

£100m alcohol campaign a ‘poor substitute’

A new £100m social marketing campaign launched by the drinks industry to encourage more responsible drinking has been labelled a ‘poor substitute’ for effective legislation by Alcohol Concern.

The campaign, which will run for five years, is the largest ever media spend on responsible drinking messages. More than 45 companies helped develop the *Campaign for smarter drinking*, designed to change attitudes to drunkenness and young people’s drinking habits. Launched in partnership with the government and the Drinkaware Trust, it’s message ‘why let the good times go bad?’ will appear on packaging, billboards, point of sale displays and beermats.

The campaign intends to take advantage of the ‘direct relationship drinks brands have with consumers’ and will not talk down or preach – an approach, it says, that has been ‘shown not to work’. ‘In the end we can only achieve change if people take responsibility for their own behaviour and this campaign will help them make informed choices,’ said chief executive of brewers Shepherd Neame, Jonathan Neame.

The campaign will run alongside other initiatives like the *Know your limits* campaign, at a cost of around £20m per year, and ‘complement the wide range of actions’ the government is already undertaking to address binge drinking, said home secretary Alan Johnson.

Alcohol Concern, however, said that the industry had a ‘very poor track record’ regarding alcohol awareness. ‘This new initiative appears to be yet another example of the drinks industry trying desperately to avoid mandatory legislation to pass on health information to consumers,’ said chief executive Don Shenker. ‘Government would serve the interests of consumers better by legislating to ensure that alcohol retailers clearly display unit and health information on the risks of excessive drinking. What this initiative is offering consumers is a poor substitute.’ The government should use the powers of the forthcoming mandatory code rather than ‘once again rely on the promises of the drinks industry’ he said.

Meanwhile, the charity has highlighted how children are being regularly exposed to alcohol advertising. At screenings of the 12A rated Batman film *Dark Knight* more than half of the 19 adverts shown were for alcohol, it said.

NHS report available at www.ic.nhs.uk

Spreading the word: The Nottinghamshire Crime and Drugs Partnership has received more than 100 requests from organisations across the UK – including a national high street pharmacy chain – and as far afield as Australia to use its *Heart and soul of the party*? campaign materials on the dangers of cocaethylene (*DDN*, 15 June, page 14). Anyone can have the material for free – all they need to do is change the logos and helpline numbers and pay to have it printed. ‘This response is unprecedented in our experience,’ said the partnership’s head of communications, Stephen Youdell. ‘We’ve been very pleased, even though it has created additional work!’ *Contact: stephen.youdell@nottinghamcity.gov.uk*

Falling drug traffic offers little hope to West Africa

The level of cocaine trafficking from Latin America to Europe via West Africa appears to be in decline, according to new figures from the United Nations Office on Drugs and Crime (UNODC). However, the security of the region is being undermined by large scale smuggling of arms, people, toxic waste, cigarettes, counterfeit medicines and electronic waste such as old computers and mobile phones.

Cocaine trafficking through West Africa had reached a level where it was jeopardising the region’s security, according to UNODC (*DDN*, 3 November 2008, page 5). However, while a quarter of all cocaine entering Europe in 2006 came via the region, the last 18 months have seen a fall in both volume of seizures and number of air couriers from West Africa to Europe. But the revenue from other trafficking is now often greater than the GDP of countries in the region, such as the $45m revenue from counterfeit anti-malarial tablets.

‘West Africa has everything that criminals need – resources, a strategic location, weak governance and an endless source of foot soldiers who see few viable alternatives to a life of crime,’ said UNODC executive director Antonio Maria Costa. ‘Organised crime is plundering West Africa – destroying governments, the environment, human rights and health.’

Report available at www.unodc.org

TARGET CULTURE

A target culture is dominating treatment in the criminal justice system – to the detriment of clients' long-term health and wellbeing. This was just one of the conclusions to emerge from a day of debate between key stakeholders in the criminal justice system. DDN reports

How often do we take a long hard look at the journey taken by clients through the criminal justice system – and actively consider what's working and what's not? Last month the Conference Consortium's event *In somebody else's shoes* invited delegates who work in all parts of the system, alongside those who had been through it themselves as service users, to identify both good and bad practice and highlight areas for change.

John Hedge, conference chair, who has had a long history of working within probation and community safety partnerships, was impressed by 'the unusually high numbers of people there who had direct knowledge of services, because they had actually used them'. Through a programme of workshops, rather than set-piece speeches and presentations, he encouraged facilitators to steer their groups through a maze of issues, prompted by specific scenarios that were based on real cases – a young heroin user who had been referred to probation for a pre-sentence report after shoplifting; an HIV positive mother contemplating the risk of homelessness on her release from prison, and a cocaine user with hepatitis C who had been charged with several shoplifting offences and faced the charges without having any support from an estranged family and former partner.

Problematic issues and 'pinch points' were identified throughout a day of highly focused discussions. As John Hedge comments:

'There was a wish to see a change from the target culture, which had been driven for so long by the Ministry of Justice and the NTA. There is an appetite for more flexibility and a greater interest in outcomes.

'Delegates stressed how important support and wraparound services were – housing, leisure and employment. There is a clear message here about the need for more work on mainstream services and the need for them to respond better to those wanting to sustain a new lifestyle.

'Everyone seemed to be realistic about impending financial cutbacks in services and were worried about how this would impact on frontline services. People recognised that more imagination and flexibility would be needed in coping with this – less bureaucracy and more activity. There may be a bigger role as well for the community and volunteers – a point backed up by one of the final panel speakers, Jonathan Aitken.

'Delegates were aware of the new agenda on client choice and self-directed care. They recognised that work needed to be done on the application of these core public service reform ideas to the drug and alcohol field – especially where criminal justice is involved.'

Reflecting on the opportunities that led from a day of candid discussion, he added:

'One serious deficit, I felt, was the lack of senior NOMS or NTA representation – fear that both organisations missed an unusual opportunity to hear from a sizeable audience about what really works and doesn't work. I think this was a great shame, but I'm afraid rather typical of the top-down culture, which the conference was so concerned about.

'It was a pleasure to chair an event that was so active and engaged so many people – the main thing now is for the issues to be followed up. DDN played an active part in the event and committed to producing this special edition to help take the debate forward – I hope services, service users and those who fund the work can follow up the points raised.'

Finding the 'pinch points'

Delegates were split into four facilitated workshop groups and asked to look at scenarios, based on actual cases, from one of four perspectives – treatment, assessment (CARAT and DIP), care management and commissioning, and those who access services.

'We've seen treatment services go backwards'

'Prison's not the place for people to go with an illness'; 'the criminal justice system is driven by politics, not need'. These two statements summed up the feelings of many participants in the 'treatment' workshop.

Delegates working in all areas of the criminal justice system, along with those who gave their experiences as service users, wanted the focus to be firmly back on health instead of targets. Assessments were becoming tick-box exercises to feed statistics, instead of a gateway to a range of treatments, they said.

Service user choice was often an illusion, exacerbated by regional characteristics and variation in provision. For example, Cornwall had 'a good network of provision, but the long distances can be a massive problem'. And more specifically – 'you can only get naloxone here if you've just come out of prison'. A London probation officer reported difficulty in helping the large number of people of no fixed abode – 'also ASBOs – one chap had ten of them, so was not allowed to have any paraphernalia'. Barking reported having 'just two detox beds – and they're in a mental health ward'.

Progress on resolving such practical issues was hampered by targets, which 'led to competition, not cooperation'.

'We've seen services in this country go backwards,' said workshop leader Aiden Gray. 'Substances affect clients differently, so you have to work with them differently. We're focusing on crack and heroin and not getting it right in dealing with people with different prescribing needs.'

'Assessment processes are denying clients vital opportunities'

'Our assessment processes throughout CARAT and DIP are characterised by inconsistency and lack of communication that are denying clients vital opportunities.' These conclusions from the 'assessment' workshop applied right the way through the criminal justice system – from a failure to individualise Drug Rehabilitation Requirements (DRRs), through to an ineffective transition from prison to the outside world.

Consistency in training and standards should reach right across the board, said participants – which should in turn allow staff from magistrates and judges to prison governors to understand the options available on drug treatment. 'A lot of magistrates just don't understand what a day programme could or should be' was typical of the comments highlighting ignorance that led to lost opportunities.

'There's not enough drug awareness,' commented a DIP worker. 'It's very "one size fits all" – we have to cover health and smoking before we even get to drugs.' 'Social services need to be more knowledgeable about what drug workers go through,' commented another.

There was a strong call for information-sharing between different teams – and illustration of how child protection and drug teams could do more together for families. Add specific healthcare, such as HIV treatment, and 'total therapy' could be tailored to need – but this depended on interlinking budgets for a family treatment package.

'Commissioning is skewed by narrow options'

Care management and commissioning were being skewed by criminal justice agencies' focus on problem drug users – PDUs, defined as heroin or crack cocaine users – and this was having the effect of discounting more logical options, concluded a group led by Fran Holgate of Compass. Treatment agencies were getting twice as much money for PDUs as other clients, so there was consensus that treatment was 'not about choice, but about money'.

A postcode lottery in services added to inconsistency, and success was also heavily influenced by how a client got on with their keyworker. 'The relationship based on one meeting makes too big a difference to clients' treatment,' a delegate pointed out.

