DDN
Drink and Drugs News

1 March 2010
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CONFERENCE SPECIAL

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[1] Health Protection Agency (2008) HIV in the UK: 2009 Report

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CGP7390 Ed.001

DDN Drink and Drugs News

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Website:
www.drinkanddrugsnews.com
Website maintained by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover: JellyPics

DDN is an independent publication, entirely funded by advertising.

PUBLISHERS:

PARTNER ORGANISATIONS:

Federation of Drug and Alcohol Professionals

SUPPORTING ORGANISATIONS:

Adfam
Alcohol Concern
The Alliance
ANSA
drugsandalcohol today
EATA
European Association for the Treatment of Addiction
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Editorial – Claire Brown

We were right there!

Respect and inclusivity were order of the day

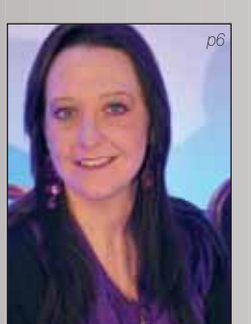
Welcome to our special issue, celebrating our recent DDN/Alliance service user involvement conference. *Right here, right now!* felt like the right title for it, as hundreds of delegates – three quarters of them service users – surged through the doors of Birmingham's Holiday Inn.

It was a truly vibrant and enjoyable day. The special thing about this conference is its inclusivity – so crucial at this politically delicate time. With a conference programme that challenged everyone from the outset with its very different perspectives (enter Theo van Dam talking about making sure drug dealers were socially responsible, followed by Jacquie and Eve from SHARP who were discussing the 'recovery movement') the audience listened with respect to views they didn't necessarily agree with. It might not have worked, but it did, because the speakers reminded their audience of common goals. Recovery is about choice, said Jacquie Johnston Lynch, and not about forcing everybody into abstinence before they are ready. Her words were a reminder that we should never champion one group over another, but that it is our responsibility to listen to people and protect their interests and their right to treatment – whatever form that might take.

We should savour the respect shown in that room full of people with different views – views that the push-button voting system showed were diverse. This mutual respect doesn't happen in some other environments, where the recovery agenda in particular is being used as a propaganda tool to lobby politicians in waiting.

We have to take the positivity beyond one day in a conference room and use it to champion inclusivity throughout this field. I would propose that a respect agenda goes hand in hand with any recovery agenda, because the inspiring work going on all round the country, shared between delegates from all kinds of services and support groups, should never be overlooked.

This issue



FEATURES

REGULARS

News in Brief

7,000 Nutt out

The government has rejected calls – in a petition signed by more than 7,000 people – to reinstate sacked ACMD chair Professor David Nutt. 'Scientists expressing their honestly held expert opinions should not find themselves in fear of losing their jobs,' states the petition. Home secretary Alan Johnson responded by saying that the chair of the council 'has to be able to accept (government) decisions and continue his work as an advisor to, rather than a critic of, government'. Professor Les Iversen was appointed interim ACMD chair (*DDN*, 18 January, page 4) following the dismissal of Prof Nutt (*DDN*, 2 November 2009, page 4).

Danish distribution

Denmark has opened a clinic to distribute diamorphine – medicinal heroin – to drug users under medical supervision, according to news wire service AFP. The clinic will distribute the drug to around 120 'hardcore' drug users in Copenhagen. 'Our objective is not to cure heroin addicts, but to help those who are not satisfied by methadone by providing them with clean heroin, allowing them to avoid disease and the temptation of criminal acts to obtain the drug,' the clinic's head, Inger Nielsen, told AFP.

No snooze, you lose

More than half of drinkers surveyed for the government's *Know your limits* campaign did not realise that alcohol can disrupt sleep patterns. 'Although many people may feel alcohol helps them get off to sleep it is also a major culprit for disrupting your night, as it can interfere with the body's chemical processes needed for sound sleep,' said Sleep Council spokesperson Jessica Alexander. Alcohol stops the brain from releasing vasopressin, a chemical that regulates the amount of water in the body.

Government guidance

The Home Office has issued a document setting out the policy context of government research into drugs, drug use and drug-related harms. The aim is to provide 'a foundation, direction and guidance for collaboration within government and between government and other stakeholders', it says. *The cross-government drugs research strategy available from drugs.homeoffice.gov.uk*

DrugScope: younger service users need more appropriate support

Young people frequently find that adult treatment services are not appropriate for their needs, with the risk of them dropping out, says a new report from DrugScope.

The drugs most likely to cause a problem for those aged 18-25 are alcohol and cannabis, according to *Young people's drug and alcohol treatment at the crossroads*, alongside cocaine, ketamine, GBL and mephedrone. The majority of adult services, however, are geared towards treating heroin and crack dependency.