This meant that one-dimensional treatment decisions often went unchallenged: 'We have clients who have been scripted for ten years – they can't work or have kids and no one has ever spoken to them about an exit strategy,' said one participant. A service user commented: 'I was moved from 30ml to 120ml of methadone in three months and was never offered a reduction,' adding that he eventually titrated his own reduction and was now free from maintenance drugs.

These narrow treatment options were failing to take advantage of some logical options: 'We work with street drinkers and it can take a while to build up a relationship, but the NTA won't fund it as we are not "moving people into treatment" – but I see what we're doing as treatment,' a delegate commented. Provision for alcohol and stimulant users was seen to be woefully inadequate.

'It's become a business… they've lost sight of service users'

Despite significant improvements in recent years, there was still much to be done to move things forward for service users, the group looking at the perspective of 'those who access services' agreed. The Home Office's use of phrases such as 'gripping people in services' was perhaps indicative of their view of service users, suggested group facilitator Kevin Molloy from KCA.

Looking at specific scenarios highlighted gaps in services and demonstrated where service users were being set up to fail, from initial assessment through to aftercare – or lack of it. Drug users who had come into contact with criminal justice services and would benefit from appropriate interventions were not receiving them because they were not classified as PDUs or PPOs.

Delegates also questioned whether DIP was effective for people with multi-drug use issues, particularly where alcohol was involved: 'Many people who are alcohol dependent also use cocaine, but because they don't use crack or heroin, they're not seen as a problematic user,' said one. 'What do you do, go away and become problematic? It's exacerbating the problem.'

DRRs could be effective but only if resourced properly, with one-to-one work and continuity of key workers. An ATR (alcohol treatment requirement) could be a solution for many, but clients are not allowed to be on a DRR and ATR at the same time. 'It's about how it's commissioned,' said one delegate. 'Having one commissioner who deals with both would make more sense – at the moment it's a postcode lottery.'

Service users should be able to coordinate service packages with staff, with the necessary input from criminal justice workers, said delegates, adding that resources were a key issue: 'We need either more staff or less paperwork,' said one. 'As a worker most of the time you're sitting in front of a computer or filling in forms, not with the client.'

Some negative feedback about the probation service related to probation staff being seen as more authoritarian and 'part of the system' than treatment staff. There was the issue of an overwhelming workload – but probation officers who wanted to work with drug and alcohol users made all the difference: 'Everybody just wants to be listened to and understood, no matter who they are,' said one delegate.

Fundamental issues like housing and benefits were not being addressed, delegates agreed, with clients sometimes having to wait months. 'It's a maze, it doesn't work together,' commented one. 'That's why everyone needs to be around the same table, with service user input.' 'It's all become a bit of a business, with targets and funding,' said another. 'They've lost sight of the service users.'

Culture change

Is the target culture embedded, or can we move towards something more meaningful?

Can we change the target culture?, the conference panel was asked

How do we move away from a potentially damaging target culture to one based on outcomes? This question, raised throughout the day's workshops, was thrown to Jonathan Aitken, the ex-minister who had spent seven months in prison in 1999. 'I've had a worm's eye view and a bird's eye view of the criminal justice system,' he told delegates. 'When ministers set targets they often do it in a sense of Whitehall unreality.'

There was a general and growing realisation that the target culture had failed, he said – what was called for was local, rather than Whitehall, supervision. 'You can't expect Whitehall and Westminster to abandon targets overnight, but they could bring it down to a more local, community level. The local community knows where it's succeeding and where it's failing – the target culture from Whitehall is not meaningful.'

Targets had become firmly 'embedded' in New Labour ideology, said fellow panellist, assistant general secretary of probation officers' union, NAPO, Harry Fletcher. 'The administration that's still in power is realising that targets have backfired,' he told the conference. 'It's not just us – it's nurses, teachers, everyone. They've alienated swathes of people across these sectors, with workers slaves to paperwork and computers.'

There was 'possibly an inherent contradiction between national targets and the personalisation agenda', commented Findings' Mike Ashton, while John Hedge said the target culture had the potential to be 'de-skilling and de-motivating'. It enabled bad work to be hidden for long periods and led to unresolved tensions, as 'nice models do not translate into realities', he said. 'We need to go back and look at the contract with the public.'

'The game of targets is a complex and damaging one,' said Paddy Costall of the Conference Consortium, who called for them to be simplified as a matter of urgency. 'Simple targets are not easy to manipulate – you either do it or you don't. We also need to be mindful of, and receptive to, the needs of service users.'

Getting personal

How can the 'personalisation' agenda best be applied in a criminal justice setting?

Would 'personalisation' work?

In the afternoon, the groups were asked to consider how things might look under the NHS's growing 'personalisation agenda', in which responsibility for allocating the budget would be devolved to the service user, with professionals effectively taking on the role of mentor or advocate to help them spend it on what was needed. Service users could then purchase wraparound services without having to rely on goodwill, placing them in the role of expert.

'The first thing I would have done would have been to go somewhere safe,' said one service user delegate, when asked what they would buy if they controlled their own budget. Others suggested college courses, gym membership, skills building and opportunities to expand hobbies and interests, as well as helping people to move to different environments where they would be less likely to use. There were also parenting courses, medical services, befrienders and recreational activities. 'But if I'm just coming off drugs and I feel like shit every day I'm not going to want to go bowling,' commented one service user delegate. Another delegate commented: 'The thing I hear people most say they want is a home.'

It was agreed that the personalisation agenda should not kick in with a given client until deemed appropriate, so that service users would not have this thrust upon them the moment they entered treatment. There would be opportunities to link with other services and provide things that were not possible before, but responsibility would also fall on the service user, with the structure functioning like a contract.

There were also political issues to be addressed, such as waiting times and budgets – 'it would mean drug workers would need to be like accountants,' said one delegate. 'I wouldn't like to be in charge of that kind of money, knowing I could mess up someone's treatment journey.'

Most delegates saw personalisation as a huge opportunity to increase choice for service users and encourage healthy competition between services – 'services will have to up their game and improve'. But some CARAT and drug workers were concerned that it could 'be disempowering and bring about a power change. Clients will have a choice about where they go – but what if we aren't that choice?'

Clearly the perceptions of the public and media would also be a huge issue. 'It could create animosity and stigma, and potentially bring on relapse,' said one group member. 'There'd be the whole thing of "how come you get all this?".' This would be particularly acute in prisons, it was felt, with non-drug using prisoners feeling aggrieved.

It was agreed that there would need to be a robust framework – to help people understand the choices and the responsibility that would come with them. But delegates also felt it offered a real opportunity to normalise drug services as long-term care providers 'rather than just for the next six months.'

Despite questions about how it would operate, most delegates were optimistic about the potential of personalisation and contemplated as 'liberating' the opportunity to explore beyond existing treatment options: 'Because it's all about individuals it can't be a proven package – but the big benefit is that it focuses on ambitions and goals,' said one delegate.

Another spoke on behalf of the many service users at the conference who saw personalisation as a logical route to direct involvement in their own treatment choices:

'We've got ex service users and service users doing outreach work. We've got ex service users and service users doing client forums. Why can't we have clients choosing the treatment they need, because they know what works. Who knows the client better than themselves?'

Culture change

Is the target culture embedded, or can we move towards something more meaningful?

Can we change the target culture?, the conference panel was asked

How do we move away from a potentially damaging target culture to one based on outcomes? This question, raised throughout the day's workshops, was thrown to Jonathan Aitken, the ex-minister who had spent seven months in prison in 1999. 'I've had a worm's eye view and a bird's eye view of the criminal justice system,' he told delegates. 'When ministers set targets they often do it in a sense of Whitehall unreality.'

There was a general and growing realisation that the target culture had failed, he said – what was called for was local, rather than Whitehall, supervision. 'You can't expect Whitehall and Westminster to abandon targets overnight, but they could bring it down to a more local, community level. The local community knows where it's succeeding and where it's failing – the target culture from Whitehall is not meaningful.'

Targets had become firmly 'embedded' in New Labour ideology, said fellow panellist, assistant general secretary of probation officers' union, NAPO, Harry Fletcher. 'The administration that's still in power is realising that targets have backfired,' he told the conference. 'It's not just us – it's nurses, teachers, everyone. They've alienated swathes of people across these sectors, with workers slaves to paperwork and computers.'

There was 'possibly an inherent contradiction between national targets and the personalisation agenda', commented Findings' Mike Ashton, while John Hedge said the target culture had the potential to be 'de-skilling and de-motivating'. It enabled bad work to be hidden for long periods and led to unresolved tensions, as 'nice models do not translate into realities', he said. 'We need to go back and look at the contract with the public.'

'The game of targets is a complex and damaging one,' said Paddy Costall of the Conference Consortium, who called for them to be simplified as a matter of urgency. 'Simple targets are not easy to manipulate – you either do it or you don't. We also need to be mindful of, and receptive to, the needs of service users.'

Getting personal

How can the 'personalisation' agenda best be applied in a criminal justice setting?

Would 'personalisation' work?

In the afternoon, the groups were asked to consider how things might look under the NHS's growing 'personalisation agenda', in which responsibility for allocating the budget would be devolved to the service user, with professionals effectively taking on the role of mentor or advocate to help them spend it on what was needed. Service users could then purchase wraparound services without having to rely on goodwill, placing them in the role of expert.

'The first thing I would have done would have been to go somewhere safe,' said one service user delegate, when asked what they would buy if they controlled their own budget. Others suggested college courses, gym membership, skills building and opportunities to expand hobbies and interests, as well as helping people to move to different environments where they would be less likely to use. There were also parenting courses, medical services, befrienders and recreational activities. 'But if I'm just coming off drugs and I feel like shit every day I'm not going to want to go bowling,' commented one service user delegate. Another delegate commented: 'The thing I hear people most say they want is a home.'

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DDN discussed some of the emerging themes from *In somebody else's shoes* – and drug policy in general – with both a Labour and Conservative MP.

First up, the outspoken Labour MP for Newport West, Paul Flynn, on joined up working, decriminalisation and the scourge of the target culture

Moving targets

'There are far too many organisations, of varying quality and effectiveness and futility. It's a minefield – nobody, if they were setting up a system, would want to end up with the plethora of organisations that we have at the moment.'

Paul Flynn is talking about the effectiveness of joint working – whether it's a reality or just a mantra, and whether or not it's up to the job of meeting the needs of service users. Is streamlining the answer in that case? 'I think it's beyond streamlining,' he says. 'It needs to be nuked. We're building up a huge drugs establishment of people with a vested interest in continuing present policies of prohibition, which keep them in employment. The whole thing has just mushroomed, without any resulting improvement in the outcomes. It's a self-feeding empire that continually swells and becomes more bloated.'

The NTA came in for some criticism at the conference, as having possibly grown too big to be effective – how does he see it fitting in to all of this? 'Because politicians don't have the courage to do the intelligent thing on drugs they choose diversions and distractions, and in the absence of policy they spend money,' he says. 'It's consoling for them – they feel they're actually doing something. The easiest thing to do is to spend money – whether or not it does any good is very doubtful.'

He's been consistently very outspoken about the prohibitionist approach – is he optimistic that he'll see a different approach any time soon? 'I still keep a flicker of hope alive that intelligent politics will emerge one day,' he says. 'It's about whether politics is motivated by intelligent policy or by the need for instant gratification, which is what drives policy at the moment.'

How big a role does the media play in that? 'Oh, enormous,' he says. 'Most politicians want the daily drip feed of adulation from the media, and if they don't get it they fret and sulk. It's going along with the lowest common denominator of what the *Daily Mail* thinks, but there is hope that we could get courageous politicians who will speak the truth and produce policies that are practical and rational. It has happened – it's happened in other countries, so we shouldn't despair too much. It happened in Portugal in 2001' (*when that country introduced a law decriminalising possession of illicit substances for personal use – defined as being up to ten days supply – but with criminal penalties still applied to dealers, traffickers and growers of drugs*).

The target culture came in for repeated criticism at *In somebody else's shoes*, with some professionals describing the damaging effect it had had on their working lives and how it shifted the emphasis away from trying to do the best for their clients. 'I'll give you an example from my constituency,' says Paul Flynn. 'Two of my constituents will be down, according to the target culture, as being great successes of our brilliant anti-drugs policy in prisons, in that they both went to prison as heroin addicts and emerged clean. So the statistics will say this is wonderful – two large ticks in a white box for those two. But when they came out of prison, one of them lived a day and the other lived a week.

'They both went back to using heroin and they didn't have the protection they should have had, for various reasons,' he continues. 'The arguments are still going on – who was right, who's to blame, who should have been informed – but they lost their lives, and it would be quite reasonable to say that they lost their lives because of a system that clearly wasn't working properly. So the system would say they were two great successes, whereas they were two personal tragedies. The tick box culture is the bane of our lives – it's about chasing the targets rather beneficial outcomes. It's distorted priorities.'

Has this become so firmly embedded now that any kind of significant change is unlikely, or might we see a new direction? 'Its discredited now, and let's hope the new direction will be a rational one,' he says. 'It's thoroughly discredited – no one speaks in favour of it any more.'

How does he view the prospects for drugs policy if, as could well be the case, we have a change of government next year? 'If David Cameron becomes prime minister then he was a very good back bencher on the subject of drugs. He was very good on the home affairs select committee, and the report they did – the one that Chris Mullin produced (*The government's drugs policy: is it working? 2002*) – was a high point of parliament's treatment of drugs and came up with some good ideas. In terms of if we have a new Labour leader in future, then Alan Johnson I have great admiration for – he's someone who could well be a great prime minister – and David Miliband, as well, does listen. We continue to live in hope, and I shall be fighting the election on that battle cry next year.'

Future tense

How might the Conservatives treat addiction differently in the criminal justice system? **DDN** asked the shadow justice minister David Burrowes about issues raised at *In somebody else's shoes*

MP for Enfield, Southgate David Burrowes knows a lot about the criminal justice and treatment fields. Not only is he shadow justice minister but before entering politics he spent many years as a solicitor specialising in criminal law.

Given that the theme of the conference was how well the two sectors are working together, let's start by getting his perspective on that. 'Well they're not working, obviously,' he says. 'Primarily the problem is a relationship which is dominated by a criminal justice solution to drink and drugs issues. Not only does that determine policy and funding – in terms of dealing with issues of crime rather than fundamentally looking at the issues of addiction – but it also then means that the focus becomes dealing with a substance rather than the underlying problems that bring about people's addictions to drugs and alcohol.'

The criminal justice system has a 'blind spot', he believes – a potentially more ambitious and better value approach of supporting recovery. 'The predominant focus in the criminal justice sector is one of simply trying to keep a lid on the problems associated with drugs and alcohol, and not wanting to properly focus support on approaches which lead to abstinence and recovery,' he says. 'In many ways prisons are an opportunity, with a captive audience. Instead of trying to really get to the bottom of drugs, ensure a drug free environment and help people get off drugs, we're just seeing a less ambitious, and in many ways very flawed, approach to managing a problem.'

It's a missed opportunity then? 'A great missed opportunity, and no more so than in the way that alcohol is the 'Cinderella' service of addiction treatment. You see that in prisons, and particularly for young people in custody – there's very little attention given to dealing with rehabilitation from alcohol. It's a shame, because those same issues we see in the community with criminal justice solutions, in many ways we see much worse in prisons – at the same time as there are poor outcomes for re-offending, we're also seeing poor outcomes in terms of treatment. Really there is the opportunity there to do so much better.'

He's also been very critical in the past of how much of the drugs budget is spent on prevention. 'If one looks across the board at the percentage spent on prevention compared to the vast amounts on enforcement and on treatment of sorts, it is imbalanced. There isn't the real drive through to recovery – we have treatment

targets that are ever more performance managed to tick the boxes and to satisfy the government's spin about those in treatment, but that really doesn't lead to any great outcomes of recovery. The drive to try and reduce people's use of drugs and alcohol and make sure people recover must drive us inevitably to focus much more on prevention.'

As we've already seen, this damaging effect of the target culture was one of the key themes of the conference. How would the Conservatives go about addressing that? 'It's something we're definitely looking at,' he says. 'What's interesting from my role within all party parliamentary groups on harm reduction and drugs misuse is that all sides of the debate – whether they support harm reduction or abstinence – seem to be united in criticism of the commissioning process and the targets, which haven't improved things but have simply moved the goalposts slightly, and in a form that doesn't really lead to proper and sensible outcomes of recovery. They're perhaps a bureaucrat's dream but in many ways an addict's nightmare – it just leads to long-term addiction, not long-term recovery. So we need to look at those targets radically and look at alternatives that will move people towards the recovery agenda, but the way that will happen and how we will tackle that is something that we'll have to consider with colleagues.'

In that case does he think the NTA has become too big for its own good, as some delegates suggested? 'Well we have to recognise that the NTA is dependent on what mission it's given, and the mission it was given in the early days was to improve the process of performance management and ensure there was more going into so-called treatment. There was some success in doing that and getting funds that were able to be focused on that, but since then there's been real concern that it has been ever more a bureaucracy that isn't delivering real outcomes. There will inevitably be bureaucracy needed to help measure standards, but we need to look very clearly look at how we can better deliver those outcomes of recovery that everyone wants.'

On his website he talks about people leaving prison with more of a drug problem than when they went in, and that one solution would be to expand the residential treatment sector. Would that be a key focus of a Conservative government? 'In the past we've committed the party to expand residential rehabilitation and we're committed in principle to support abstinence-based treatment, and we need to look at that. But I think that isn't the only answer to ensuring that recovery is really what we're all talking about – it must mean very much supporting other areas. One area that doesn't necessarily involve government money is that of mutual aid and the wonderful work that the 'Anonymous' organisations do in 12-step, supporting people in a profound way that leads to recovery. We need to be ensuring that mutual support is really encouraged and that we have outcomes of people released from being enslaved to drugs and alcohol – through linking them into accommodation and jobs and supportive relationships.'

Indeed, a recurrent issue for both service users and workers at the conference was how people frequently leave prison with no accommodation lined up and with serious delays in accessing benefits, with predictable results. How would his party address this? 'There will be very much a responsibility and an incentive on prison governors as part of prison and rehabilitation trusts (*independent, fee earning trusts responsible for offenders after release as well as in prison, as set out in the party's* Prisons with a purpose *green paper last year*). They will be paid a premium to ensure that prisoners on release do not reoffend and a key part of that will be to link up very much with those on the outside of the prison gates – those involved in accommodation, in trying to get jobs for offenders, in ensuring that prisoners remain drug free and assisting them in terms of rehabilitation. There can be a real gap at the prison gates with those organisations, often in the voluntary sector, who do such fine work. Those links need to be made and supported and funded.'