The treatment system needs to be more flexible to effectively meet the needs of older teenagers and young adults, says the report, which is based on interviews with more than 150 professionals, as well as service users themselves. There are also blind spots that mean the treatment system cannot respond to shifting patterns in drug use, it says, such as a lack of information on the problematic use of skunk, despite it being a widely-reported issue.

Most young people entering treatment have multiple needs, such as mental health issues, lack of training or employment opportunities, or involvement with the criminal justice system, it says, and young people's services should not be judged by the same targets as adult services. 'Most young people who access specialist drug and alcohol services do not need to be prescribed substitute drugs and very few indeed would benefit from residential treatment,' it states. 'Some do not even need structured therapy related to their substance use. Almost all, however, need support on other issues in their lives.'

The report calls for a national 'radar' service to provide early warning of emerging drug trends, a national policy framework for young adult services and a review of 'the basic assumptions and frameworks of the drug treatment system to take account of changing patterns of substance misuse'. DrugScope also wants to see a joint NTA/DCSF review on the availability and quality of young people's treatment services across the country.

The quality of young people's services remained variable despite the 'welcome expansion' in recent years, said chief executive Martin Barnes. 'Gaps also exist in meeting the needs of younger drug and alcohol users when they reach the age of 18 and move into adult treatment services. This next generation of problem drug and alcohol users are likely to need support for alcohol, cannabis and stimulant use, not to mention the issues underpinning their substance misuse. Despite an improvement in the range of treatments available in adult services, the majority are still geared towards treating heroin and crack addiction.'

Available at www.drugscope.org.uk

'85 per cent' of drinks not labelled properly

Only 15 per cent of drinks labels give consumers the right amount of information about alcohol units and health harms, according to research commissioned by the government.

Around 500 samples from 60 supermarkets were analysed by Campden BRI to determine the level of compliance with voluntary self-regulation. Under the voluntary guidelines, drinks labels should feature five key pieces of information – NHS recommended limits, unit information, a responsible drinking message, advice for pregnant women and the Drinkaware logo. Only 15 per cent of drinks in the sample met all the criteria.

The government is now launching a new consultation on drinks labelling. The three options, it says, are to 'do nothing and continue with the current voluntary agreement; renew and strengthen the self regulatory agreement, or introduce a mandatory requirement on labelling'.

Some sections of the industry were making 'substantial progress', the government acknowledged. It had praise for the cider sector, supermarket 'own label' products and the Heineken, Molson Coors, Fosters and Kronenbourg beer brands, but other sections of the industry had 'much more to do' to live up the agreement, it said.

'Whilst there should be no need to bring in legislation when the industry can clearly sort it out themselves, we will not hesitate to act decisively if the industry does not deliver,' said public health minister Gillian Merron. 'I expect to see much more leadership from more of the major producers.'

The British Beer and Pub Association said the industry was 'delivering good and growing levels of information on labels'. The government should 'continue to back the voluntary approach as the best way of achieving their objective of better information for consumers,' said chief executive Brigid Simmons.

However Alcohol Concern chief executive Don Shenker said the industry had 'shown itself incapable, time and again, of complying with voluntary agreements' and that it was 'not interested' in providing consumers with the information to make healthy choices. 'With alcohol playing a factor in many strokes, heart disease and several cancers, causing a death every hour in England, all alcohol labels should have clearly displayed unit information, safe drinking guidelines and a health warning. This needs to be a mandatory part of all labels, policed through trading standards, with tough sanctions for non-compliance.'

Monitoring implementation of alcohol labelling regime stage 2 and Consultation on options for improving information on the labels of alcoholic drinks to support consumers to make healthier choices in the UK available at www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_112472

Consultation period ends 9 May

Anthrax death toll hits double figures

The number of people to have died in the ongoing anthrax outbreak (*DDN*, 18 January, page 4) has reached 11, with the death of a patient in the NHS Fife area. Ten people have now died in Scotland, as well as a fatal case in Blackpool (*DDN*, 15 February, page 4).

As *DDN* went to press, the total number of anthrax cases in Scotland stood at 24, following the confirmation of a case in the NHS Dumfries and Galloway board area. The case is the first in the area, indicating that the outbreak is continuing to spread, say Health Protection Scotland and NHS Scotland. A confirmed case in London (*DDN*, 15 February, page 4) brings the UK total to 26.

The spread of the outbreak to a new area 'emphasises that contaminated heroin appears still to be in circulation,' says Health Protection Scotland. 'There is no way to tell if your heroin is contaminated and there is no way to prepare or take heroin that will make it safe if it has anthrax contamination,' said head of the outbreak control team and consultant epidemiologist at Health Protection Scotland, Dr Colin Ramsay. 'Drug users are advised to stop taking heroin if at all possible. While we appreciate that this may be extremely difficult advice to follow, it remains the only public health protection advice possible due to the nature of anthrax infection. It must be noted that filters will not make heroin safe or remove all traces of anthrax contamination, so the best advice remains not to use heroin by any method.'

Drugs agencies have called on the Scottish Government to implement an emergency public health plan in response to the outbreak (*DDN*, 1 February, page 4) including the prescription of appropriate alternatives to street heroin, such as dihydrocodeine.

Meanwhile a spokesperson for the Scottish Government has told *The Scotsman* newspaper that it will work with any health boards that see a significant increase in demand for drug treatment 'to ensure they are able to respond appropriately'. Ayrshire and Arran health board had requested £500,000 to cut waiting lists for methadone treatment, the newspaper claims.

Government attempts to kick underage drinking into touch

Every local authority is to receive a good practice guide to help them work with the police, trading standards, and youth and children's services to try and cut levels of underage drinking, the government has announced.

Sixty-nine youth crime action plan (YCAP) areas will also receive an extra £350,000 in funding to help police enforce alcohol powers.

More than 2,000 young people will also to take part in a 'Kickz' football tournament at the Emirates stadium in London, designed to provide a 'positive alternative to drinking alcohol'. The government recently launched a national advertising campaign, *Why let drink decide?* to raise awareness among young people of alcohol-related risks (*DDN*, 18 January, page 5).

'We have given the police all the powers they need to crack down on young people drinking alcohol,' said schools minister Vernon Coaker. 'In the last six months of 2009 alone over 6,000 litres of alcohol were confiscated from young people in our YCAP areas as part of the government's crackdown. We are determined to do all we can to prevent alcohol ruining the lives of children, young people and their families.'

'For young people, boredom and drinking alcohol often goes hand in hand,' said chief executive of Drinkaware, Chris Sorek. 'During school holidays and half term young people can find themselves with nothing to do, so it is very important that parents remind teenagers they can have fun without alcohol. Parents play a crucial role in shaping their children's attitudes towards alcohol, often without even realising it.'

www.footballfoundation.org.uk/our-schemes/kickz

Scottish liver disease trebles in 15 years and is still rising

Scotland's rate of chronic liver disease has almost trebled in the last 15 years and is still rising, according figures released by NHS information centre ISD Scotland.

More than 9,000 people had hospital treatment for the disease in 2008 and the condition was the cause of more than 1,000 deaths, says ISD Scotland, while death rates among 30 to 39-year-olds have risen by almost five times since 1984. Chronic liver disease rates in most other European countries have fallen over the same periods.

Other figures released by the division show that alcohol-related hospital discharges have risen by 9 per cent over the last five years, with an average of 115 discharges a day across the country. Discharges rose by 22 per cent among 30 to 34-year-olds and 19 per cent among 35 to 39-year-olds.

The cost of alcohol misuse in Scotland has been estimated at £3.6bn per year, the equivalent of £900 for every adult. The government's Alcohol Bill, which includes proposals for a minimum price per unit of alcohol (*DDN*, 30 November 2009, page 4), is currently making its way through the Scottish Parliament.

'These shocking statistics make grim reading and provide yet more evidence that we must turn the tide of alcohol harm,' said health secretary Nicola Sturgeon. 'Scotland's love affair with drink is well documented and we're taking radical and decisive action to tackle pocket-money prices which – as the World Health Organization recognises – help to drive consumption and harm.'

'Most worrying' was the increase in alcohol-related ill health in young people, she said. 'Cheap alcohol is making a serious situation even worse. By linking price to product strength, minimum pricing will put an end to the sale of high-strength alcohol for less than the cost of bottled water.'

News in Brief

£3 Welsh binge

Irresponsible drinking promotions in Wales are creating an 'unsafe drinking culture', according to a new report by Alcohol Concern. Half of the venues in Newport, Swansea and Wrexham surveyed for *Counting the cost – irresponsible alcohol promotions in the night time economy in Wales* offered alcohol promotions, while only 12 per cent offered discounts on non-alcoholic drinks. Alcohol sometimes cost less than the cheapest soft drink, with 12 venues offering spirits – sometimes doubles – for £1, and four offering pints for the same amount. 'A woman could drink more than twice the recommended daily amount of alcohol – the usual definition of a binge – for just £3 and a man could binge for as little as £4,' said policy manager Andrew Misell. www.alcoholconcern.org.uk

Social workers: 'train us'

A lack of drug and alcohol content in their training, both pre- and post-qualification, means that many social workers feel unequipped to deal with clients with substance problems, according to the British Association of Social Workers (BASW). Alcohol and drug issues were 'not just the remit of health and criminal justice colleagues,' said chair of BASW's alcohol and drug special interest group, Dr Sarah Galvani. 'It is vital that well-trained and well-supervised social workers are able to respond effectively and confidently to support those affected,' she said.