He has first hand experience of the workings of the system as a solicitor specialising in criminal law. What were his impressions of the way the sectors interacted then? 'Well one of the reasons I went into parliament was to change what I saw as that revolving door – loyal clients to me but who weren't doing themselves, their families or society any favours by being continually addicted to ever more serious drugs. Many of them had great opportunities to go on and do good things for themselves and others, and to see that lost and see them only graduate to deeper and deeper despair through drugs and alcohol was depressing. Seeing that the system wasn't able to support that, and in many ways perpetuated those problems, left a profound impression on me.

'When we look at the criminal justice system, those that have been particularly let down by this government are those who are mentally ill, women, young people and those addicted to drugs and alcohol,' he continues. 'More often than not it's the same people. But my response to all of this is not just one of pessimism and gloom, because some of the most inspirational people I've met have been recovered addicts. And they should be used much more in mentoring and support to lead the way through to recovery – to show that we don't simply have to rest with maintaining and managing this problem but that we can really lead and ensure we have local systems that are built around treatment and recovery.'

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He also spent time visiting residential rehabs as part of an addiction review he carried out for the Centre for Social Justice, encountering service users who'd got their lives back on track. 'There was one client who was told she was at the end of her life and it was her last opportunity,' he says. 'Wonderfully she managed to turn it around and she's now involved in supporting others to be free from their addictions. That's inspiring and we need to support more people like that – that opportunity has been too small for too many people and we need to do what we can to make sure that's increased.'

If the next government is indeed a Conservative one, what could the treatment sector expect – what would his message be? 'We recognise that there's been a lot of money put into treatment, but also that the outcomes have been extremely poor and the processes have not supported the outcomes that the public would want,' he says. 'We need to be very much supporting the small and large organisations who provide such wonderful work, and we need to do that by ensuring that the processes are in place to really drive people through to recovery.

'I think we can be so much more ambitious and optimistic on behalf of addicts and there's so much more that can be achieved. People can lead lives where they can be reintegrated and be functioning citizens, taking active roles in their families and their communities. Those are the goals we should be aiming for – not simply resting on any bureaucratic measure of people in treatment and for how long, but look at the outcomes of what they are doing and achieving. That they aren't committing crime, that they are improving their health and taking part in their community.

'So the message is really one of being realistic and honest that there hasn't been enough good value coming out of the money that's gone into the system, and an optimistic one that we can achieve so much more – particularly by involving the voluntary sector who are doing excellent work in many areas, but who need to be supported so much more.'

DDN speaks to former chief inspector of prisons, Lord David Ramsbotham, about whether the criminal justice system is effectively broken, and what measures could be taken to fix it

Broken Britain

As a former chief inspector of prisons, Lord David Ramsbotham was among those who gave evidence to the inquiry that fed into the *Primary justice* report, released this week (*see news story, page 4*). The report's blunt conclusion is that Britain's criminal justice system is failing, an 'absolutely fair assessment' he says.

Is that because we're spending more money than other countries but getting worse results? 'It's how the money's spent,' he says. 'My concern is that so much money is being wasted, and a lot of it's being wasted on this absurd National Offender Management Service idea (NOMS), which simply doesn't work.'

It's fair to say he's been critical of NOMS since the beginning? 'I've been critical of it from the very moment it was even *proposed*,' he stresses. 'Because until you've gone in and done all the sums and worked out exactly how this thing is going to work, you're going to get nowhere. Well they never did that, they never consulted with anyone – David Blunkett just launched it without any sort of thought at all and everyone said 'no, you've got this wrong'. As a result they've gone blundering along, because they've never been prepared to admit that they got it wrong, and look at how much they've wasted.'

On that theme, how does he feel generally about the restructuring and reorganisation the government seems so fond of? 'That's been one of the major problems – no one's anywhere for very long, no minister stays, no idea ever gets processed and they pass laws – so called – that never come to fruition,' he says. 'They've wasted a hell of a lot of time on those – they're cancelled, and before they're cancelled something else comes along which wipes out something you've just done, and you end up with people who are utterly confused.

'You go and ask the governor of a prison who's in charge of the sex offender treatment programme or whatever, and they haven't a clue,' he continues. 'Because there are so many different branches of the National Offender Management Service, all of which seem to be spending their time avoiding any suggestion that they're responsible.'

The end result, presumably, is that the people who work in the system are completely demoralised? 'Of course they are, and then add to that the question of the probation service, which has been virtually demolished. There's now no director of the National Probation Service, there's no senior probation person in any of the higher positions of NOMS, and all they talk about is offender management. Well offender management is fine, but what you need to do is make certain that the service managing those offenders consists of staff who are properly led and know what they're doing – it just stands to reason.'

So is joined up working a reality at all? 'No it isn't, it's a myth, and the latest exposition of the myth is in the clutch of bills we've just been taking through parliament, which haven't been discussed – so there's impacts of one bill against another. For example, they were terribly excited about the *Bradley report (2009)* about the diversion of people with mental illness from custody. Well, fine – but you would have expected, if this was a flagship, that it would have been a major part of the legislation, but it's not at all. In order to get any mention of mental health in all the clutch of things coming through you actually have go to the Welfare Reform Bill, from the Department of Work and Pensions. If you were really serious about what you were doing you'd have made absolutely certain that criminal justice represented it. The whole thing shows a complete lack of coordination and thought.'

In terms of remedying that, one of the things the *Primary justice report* – and many *In somebody else's shoes* delegates – recommends is shifting control of services to local level. Could that be an answer? 'I don't perhaps go quite as far as (*Primary justice*) on some things, but for example I've always argued for what Lord Woolf said in his report into the riots in Strangeways (*The Woolf report, 1991*) – that the three things that are most likely to prevent reoffending are a home, a job and a stable relationship, all of which are put at risk by imprisonment. Therefore what you've got to do is to mitigate the risk, and the best way to do that is to have your prisons organised on a regional basis, so that people never go too far away from home.

'If you do that you've got some chance, as well, of involving local organisations in the delivery of programmes for their own people,' he continues. 'Human nature being what it is, if you're living in Lancashire you're more likely to help Lancashire prisoners than you are somebody suddenly coming in from Kent. So to that extent I'm all for local organisations dealing with their own prisoners as far as humanly possible – regional clusters of prisons – but that's not how things are organised now.'

And what about all the agencies – accommodation, benefits, treatment – that are supposed to step in when someone is released from prison? 'That's almost the worst bit of all. You find, again, that there's an awful lot of talk about it, but they haven't got it organised and they don't actually do a great deal of work with a lot of the offenders until they're virtually released. It's too late by then – you've had them with you for a long time, and you really ought to have done more. Leaving it as late as that is, frankly, barmy.' **DDN**

Driving drink habits

A joint initiative between Crawley police and Addaction aimed at reducing drink related harms was shared with the recent West Sussex DAAT conference in Brighton. **DDN** reports.

Almost half of all violent crime is committed under the influence of alcohol, three-quarters of stabbings involve alcohol, and 37 per cent of offenders acknowledge a problem with alcohol. These statistics were the drivers behind establishing the Custody Alcohol Arrest Referral Scheme (CAARS), Inspector Neil Grimwood-Jones from Crawley Police told delegates at the West Sussex DAATs' annual drug and alcohol conference. The scheme, which started as a joint initiative between Crawley police and Addaction, has now been rolled out countywide in an attempt to 'stop these people coming through our doors'.

The CAARs scheme involves police referring offenders directly to Addaction's local alcohol treatment service. To be eligible for referral, offenders must be an adult resident in the local area and intoxicated at the time of arrest. They must also have committed a trigger offence, such as drink driving, assault, or a public order offence.

Once the police officer in the custody suite has identified an offender's eligibility, they have to pick a suitable time to discuss the scheme with the arrestee. This may prove harder than you think, explained Grimwood-Jones: 'When people are arrested they are often too drunk to engage with, and just prior to release all they want is to get out. You need to find a time in between, where they are sober and compliant.' Once the officer has spoken to the offender they complete a CAARs referral scheme form, which is then faxed over to Addaction.

The police face certain challenges with the scheme as they are seen as 'the bad guys' and can often 'struggle to sell the scheme to people in custody', said Grimwood-Jones. To achieve this they first had to sell the idea to the staff, so to help with this custody staff now go and spend time with Addaction to see how the scheme works. The police also have trouble with people who don't see a problem with their behaviour and consider getting drunk, getting into a fight and getting arrested all part of a Friday night out.

Once Addaction receive the referral they write to the client, inviting them to attend treatment, Tony Gray, team leader of Addaction Crawley Open Access, told delegates. The invitation is exactly that, he stressed – attendance is not mandatory, there are no punitive measures for those who fail to do so, and police are not informed of levels of attendance.

Along with the letter, potential clients are also sent leaflets containing alcohol harm reduction information, giving advice such as eating before a night out or interspersing alcoholic drinks with glasses of water. If clients decide to engage with treatment they are given an appointment and receive a triage assessment to establish their history of drinking as well as other details such as employment and housing, to build up a picture of them and assess the help they need. Depending on their requirements, clients are offered one-to-one counselling and group work – sessions that focus on preparing them for change and setting achievable goals.