Tax cut call

The British Beer and Pub Association has called on the government to lower rates of duty on beer to support pubs and promote economic recovery. Beer should be taxed at a lower rate to 'reflect its status as a low-strength, UK-produced product', says the association. Beer duty had increased by 14 per cent in real terms since 1997 while the duty on spirits had fallen by 20 per cent, it says.

Watch this space

Rugby-based drug and alcohol charity Swanswell has been given 'one to watch' status in the 2010 Best Companies accreditation, based on staff feedback. 'We'd like to congratulate Swanswell on their outstanding achievement,' said Best Companies CEO Jonathan Austin. *www.bestcompanies.co.uk*

RIGHT HERE, RIGHT NOW!

At *Right here, right now*! speakers from England, Northern Ireland, Scotland and Wales came together to demonstrate inspiring brands of user activism, with an international perspective from Holland. Tackling obstacles that range from physical danger, to prejudice, to the apathy of funders, they showed that persistence could move mountains in the way of user involvement

LISTEN TO THE EXPERTS

'If people take drugs, let them do it safely,' said Theo van Dam, whose mission is to convince politicians to embrace harm reduction

Drug user activism was a way of making sure that political decision makers listened to the experts, Theo van Dam of Dutch service user activist group LSD told delegates in the opening session.

LSD was a national interest and advisory group for drug users, which had been funded for 30 years by the Dutch health ministry, he said. 'They stopped in 2005 because this kind of thing is not a priority of the Christian right in parliament. But also because they can't control me.'

It was important to demonstrate that drug use did not create 'mad junkies', he said. 'In the Netherlands, politicians are very polite. If you go to them you always get an answer. In the end, the decision makers will understand.' The country's needle exchange programme had begun as a result of the actions of the harm reduction movement, he said, and Holland now had 40 consumption rooms. 'My final goal is legalisation in one or another way,' he told delegates.

LSD had helped to initiate the consumption rooms, he said, and had also helped prove that they could exist without problems. 'Users told me that we needed rules for the consumption rooms, but "you must behave normally" became the one rule. Social care institutions can have 30, 40, 50 rules – it's ridiculous. Everybody knows how it works. Everybody knows how to behave.'

The consumption rooms worked alongside the Dutch government's heroin prescription programme, as heroin was 'less dangerous' than methadone. 'In the Netherlands it is very easy to get a daily dose of 250mg methadone,' with the result that some people behaved 'like zombies' – his organisation was fighting for alternative medication, he said.

LSD also trained drug users in issues such as 'how to handle your social worker', which involved role-playing exercises with drug dealers and social workers to put them in each others' shoes. This had helped to 'wake up' social workers, he said, as 'so many social workers don't know how to handle us.' Other training included safe use and safe sex. 'If people take drugs let them enjoy it, let them do it safely.' There was still a long way to go in terms of health promotion, he said, which is why his organisation focused on research from the user's perspective.

'We need to start to train all dealers to become "social quality dealers"' he told the conference, a controversial agenda that was part of the reason for the government halting its funding and LSD becoming a private organisation. A good drug dealer worked from a private address, was responsible for their clients and kept 'an eye open for what's happening around the neighbourhood,' he said. This meant less drug use on the streets and fewer drug-related problems. It also meant that users would know the quality of the drugs they were buying and first aid would be available in the event of overdose. Dealers should open for a maximum of 12 hours a day and see a maximum of 65 clients a day, he said, with no selling to young people or exchanging drugs for sex or stolen goods. All of this was based on harm reduction principles, he said.

When asked to vote on the statement 'we need to train all dealers to become social quality dealers,' 27 per cent of the audience strongly agreed, 39 per cent agreed, 18 per cent disagreed and 14 per cent strongly disagreed. However, after he had explained the principles behind the concept, 41 per cent strongly agreed and 32 per cent agreed, while 9 per cent disagreed and 16 per cent strongly disagreed. 'We've made some small progress,' he said.

'We need to cooperate as user organisations – local groups, regional networks, national and international networks,' he told delegates. 'We have to work from the bottom up. We'd like to have respect – just like everyone else.'

AGAINST ALL ODDS

Extreme violence towards drug users made Iain Cameron even more determined to tackle a hostile treatment culture in Northern Ireland

Harm reduction in Northern Ireland had been a 'risky business' before the current decade, chair of the Belfast User Group, Iain Cameron, told the conference. It had been a hostile culture with inflexible treatment – primarily involving Britlofex (lofexidine) detox – and no needle exchange or outreach work. 'Plus you had the added bonus of being shot dead or kneecapped,' he said, as paramilitaries frequently targeted drug dealers and users. Although no longer as bad, this remained an issue today, he said.

Northern Ireland was often forgotten about, he told the conference. When he had first become involved in the harm reduction movement the most important thing had been to stay alive, which meant not identifying himself as a drug user. 'The police were targeting drug users as easy targets to inform on the IRA,' he told delegates.

When a drug outreach team was set up in 2003 he became an outreach worker with open self-disclosure, as well as lobbying for improved services including substitute prescribing, something that was eventually implemented.

He had even been involved in approaching the paramilitaries to explain the harm reduction situation, as it was essential to have an advocate who understood the system and the community, he said.

Needle exchange eventually became legal, and his organisation had continued to be able to influence policy and guidelines, ensuring a service user friendly environment – 'although it's far from perfect.' The process of constituting the group was also now underway, he said.

'Funding is important, but don't let it stop you,' he urged delegates. 'Focus on what can be achieved without it.'

DEBUNKING THE RECOVERY MYTHS

The recovery movement represented choice not abstinence, said Jacquie Johnston Lynch and Eve Cameron, who were determined to make its agenda inclusive

It was important to debunk the myth that recovery only meant abstinence, head of services at SHARP in Liverpool, Jacquie Johnston Lynch, told delegates in the morning session *The recovery movement in the UK*. 'Every now and again there will be fanatics, but you'll find that in every field. You need to look beyond that and see that it's about choice.'

It was also important to address the fear that recovery meant taking away options like methadone, and to work to build a recovery community with all services on board – 'so it doesn't look like it's just 12-step.' The recovery movement needed to come together, and this would mean a culture shift towards supporting clients, she said. 'It's not a drug worker's job to tell people how to live their lives' – the key things in moving forward were choice, engagement, hope and meaningful options. There were a range of definitions of recovery, she said, many of them vague and non-specific. 'You have to decide when you're ready for recovery, and what your recovery will look like.'

'When does recovery start?' co-presenter and graduate volunteer at SHARP, Eve Christian, asked the conference. 'The minute someone says "my life is unmanageable and I want to change this".' Both speakers were in recovery themselves, Jacquie from an eating disorder and Eve from drugs and alcohol. 'Recovery has had a huge impact on my life and the life of my three children,' said Eve, adding that an essential factor was having a key worker who listened.

'The one size fits all model of recovery has been put in the bin,' said Jacquie Johnston Lynch. Eight to ten years ago on Merseyside the only thing on offer had been prescription, she said, but since that time there had been a 'recovery explosion'. People needed to be given information about all of the options, and the polarised harm reduction versus abstinence debate was counter-productive – 'it's the same journey,' she told delegates.

'And finally, it's about you,' said Eve Christian. 'It's also about creating fun in the community – showing that it's not just a hard slog.' On the statement 'the recovery movement adds more choice in the addiction treatment field', 51 per cent of delegates strongly agreed and 37 per cent agreed, while just 6 per cent disagreed and 4 per cent strongly disagreed. On the statement 'recovery can be defined by somebody's personal choice,' a massive 71 per cent strongly agreed and 24 per cent agreed. Only 3 per cent disagreed and 1 per cent strongly disagreed.

FROM 'CANOE TO CRUISE LINER'

Don't give up when you get knock-backs, was the message from Kevan Martin, who steadily built a support network for alcohol service users

'I designed the service based on the feelings I had about what could have been done better when I was in treatment,' founder and chief executive of NERAF (North East Regional Alcohol Forum), Kevan Martin, told delegates.

NERAF was originally set up as a support group from his own home, he said, funded for the first two years entirely from his incapacity benefit. 'In the early days I was in a canoe. Now we're a cruise liner. I just kept knocking on people's doors – local service providers – and they let me use their premises free of charge.'

Within a year he had support groups running across the region, along with funding from Awards for All and, later, the Neighbourhood Renewal Fund. 'We're now open from 10 until eight, six days a week,' he said. 'We run 14 support groups a week in Sunderland alone, and there are 15 full-time staff, most of whom are in recovery. We provide an end-to-end service – we hand-hold people through the experience, through the many doors along that journey, reminding them that they can be whatever they want to be.' NERAF had also developed a volunteer programme and now had its own accredited mentor training. 'We provide lots and lots of opportunity,' he said.