The sessions' focus does not have to be on abstinence if that's not what the client wants, explained Gray. It may be more a case of looking at how to reduce alcohol intake or drinking in a more controlled manner. As well as advice, clients are also signposted towards any other service that they may need for help with housing or employment and training.

'All clients that receive the initial letter will get a follow-up letter a few months later, asking for feedback so we can continually assess the effectiveness of the service,' said Gray. So far the scheme appears to be having a positive effect, with 86 per cent of respondents saying they were more aware of their alcohol use since the intervention and 60 per cent stating they had reduced their drinking.

The service filled a gap in current alcohol service provision explained Gray. Moreover, since its launch there had been a big reduction in reoffending, helping to reduce the harms from alcohol, both for the individuals and the wider community. **DDN**

Asking the experts

David Finney and **Mandy Hooper** explain a Care Quality Commission initiative to involve service users in inspection of residential rehabs

The service user involvement movement is gathering pace. The *Voices for Choices* national conference and regional events in the North West were highly successful and the NTA has embraced the movement and actively supported these events. But what about the small but significant sector of residential rehabs regulated by the new Care Quality Commission? Do people who use these services have a say in how they are run? Do they exercise choice about which rehab they go to? Do inspectors take any notice of the views of people who are in rehab?

During 2008 the Commission for Social Care Inspection (CSCI) ran a pilot project in the North West and South West of England. It aimed to give people who use drug and alcohol residential treatment services a voice in the inspection process, and CSCI inspectors were accompanied by service users on their visits. CSCI had already been working in this way with other client groups such as disabled people, people with learning disabilities, people who used mental health services and older people, with good results – so it was decided to expand the project to the drug and alcohol residential treatment sector. The evaluation of this pilot was deemed so successful that the Care Quality Commission, the new regulator of health and adult social care, agreed to roll it out nationwide during 2009. So if you run a registered residential service, you too may have a visit from an 'expert by experience' working alongside an inspector.

The overall project is known as *Experts by experience*, a title intended to recognise the unique perspective that people who have used services can offer. CSCI says: 'People who use services are able to talk openly and differently to the expert by experience, and this makes them feel valued. The expert by experience background knowledge of using services enables them to ask different questions and explore different themes. Inspectors then integrate the experts by experience comments and observations into their reports, and this gives added value to the inspectors' findings, and makes the report more substantial and balanced.'

The evidence from the expert by experience also informs the inspector's judgment of the service and their views are helpful in pointing to ways in which services could make improvements for the people living there.

So what happened when this initiative came to the residential drug and alcohol treatment sector? Where did they find former users of these services willing to participate? How was the day conducted? And what was the outcome?

The experts by experience were recruited through existing groups that supported people in this work – Oxfordshire User Team and Addiction Dependency Solutions – with initial contact being made at the first DDN/Alliance service user involvement conference in January 2008. Some initial briefings about the

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inspection process were conducted by CSCI staff, but because inspections are unannounced, both the inspector and expert by experience knew that they would need to spend time discussing the visit on the day itself.

In a CSCI evaluation of the project, one inspector reported that the expert by experience 'was a brilliant addition to the inspection. He spoke to service users, who were far more at ease than when talking to an inspector. He managed to get them to relax and then feed back his observations to the manager. He used his own experience to recognise valid points being made.' Another commented that the expert by experience 'rose to the challenge and gave feedback to management – not an easy task, and he did really well. He challenged some of the things the manager said in a polite and forthright way. All in all a positive experience for me and the residents.' Another reported a service user as saying that they had been expecting a person with a clipboard, not someone who understood what it was like to go through the process.

Feedback from the experts by experience was that they were seen as role models for people at the service. One commented: 'When I explained my role and that I had used rehab services some people couldn't believe it. They were amazed that I had a job with my background! If I could do it, then they could too.' An inspector commented that 'people in treatment are interested in speaking to the expert by experience about how and why he works for us, and he agrees that by completing site visits with us it provides a really powerful message that as an ex-user his opinion is really worth something.'

Two emerging themes from these visits were increased accessibility of the inspection process for people using services and the possibility of open challenge to the service provider directly from the perspective of someone living there. What might appear initially to be threats to the provider can be turned into opportunities to improve the service, and provide even better outcomes for people in recovery. If treatment is about giving people their lives back and enabling them to take control of their circumstances, then the perspective and challenge of an expert by experience can be extremely valuable feedback, enabling a more collaborative approach to develop within the residential setting.

It is recognised that few inspectors will have a detailed knowledge of the drug and alcohol treatment sector as it is not their primary focus, although many have received internal training, so the involvement of someone who has 'been there and done that' is extremely useful. One inspector reported that: 'The expert by experience had a very good understanding of treatment. He spent an hour and a half with a group of 12 clients discussing their care. From this he was able to provide detailed feedback about what it was like receiving treatment at that service.' Another said: 'People using the service were much more willing to give honest feedback because they knew she had been through the same experiences as themselves.' It seems that the possibility of this empathy is powerful for people in rehab who need to know that they are being listened to and empowered to make a good recovery.

We believe that this initiative contributes in a small but significant way to the *Voices for Choices* agenda laid out at the second annual service user conference and plays an important role in the involvement agenda of the Care Quality Commission's 'Voices into Action' strategy. It provides an opportunity for the voices of service users to be heard more directly and for a true partnership between provider and person in treatment.

Good quality providers will have nothing to fear as they will probably already have in place many service user involvement mechanisms, whether it is regular meetings with a resident group about how the service is run domestically, or an open and transparent care planning process which fully engages people therapeutically in the change process. For those services that need to improve, the expert by experience project could well highlight the changes needed in a particularly direct and person focused way.

David Finney was a senior manager in CSCI where he took the lead on substance misuse services. He is now an independent consultant specialising in residential services – www.davidfinney.org.uk

Mandy Hooper is a senior manager in the involvement department – engagement directorate of the Care Quality Commission. www.cqc.org.uk

David Finney will be teaching The pursuit of excellence *on 12 October – a one-day course in partnership with DDN, to help drug and alcohol services achieve and maintain essential 'good' or 'excellent' quality ratings from the Care Quality Commission. Enquiries to charlotte@cjwellings.com or call 020 7463 2165.*

OPPORTUNITY OR THREAT?

How will welfare to work reforms play out locally, London service users wanted to know. DDN reports

At last week's NTA London Regional Users' Forum meeting, there was a presentation from Jobcentre Plus. Carol Adams' aim was to 'mythbust' the new 'welfare to work' reforms, she said – in particular the treatment allowance that will be payable to people seeking treatment for their drug use.

Adams stated that the new benefit was 'not about being spied on', referring to the 'myth' that if people didn't tell the job centre about their drug use, benefits would be stopped. She said that disclosure of problematic drug use was voluntary, and the only way benefits would be stopped was if people didn't mention their drug use and then were unable to fulfil the requirements for jobseeker's allowance (JSA) – *ie* that they were not available for, and not actively seeking, employment.

The treatment allowance, which will be payable for up to two years, was simply another way to get the 'treatment naïve' to seek help, she said. If drug use was declared, an appointment would be made through the job centre with a local treatment provider – however if that appointment wasn't attended, the provider had an obligation to inform the job centre. This would not affect receipt of benefit, however the treatment allowance was a safety net for those seeking help for a problem, she said.

Job centres were trying hard to become much more flexible, Adams emphasised, which led to questions from the floor about volunteering and courses. One LRUF member stated that if people are to be sent on courses by the job centre they must be allowed to choose which courses, as being forced onto courses they didn't want could push them away from real goals and lengthen the time it took to get back into paid work. Adams promised an information pack would be circulated among the London service user groups with more detailed information around courses and volunteering.

A LRUF member from Greenwich said that the job centres in Greenwich and Woolwich seemed to know nothing about any of this. Adams advised that there were 16 dedicated advisors across the 33 London boroughs and people should seek them out, which drew comments that it wasn't enough and constituted yet another postcode lottery.

One of the main thoughts from the forum was that clients must be allowed to try different treatment options to find what worked for them, and the two-year cap on the allowance could prevent this. Both the NTA and Jobcentre Plus said the initiative was part of a unified push to allow people to try different options – but there was no clarity on what would happen after the two years. Jobcentre Plus said there was a big commitment to this, but that there would of course be wrinkles along the way that would need ironing out. Many members of the forum were concerned that job centre staff would be inexperienced at supporting substance users, and asked 'why not employ ex-users?'

In response to a question from Manjit Singh Johal, service user lead for Greenwich, Adams gave assurance that drug co-ordinators and job centre advisors were being trained in conjunction with the NTA. She said that feedback was vital and added that the employment leads at the NTA saw the Jobcentre Plus drug advisors as colleagues and had 'waited years for a chance such as this'.

Post-its from Practice

Tuberculosis unmasked

People who use drugs, particularly crack smokers, are at high risk of contracting TB, says Dr Chris Ford

Angie bounced into my room yesterday with a large smile on her face. She had recently 'escaped' hospital after being admitted with pulmonary tuberculosis. A patient for years, she has multiple medical problems, recently compounded by homelessness.

Her first drug of choice had been alcohol from the age of 14, which she discovered helped numb the traumas of her childhood abuse. She moved on to include heroin at 18, always smoking drugs and never injecting. Then five years ago, she 'found' crack.