'Recovery is a journey – it doesn't have a destination,' he told the conference. 'But the longer you're in it, the better it gets.'

Conference highlights are on our website at www.drinkanddrugsnews.com

BACK TO WORK

With employment the 'tipping point between recovery and relapse', trainees from Dumbarton Area Council on Alcohol (DACA) explained how a pilot project had opened doors for them to work in the care field, while SURF demonstrated how a bit of peer support can be life transforming

'Let those of you who know tell those who don't.'

Peter Jones, Service Users Reaching Forward group (SURF)

Service users bridge the care gap

West Dumbartonshire had one of the highest levels of unemployment in Scotland, as well as a declining population, Tom Jackson of DACA (Dumbarton Area Council on Alcohol) told the conference. The care gap created by the latter created opportunities for service users to start work in the care field, he said. 'Employment is one of the key tipping points behind recovery and relapse.'

DACA had set up a pilot Intermediate Labour Market (ILM) project as a way of helping to reintegrate service users and boost client involvement. 'What better way is there to shape the culture of an organisation than to broaden the representation?' he said. There were different ways to develop service user opportunities, he stressed, and ILMs were not a cheap option. 'You need to get partners around the table and the resources to support this.'

'I'm not saying there aren't any barriers,' ILM supervisor Kate Hamill told the conference. 'There's an eight-week induction programme to get people used to employment.' Another barrier was changing the attitudes and perceptions of other professionals in the field. However, trainees had without exception opted to accept a monthly wage rather than remain on benefits. 'We all know that's all about self worth,' she told delegates.

Last year's project had had a 100 per cent success rate, she said, and it was the same this year. 'ILM has given me an opportunity to put something back into the community that helped me recover – I've gained qualifications and become part of the care field,' said Roddy Dyer, who attended the conference with fellow ILM trainees Tam Wood and Vinnie Dolan. Each of the trainees thanked DACA for giving them the opportunity to get back on the ladder to employment.

Avowing change

'Let those of you who know tell those who don't,' Peter Jones, volunteer coordinator of the Service Users Reaching Forward group (SURF), told delegates. This was the ethos of his organisation, which was purely service user-led, he said.

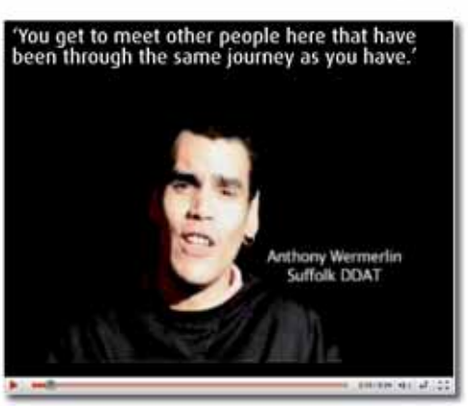
SURF was part of AVOW (Association of Voluntary Organisations in Wrexham), which aimed to offer to support and help get people back into employment and training, he said. SURF offered the opportunity to become a mentor to anyone.

Volunteer Les Green told the conference how he was approached in a detox centre by SURF after his drinking had led to him becoming homeless. He had now been a volunteer member for 10 months, completed extensive training, and even been presented with a certificate by the mayor of Wrexham for completing 630 hours of voluntary work.

'The past is the past, the present is now,' he told the conference. 'You cannot change the past or the future. But you can use the present to influence your future.'

Vox pops

Delegates visited the video booth throughout the day to share their views and tell their stories. Here's a taster – visit www.drinkanddrugsnews.com to see more



'Challenge us!' says NTA

The NTA is serious about service user involvement and wants to include drug users who are not yet engaged in treatment, said Rosanna O'Connor

'This is a good time to get engaged... The NTA will be setting *Models of care* to one side and replacing it with something much more recovery-focused.'

'WE LIKE TO BE CHALLENGED and to challenge service providers and commissioners about what they're doing,' the NTA's director of delivery, Rosanna O'Connor, told delegates in the afternoon *NTA perspective – working with service users* session. Service users had helped them to do this, she said.

Service users were valued by the NTA and would continue to be, she assured delegates. 'Treatment has come a very long way in recent years, with services experiencing record levels of growth and investment.' Service users had had a 'real influence and success' in driving the reduction in waiting times, she said.