Angie presented to us in a dreadful state having been picked up by the outreach team in the area. She had refused to go to any drug services but agreed to give general practice a go. She arrived very underweight (BMI 15.1) with burns on her fingers and lips and with a dreadful chest infection. We got her stabilised on methadone, treated her chest and gave harm reduction advice about how to smoke crack by using glass pipes.

She soon stopped all heroin, reduced her alcohol dramatically but continued with crack binges when she had the money. Angie described crack as the drug that she 'couldn't live with, but couldn't live without'. We continued to work with her on this and she had periods of minimal use when she felt well and put on weight, but then relapsed. We had her housed a couple of times but she was always asked to leave for simply not following the rules – she preferred the street or her many friends' sofas where rules didn't apply.

Her chest remained a problem as she continued with at least 20 roll-ups a day and frequently smoked crack, but her chest X-ray was largely normal. Her weight improved with the help of food supplements and her energy returned.

Smoking crack can lead to chest problems including breathing difficulties, developing or worsening asthma, and 'crack lung' – all made worse by cigarette or cannabis smoking. As cocaine has anaesthetic properties, Angie could have been unaware of the damage being done by fumes, the heat and foreign bodies. The action of the lung cilia can be reduced, leading to worsening lung function – an effect that can make the crack user more susceptible to tuberculosis.

Tuberculosis (TB) has re-emerged as a public health problem in London, and people who use drugs, particularly crack smokers, are at high risk of contracting and spreading the disease. Angie's homelessness and poor nutrition put her at increased risk. TB is a bacterial infection, spread by inhaling tiny droplets of saliva from the coughs or sneezes of an infected person. The bacteria responsible, Mycobacterium tuberculosis, is very slow moving, so a person may not experience symptoms for months, even years, after becoming infected. TB primarily affects the lungs (pulmonary TB), but the infection is capable of spreading to many different parts of the body, such as the bones or nervous system. Typical symptoms include a persistent cough, weight loss and night sweats.

Angie became acutely breathless one night, was rushed to hospital and TB was diagnosed. It is vital for people with TB to take medication daily to kill the infection and prevent resistance to the drugs developing and Angie was able to take the drugs daily with her methadone under supervision. Her pharmacist and the TB nurses have been amazing, frequently going the extra mile, and Angie is well on the way to recovery. She says she has given up crack for good, as 'life is too precious to lose'.

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

To become a member of SMMGP visit our website www.smmgp.org.uk and receive bi-monthly clinical and policy update and be consulted on important topics in the field.

Jason King **explains what getting involved in his evolving local Service User Support Team (SUST) has meant to him – and to other service users in Gloucestershire**

Positive partnerships

I have been a volunteer for the Service User Support Team (SUST) in Gloucestershire since last summer – and frankly I was astounded at how professional the organisation is and how well respected and supported SUST are by other drug treatment services and agencies.

My first experience of a service user role was in Wiltshire in 2005. I lived in a small rural town and had been in and out of drug services for over ten years. I remember the frustration friends and I had in relating to drug services, treatment providers and needle exchanges in our area.

I was invited by a service user co-ordinator, who was in a voluntary role, to a meeting with an NTA staff member. She had this document which described how well the local services were doing – or rather, how well they told her they were doing. I helped point out some facts that were inaccurate and she promised to look into it.

The following year I went into Gloucester House rehabilitation centre, north of Swindon. It was a fantastic place to recover – I spent 11 months dealing with my drug problem and the underlying issues and I planned for my future. While in rehab, I was invited to go along to a service user meeting in Swindon.

The Swindon service user group at that time was non existent and I was even asked if I wanted to become the chairperson. I turned the post down because it seemed like an enormous task, especially in a voluntary role. There were massive problems in the Swindon area concerning waiting times for methadone or subutex prescribing, and lack of staff to offer support.

In November 2006 I moved to a dry house in Cheltenham and soon signed up with the local drug agencies, in particular Gloucestershire Drug and Alcohol Service (GDAS). While I was there I noticed a SUST poster on the wall – and it made me realise that every drug agency seemed to have one of these posters on view. Through all my experiences of drug services up and down the country, never before had I noticed so much publicity being given to a service user group.

Not many big decisions are made in Gloucestershire regarding drug treatment without consulting Dave Stork, SUST's co-ordinator – who in turn consults service users and voices their opinions. SUST also has a well

trained and experienced full-time advocacy worker, Cally, who attends all the different drug agencies and treatment centres on a weekly basis, offering his knowledge and support across the entire county.

Through monthly meetings and visiting all the agencies across the drug service spectrum, SUST is able to empower service users to contribute to their treatment and helps services to adapt, modernise and become more user friendly.

Another reason SUST is so successful and well organised is the ongoing funding and support of the top man Steve O'Neill, joint commissioning manager for Gloucestershire DAAT, whose faith in service user involvement is inspirational. He has attended SUST meetings and responded brilliantly to the views of the service users.

With part of their funding last year, SUST provided service users with the Edge Project, a course of outdoor activities with the aim of raising confidence and self esteem that enabled the service users to bond as a group to help them negotiate with drug treatment agencies (*DDN*, 14 July 2008, page 6) culminating in a three-day expedition of the Snowdonian mountain range – a project repeated with new sets of service users.

Another recent project has been for SUST to be trained in administering naloxone for overdose – and in turn for us to teach other service users in Gloucestershire.

Recognition for SUST's work and the tireless efforts of Dave Stork came at the end of last year, when Dave won the *Tackling drugs changing lives* South West drug worker of the year title. This felt like a remarkable achievement, showing the profile and recognition given to service user groups.

Because the powers that be seem willing to listen, Gloucestershire has an awful lot to offer in terms of drug treatment services, and service users' rights are fully protected thanks to SUST.

Jason King is a SUST volunteer

Recipes for recovery

TONIC OR POISON?

Nutritionist Helen Sandwell **examines the highs and lows of our favourite drug, caffeine**

Caffeine continues to be a subject of much debate when I run workshops for drug treatment services – among client groups and staff alike. Along with nicotine, it tends to be seen as one of the last remaining permitted vices of those having undergone treatment. For those in recovery, caffeine intake may well be excessive, as a compensation for abstaining from their first drug of choice. I frequently hear stories of individuals who, while abstaining from drugs or alcohol, down can after can of Red Bull or drink cups of coffee well into double figures every day.

Caffeine tends to be viewed by some who give nutrition advice as a universal poison that should be banned and replaced with compulsory camomile tea. But is it really so bad – and should we be encouraging all clients to go caffeine-free as well as drug-free?

It is the stimulant effects on the central nervous system that tend to be of main concern with regard to mood and mental health. However, on the plus side, caffeine can maintain alertness and improve cognitive performance, which is why so many of us reach for it so often over the working day. It also has natural pain-killing effects as it stimulates the release of ß-endorphin. But in the anxiety prone, it can decrease cognitive performance and trigger anxiety. Abstinence from caffeine, together with nicotine and alcohol has been show to be an effective lifestyle intervention for anxiety disorders. Caffeine itself can contribute to depressed mood and, being addictive, caffeine withdrawal can also result in symptoms of anxiety and dysphoria.

Caffeine can cause sleep disturbances, again not good for the anxiety prone or those with depression, but it doesn't affect everyone in this way. It very much depends on when the caffeine is drunk, how long it hangs around in the body and an individual's genetic make-up. The half-life of caffeine (the time for half to be eliminated from the body) can be anything from three to seven hours, but in those with liver disease, it can be as much as 60 hours!

More worryingly, caffeine has been associated with inducing and exacerbating psychosis and at high intakes has been shown to increase symptoms of schizophrenia. This is not surprising since at intakes of 1,000mg, anxiety, flashes of light, ringing in the ears and other sensory disturbances can occur (a can of coke is around 40mg of caffeine, Red Bull 80mg, but ground coffee can vary from 40mg up to 260mg/cup, depending on brand and personal strength preference). This need not worry most low level caffeine consumers, but may be a concern for those in drug treatment who may already have, or are at risk of, psychosis and have a heavy coffee habit. Furthermore, caffeine can interact with a wide range of psychiatric medications, including antidepressants, antipsychotics, anxiolytics and sedatives, which may lead to caffeine-related or medication-related side effects.

Research has shown that caffeine can reduce symptoms of hyperactivity and impulsivity (although some argue it has the opposite effect). Taking into account the number of young people with ADHD who go on to misuse drugs, it may be that a significant proportion of people in drug treatment find caffeine therapeutic in this way. However, it may also increase side effects of stimulant medication such as jitteriness. Since anxiety, depression and bipolar disorder can be co-morbidities of ADHD, high dose caffeine does not really seem a wise recommendation for self-medication.

All in all, taking into consideration the frequency of liver damage and the likelihood of existing anxiety, depression or other mental illness amongst those in treatment, together with their propensity towards addiction, it seems justified to discourage clients at least from drinking excessive caffeine, perhaps much more so than the general population. Who volunteers to deliver the news at coffee break today?

Helen Sandwell is a freelance nutritionist. Her website is at www.goodfoodandhealth.co.uk

Helen's nutrition toolkit, giving healthy eating advice relating to substance use, is published by DDN on CD-rom – email charlotte@cjwellings.com for details.

A recession doesn't have to be doom and gloom – it can also be a time for innovative thinking and modification in public sector commissioning, says **Jim McCartney**

Wider vision

The drug and alcohol treatment sector is undoubtedly going to become a victim of public sector cuts in the long-term, as it is inconceivable for budgets to stay as they are. Once the Treasury begins to take stock of its balance sheet and evaluates the effects of unprecedented strategic decisions, cuts in spending will come like a tsunami. It could be another two years before this happens, as the economy needs time to find stability and confidence – but come it will, and we need to be prepared.