The NTA worked with three constituent stakeholder groups – commissioners, service providers and service user groups. 'That triangulation of views gives us a much better picture of what's really happening than much of the data does.' The NTA also had a good rapport with service users at local level, she said. 'Their views help us in discussions with service providers and commissioners about the effectiveness of what's being delivered. We've been able to shape the direction of much of what the NTA has championed through the input of service users.

'Many of us have been guilty of concentrating on people in treatment,' she continued. 'But we're very interested in problem drug users outside of treatment, who haven't yet engaged. We're interested in the barriers that stop people coming into treatment, and in how to make it more open and accessible.' This extended to those who had left or were leaving prison, and people who were using mutual aid, she said. 'We're not just interested in service users who just happen to be the clients of a community drug service and who have been there for quite a while,' she said. 'It's across the board.'

The new NTA document *Commissioning for recovery* (*DDN*, 1 February, page 10) outlined the way the organisation expected DAATs and commissioners to shape their services, she said. 'We expect partnerships to be able to provide you with options regarding training, employment and housing and for re-engaging with families and children, and not to be complacent about just having met targets around things like waiting times.

'This is a good time to get engaged,' she continued. 'The NTA will be setting *Models of care* to one side and replacing it with something much more recovery-focused.' This would be done with full consultation with service users, she promised.

She refuted the accusation from the floor that there had been a 10 per cent cut in treatment services across the London region – there had been changes to services, with some investment going up and some going down, she said. 'It's redistribution, not cuts – the money hasn't changed.' There had been a 'massive explosion' in funding for treatment, she said – 'we work long and hard to retain the amount of money that goes into treatment.'

On the question of why there was such a disparity of funding between drugs and alcohol she said 'I've never been to a conference where people haven't asked that question. It's something that is determined politically, but I would say "watch this space".'

Conference Quotes

Who said what at *Right here, right now!*

Funding is important, but don't let it stop you. Focus on what can be achieved without it.
Iain Cameron, Belfast User Group

Every now and again there will be fanatics, but you'll find that in every field. You need to look beyond that and see that it's about choice
Jacquie Johnston Lynch, SHARP

Recovery is a journey – it doesn't have a destination. But the longer you're in it, the better it gets.
Kevan Martin, NERAF

If you're going to provide an advocacy service, it's important to own what you know – if you don't know it, for God's sake don't advocate on it.
Daren Garratt, The Alliance

We need to cooperate as user organisations – local groups, regional networks, national and international networks. We have to work from the bottom up. We'd like to have respect – just like everyone else.
Theo van Dam, LSD

When does recovery start? The minute someone says "my life is unmanageable and I want to change this".
Eve Christian, SHARP

We like to be challenged, and to challenge service providers and commissioners about what they're doing.
Rosanna O'Connor, NTA

USER GROUP HUB

A vital part of the conference is the service user group exhibition, where all groups, whatever their size or capacity, are invited to bring anything they want to display. It's become a popular place to meet other groups, network and swap hints and ideas

DATUS

'Service users just want to take their places as equal stakeholders in the treatment system,' said James Sadler of DATUS – Birmingham's Drug And Treatment User Service. 'Some service user groups are a bit tokenistic and take their lead from the DAT. But people understand they've got rights and won't be treated as second best. If people don't understand service user involvement there won't be decent provision.

'At DAT management level it's a control issue at the end of the day. There can be worry from DATs and providers that service users will come out and pan them. But we don't want to point fingers. We want to improve services in partnership and focus on solutions.'

Devon User Alliance

'There seem to be two distinct service user groups, one that operates from a political stance and the other enabling individuals to be involved and helping to improve their potential,' commented Tim Morgan of the Devon User Alliance. 'It's being political, versus looking at what's there already and not making waves. Some groups seem to be taking both routes, but you get clashes along the way.

'I've been involved in the drugs field for a long time, as an ex user, a provider and working with the DAT. The opening speech from the user activist from Holland must have been directed towards at least 350 service users in the audience, at least 200 of whom were still in treatment. I felt uncomfortable about this.

'If you want to influence staff in a positive way I think you need to work from within, and that's why I took the route I took. In the past I expected everyone to do everything for me, but I realised you don't achieve anything without putting in any effort. Providers can't pull out a magic wand.'

DART

'The conference let us see how different services go about recovery – but it also made us realise that Manchester drug services are quite a way forward,' reported Damian, a volunteer from DART, the Drug and Alcohol Recovery Team. 'Seeing the exhibition made us realise we'd bring a lot more stuff with us next year!' DART does plenty to shout about, its members explained, particularly through group work and activities at their recovery centre. They make sure clients are properly supported in going to services and to detox, and try to introduce 'a little bit of normality' through days out, such as picnics and trips to restaurants.