But to look at it from another perspective, this could be an opportunity for us to re-examine our frames of thinking, be bold enough to think innovatively, and develop the systems to nurture ideas that can make better use of the public purse.

I am intrigued by the two schools of strategic thinking that are emerging within public sector commissioning. One is very rigid and transactional, fuelled by a management of narrow vision. The other is flexible and transformational, energised by leaders. Commissioning has tended to appoint the former, but the days for this type of management are numbered. A new type of leadership is needed that has understanding of how to bring about change.

There is an ever-growing demand on public services to deliver improved results in the face of many competing agendas. Getting procurement right is important – it's about improving the delivery and cost effectiveness of quality services to the public. Yet commissioning has the potential to stifle growth if we don't pool our thinking creatively. Blockages can be created by an 'orthodoxy' that fails to make use of good ideas and give innovation a breathing space. Competitive procurement can also become a paper exercise that is flawed and misleading – it can look good on paper, but how effective will the service be on the frontline? And are our commissioners equipped with the analytical skills to evaluate what's really going on?

Traditional commissioning has had exaggerated belief in data – the facts and figures on paper – and managers have become subservient to this type of functionality. Yet statistical analysis is open to manipulation, as the current economic crisis reminds us. Lack of leadership in commissioning has left it heavily burdened with transactional professionals who are far from transformational.

Obviously, the careful use of data can support good judgment – but it has its limitations. It fits well with a transactional concept that is based on a mutually beneficial exchange of information, but transformational leaders go beyond the transaction and ask 'what is value?' They try to understand what motivates the change process to increase value, and then work to fulfil that need.

In tandem there has been a huge leap in developing the clinical governance of drug and alcohol treatment, coupled with improved systems – yet we have still not grasped how to really liberate the chronically excluded. We still have overcrowded prisons and more people addicted to substitute medication than those in total abstinence recovery. We still have significant groups of people that are outside the system and disenfranchised. We still have poverty that transcends income poverty – poor housing, high crime, difficulties in relating to people, dangerous alcohol consumption, poor literacy and numeracy… and the list goes on. And yes of course we are still wasting money that could be used more effectively to liberate people trapped by the system.

This is an opportunity for commissioning to seize the moment and transform itself. The new type of leader needs to have a robust intelligence about development cultures and the complexity of people – and this becomes the starting place for constructing systems.

It is still difficult to predict what the balance of 2009 has in store for the global economy. Back in March, the editorial of the *Harvard Business Review* said: 'This could be the end of a tough recession or the second year of the deepest recession.' As iconic banks need resuscitation and global financial systems are paralysed, macroeconomics is under the spotlight like never before – stimulus packages to banks have become like intravenous fluids to the chronically ill. Sadly, we have still not stemmed the haemorrhage. The collapse of the global banking system is a reminder of how exaggerated beliefs and overstated assumptions can mislead and destroy the basic systems we take for granted. As stocks, shares, land and property continue to fall and iconic names like Woolworths are broken like toys, we ask the question, 'what has gone wrong?'

Public sector commissioning can learn from our failed banks – overstated assumptions can be misleading. This is a time for a leadership that can see beyond the bogus cultures of data and test them with credible methodologies. The solution to many of our community problems can be found in the empowerment of indigenous cultures that are on our doorsteps. We need greater investment in developing new ideas that allow breathing space for creative thinking to transform current services.

Jim McCartney is chief executive of Those on the Margins of a Society (Thomas) – www.thomasonline.org.uk

Families Plus

Professional Development

"Thinking Beyond the Individual: Working with Families and Substance Misuse"

Course dates

Mon 21 – Fri 25 Sept 2009
Mon 18 – Fri 22 Jan 2010
Mon 17 – Fri 21 May 2010
Mon 4 – Fri 8 Oct 2010

Following publication of the NTA guidelines "Supporting and involving Carers", this professional development focuses on the importance of working with families and carers and offers training in:

- Evidence based practice
- Exploring theoretical models of working with families
- Involving families/carers in the treatment of the substance misuser
- Developing services to family members/carers in their own right

With visiting lecturers, Professor Alex Copello (Birmingham and Solihull Substance Misuse Services & the University of Birmingham) and Lorna Templeton (MHRDU at Bath – Avon & Wiltshire Mental Health Partnership NHS Trust and the University of Bath) presenting current research

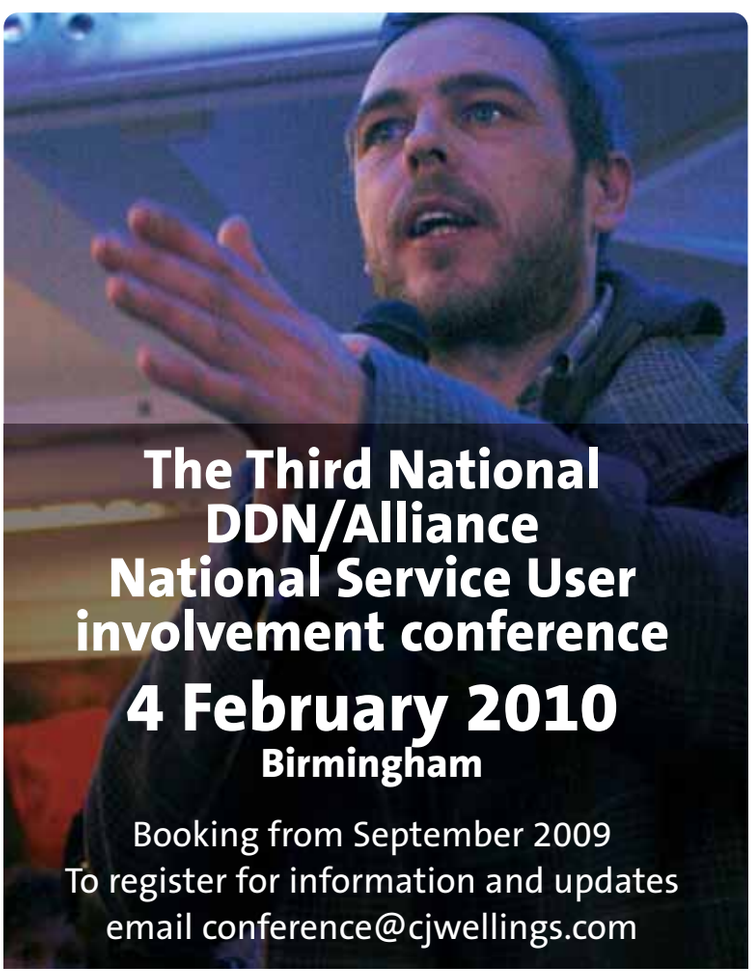
This course is accredited by the University of Bath

For details and an application form: **Families Plus**
Jill Cunningham House, East Knoyle, Salisbury, Wiltshire SP3 6BE
Tel: 01747 832015 Email: debby.williamson@actiononaddiction.org.uk

Action on Addiction

INVESTOR IN PEOPLE

Clouds has merged with Action on Addiction and the Chemical Dependency Centre to become one organisation



Management training course & qualification

fdap

Certificate in Supervisory Management & Leadership Techniques

EDI
Supporting learning and performance

This **three-day** training course, designed specifically for managers in the drugs & alcohol field, leads to a **level 3 qualification** from the awarding body **EDI**.

The course is based around DANOS and other relevant occupational standards, and is in line with the guidance on management training set out in the NTA workforce targets & 'DANOS 2012'.

The next "open" courses, for individuals and small groups, will be held on **22-23-24 September 2009**, in Ladbroke Grove, **London** (the course is also available on demand). For more details, or to book, please contact Jim Turner at **The Performance Group**, 0845 880 2255, www.tpgl.co.uk

Next 'open courses': 22-23-24 September, London

(also available 'on demand' for groups of 8 or more)

DANOS

More about training & qualifications from FDAP – www.fdap.org.uk

Safer Middlesbrough

Middlesbrough NHS Primary Care Trust

HIGH CRIME CAUSING OFFENDER EVALUATION

The Safer Middlesbrough Partnership (SMP) are currently setting up a multi disciplinary team based on the integrated offender management (IOM) process to target and manage High Crime Causing Offenders (HCCO) locally. This team will be made up of Probation, Police, Employment, Drug/Alcohol Treatment, Prison and Citizens Advice Bureau staff and will base its workload on meeting the needs of HCCOs as identified via a previous piece of needs analysis with this client group.

This is a very resource intensive service and approach so it is essential that the SMP are able to ascertain its effectiveness and value for money both during its pilot stage and with a view to the future of any such service.

It is with the above in mind that the SMP wish to commission a comprehensive evaluation of this pilot and are asking for interested agencies/individuals to contact us for a full specification. The successful applicant will be expected to set a baseline by 1st October then provide regular reports and two major reports, one at 12 months and an updated version at project end in April 2011.

Budget £32,000 excluding VAT

Closing date for Tenders	**10th August 2009**
Decision re provider	**14th August 2009**
Latest start date	**7th September 2009**

For further details and to receive a full specification please contact either Graham Strange 01642 354018 (graham_strange@middlesbrough.gov.uk) or Deborah Ward on 01642 354030 (Deborah_ward@middlesbrough.gov.uk)

SMMGP Substance Misuse Management in General Practice

Clinical Lead for RCGP Foundation Certificate in harm reduction, health and well being for substance misusers

The Substance Misuse Unit now seeks to recruit a Clinical Lead for a new course, the RCGP Foundation Certificate in harm reduction, health and well being for substance misusers. The development of this harm reduction certificate has been funded by the NTA and is intended to complement the existing "Harm Reduction Works" campaign.

Dynamic, forward-thinking GPs with experience in the field of substance misuse treatment, and harm reduction specifically, who are able to commit energy and innovative practice in primary care are required by the college to direct, influence and contribute to the ongoing development of the harm reduction certificate.

In view of the responsibilities involved an annual consultancy fee of £10,000 is payable.

For full details and to apply visit www.drinkanddrugsnews.com and click 'jobs'.

Closing Date: Friday 21st August 2009

Safer Middlesbrough

Middlesbrough NHS Primary Care Trust

MIDDLESBROUGH PRIMARY CARE TRUST (ON BEHALF OF THE SAFER MIDDLESBROUGH PARNERSHIP)

TENDER FOR THE PROVISION OF SERVICES WITHIN A LOCAL DRUG TREATMENT MODEL

Middlesbrough PCT (on behalf of the Safer Middlesbrough Partnership) is inviting expressions of interest from suitably experienced organisations for the provision of one or more of the services below:

Open Access and Care Coordination Alcohol Treatment Service
This will provide an open access referral system, seeing all clients who score less than 24 using AUDIT but also care coordinate clients. The service will be expected to provide a full range of psychosocial support including psychotherapeutic support, support groups and assertive outreach. Due to the nature of funding there will be an opportunity to provide additional capacity in the service for the first 12 months. This will be focused on supporting the development of the primary care LES (via a dedicated post), stabilising clients currently seen in specialist tier 3 services and providing additional support to frequent attendees/ admissions at James Cook.

Accident and Emergency support service
This service will provide a referral system and support to potential clients coming via A&E and the wards in James Cook. It will also focus on ensuring that patients identified via A&E and the Cardiff Model as frequent attendees/admissions are targeted and referred in to the support services. There will also be additional money for 18 months to recruit a nursing post to develop care pathways within the trust and out into community services.

The contracts will run from 1st November 2009 until 31st March 2011 with an option to roll over annually for a further two years subject to funding and performance. The contract will be awarded on the basis of the most economically advantageous tender in terms of price and quality.

Expressions of interest in tendering for these contracts should be submitted in writing (or by email) by Wednesday 12th August at 12 noon and should be sent to: Jonathan Bowden, Commissioning Manager, Safer Middlesbrough Partnership, 2 River Court, Brighouse Road, Middlesbrough TS2 1RT, Email: Jonathan_Bowden@middlesbrough.gov.uk

Specification documents will be sent out after this closing date on 13th August.

Action on Addiction is currently recruiting for:

NURSE TEAM MANAGER

CLOUDS HOUSE, WILTSHIRE

Circa £30k per annum & benefits

Action on Addiction is seeking an experienced and enthusiastic Nurse Team Manager for its first-stage addiction treatment centre, Clouds House. The Nurse Team Manager will be responsible for the delivery of high quality, safe and effective medical and nursing care to patients, including detoxification. For full details about this post and an application form, please go to our website or contact our Human Resources Department on 01747 830 733 .

Closing Date: 7th August 2009
Interview dates: 17th and 18th August 2009

www.actiononaddiction.org.uk

Action on Addiction is the only UK charity working across the addiction field in research, prevention, treatment, professional education and family support. Our treatment centres include Clouds House, Hope House and SHARP structured day programmes. Charity No. 1117988

Action on Addiction

INVESTOR IN PEOPLE

CRI North

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

IDTS - HMP Risley & HMP Thorn Cross

CRI are delighted to have been commissioned to deliver new Integrated Drug Treatment Services at HMP Risley & HMP Thorn Cross. IDTS teams will work closely with existing CARAT services in each establishment to provide integrated clinical and psycho-social elements of drug treatment. We are now looking to recruit to a number of key posts within these services.

IDTS Senior Nurse *(Ref NM259)*

£29,099 – £30,492 per annum • Full-time 37.5 hours per week

With significant experience of substance misuse services and a thorough understanding of treatment interventions, candidates will hold a current nursing qualification, be able to demonstrate supervisory experience, work effectively with Prison Healthcare & CARAT teams and be able to join a staffing rota that will include some early evening and weekend cover. Candidates will have experience of working within custodial environments.

IDTS Nursing Posts x 2 *(Ref NM257)*

£25,884 – £27,487 per annum • Full-time 37.5 hours per week

With experience of substance misuse services and a thorough understanding of treatment interventions, candidates will hold a current nursing qualification, work effectively with Prison Healthcare & CARAT teams and join a staffing rota that will include some early evening and weekend cover. Ideally candidates will have experience of working within custodial environments.

IDTS Administrator *(Ref NM256)*

£16,704 – £17,450 pro-rata per annum • 22.5 hours per week

Candidates should possess good all round administrative skills, be able to operate and maintain a database, work well in a team and be able to represent the IDTS teams professionally as a first point of contact.

Sefton DIP

Service Manager *(Ref NM253)*

£36,003 – £37,810 per annum • Full-time 37.5 hours per week

CRI are seeking an exceptional candidate to manage our Sefton DIP project. You will be responsible for delivering a quality and performance focussed service that embraces the ethos of recovery and personalisation across south and north Sefton.
Sefton DAT have recently been awarded pilot status for drug system change and this is an opportunity to participate in one of the most innovative and exciting developments in the field.
You will have considerable knowledge of treatment for substance misuse, including medical interventions, and the CJS. You will be able to demonstrate proven leadership, communication and negotiation skills and have a clear commitment to developing and maintaining effective relationships with both commissioners and stakeholders. The successful candidate will need to demonstrate competence in managing budgets, property community relationships and performance management.

Barnsley DIP

CRI deliver the Drug Interventions Programme (DIP) in Barnsley. The service aims to increase the numbers of drug-using offenders entering and successfully completing treatment, reduce drug-related crime and improve the quality of life of offenders, their families and communities. Barnsley DIP provide enhanced drug arrest referral, community support and assertive outreach services to substance misusers identified through pro-active contacts carried out across the borough.
We are now seeking to recruit the following staff:

3 x Generic DIP Workers *(Ref NM260)*

£24,089 – £25,884 per annum • Full time 37.5 hours per week

CRI are looking for candidates with commitment and drive to deliver front line engagement and assessment services within police custody, court and community settings. We are keen to hear from drug workers or social care workers with good transferable skills who are seeking the challenge of developing and maintaining high quality services, addressing the individual needs of clients by supporting their attempts to change. Strong communication skills and the ability to work flexibly are essential parts of this role, as is a good understanding of care planning and motivational interviewing to maximise the chances of achieving the best possible outcomes for the client.

Closing date for all positions: 10th August 2009
Only electronic applications will be accepted via www.cri.org.uk
The successful candidates will be subject to a Criminal Records Bureau check at enhanced level.
In return for your commitment and enthusiasm CRI offer excellent terms and conditions and comprehensive training and development opportunities.

Committed to anti-discriminatory practice, CRI aims to be an equal opportunities employer.
Crime Reduction Initiatives is a registered charity in England and Wales (1079327) and in Scotland (SC039861), Company Registration Number: 3861209 (England and Wales).

INVESTOR IN PEOPLE

safer communities, healthier lives

East Sussex Drug and Alcohol Action Team
WORKING IN PARTNERSHIP TO TACKLE SUBSTANCE MISUSE

NHS

TENDERS FOR THE PROVISION OF COMMUNITY SUBSTANCE AND ALCOHOL MISUSE SERVICES IN EAST SUSSEX

Notice calling for expressions of interest

Expressions of interest are invited from suitably qualified and experienced healthcare provider organisations or consortia interested in being invited to tender for the provision of the following services:

Tender one Ref: NHSES/09/006
Eastbourne, Wealden and Lewes Community Substance Misuse Team

A community substance misuse treatment service providing tier 2 and tier 3 interventions for drug misusers in Eastbourne, Wealden and Lewes. The service includes:

- Advice and information
- Needle and syringe programme
- Structured psychosocial interventions
- Specialist prescribing

Tender two Ref: NHSES/09/013
Eastbourne, Wealden and Lewes Community Alcohol Team, Hastings and Rother Community Alcohol Team

A community alcohol misuse treatment service providing tier 2 and tier 3 interventions for alcohol misusers in East Sussex. The service includes:

- Advice and information
- Assessment, brief advice and extended brief interventions
- Structured psychosocial interventions
- Community detoxification
- Aftercare

Duration of contracts are 36 months, the PCT has the right to extend the contracts by up to a further 24 months. Further information (Memorandum of Information and Pre Qualification Questionnaire) will be available on the PCT websites from 29th July 2009, see: *www.eastsussexdownswealdpct.nhs.uk/about-us/info-for-prospective-providers/*

Expressions of Interest in the schemes should be submitted using the appropriate Expression of Interest Form (specific to each scheme) available within the Memorandum of Information or contact chris.mccarthy@esdwpct.nhs.uk.

The closing date for submitting interest is 5PM, Friday 21st August 2009.