'I appreciated being able to discuss things with workers,' said Lee, who uses DART services. 'My views were important as I know about recovery – I didn't feel like a service user. It was empowering.'

'It's about sharing information and communicating, working out what people think would be best for their recovery,' said Damian. 'Last week we had workshops with care managers, doctors, service users and volunteers and everyone gave their views on triggers for recovery. There's a lot more communication needed.'

Derbyshire Service User Reps

'We did a lot of networking with other service user groups throughout the day – it was like a clinic for advice on all sorts of things,' said Paul Fitzgerald, on the stand of Derbyshire Service User Reps. 'We were offering support on how to set up service user forums and extend them, and talked to people from all over the country. It's been an excellent opportunity again – we'll be back next year!'

Hi's n Lows

'The whole conference was enjoyable, with a relaxed and engaging atmosphere where everyone was allowed their say,' said Tracey Gibbs of Walsall's Hi's n Lows.

It was refreshing to hear Theo van Dam's presentation, giving another country's perspective on how substance misuse can be approached. Our stall was a big draw in the service user exhibition, pulling in familiar faces along with new ones. We had some excellent conversations about different activities being accessible to service users, something in which Hi's n Lows specialises. Next year, some more service user specific sessions, such as wound care, would be a welcome addition to the event.'

Addaction

'Every service user is different, with different needs – and it's the same for young people,' said Stephen Biddle, a qualified tyre-fitter who spent ten years on heroin and crack, and who now works as a peer champion for Addaction.

'Young people often don't want to see a worker – they don't feel comfortable with them,' he said. 'But if they have good support and communication they can make changes. Being offered the right choices in treatment and support is a massive one.'

Talking to delegates at their conference stand, with colleague Sadie, made him realise the need to join up adult and young people's service user involvement, which rarely happens. Young people can learn such a lot from their older peers, he pointed out, 'from catching them before they even get into drug use and giving them the knowledge so they're not curious, to making sure messages are realistic rather than saying "all drugs are bad and you will die". I know myself from taking drugs that it was fun and the buzz was brilliant, so you can't patronise people.'

It can also be inspirational for young people who are involved in drug use to see people who have stopped using and moved on, he pointed out – another reason for more young people to be involved in the next national service user involvement conference.

Wirral service user groups

Eleven service users from the Wirral came to the conference, representing different groups, and all reported that they 'enjoyed the day immensely' and came back feeling 'inspired and proud' of their achievements to date.

The groups included ACTIF (Alcohol Client Treatment Involvement Forum) whose members give peer support to people looking for help from alcohol services; SHINE (Support Help Inspire Nurture and Empower) which supports people though recovery to access education, training and involvement opportunities; InnerAction, a mutual support group for service users of any drug using status and C The Difference, for those concerned about their hep C status and those in or considering treatment.

'It was so gratifying to see all those years of working with a service user group presented so professionally by our service user involvement manager Natasha Smith, in partnership with Wirral DAAT – it summed up the years of debate, argument and partnership really well,' commented Francis Cook, chair of InnerAction. 'Seeing our groups presented alongside all those others at a national conference gave me such a sense of pride and purpose, not just in what we've achieved on the Wirral over the past nine years, but also the spreading influence of this movement along with the many friends and colleagues from all over the country.'

Natasha Smith relayed comments from others in the group: 'Meeting other service users and groups and chatting to them about how they are run and funded was great, and being asked about all our groups and what we do was such a boost,' said one.

'I spoke to people from different parts of the country about their relationship with their DAATs and was surprised that they don't all work together. Everyone I spoke to knew what they wanted to do and what they wanted to achieve, but all were at different stages,' commented another.

SMUG

SMUG are the Substance Misuse Users' Group, an independent users' group based in Gwent, South Wales. They collaborated with Caerphilly Drugaid (whose peer mentor group has crossover membership with SMUG) to produce a manual called Change, which gives tips and techniques for making changes in life, and which was among their materials displayed at the conference.

Sian Cox, who attended the event with three peer mentors, said the group 'loved being on the stall alongside different service user groups' and found it particularly interesting to talk to those who had formed their own groups.

'I hope we can visit other groups as a result of the conference and hear about good skills and practice,' she commented.

Swanswell

'If you were able to go back in time to meet the younger you, what would you do and what information would you give to yourself?' This was one of the questions Katharine and Mo asked delegates passing their stall.

Responses showed a desire by people to give honest information to their younger selves, they reported. They would make clear that taking drugs or drinking could have an effect on all aspects of their life, and mention that talking to someone who had 'been there' and could give clear information could help them choose a different path.

'Make sure you're not led by your friends – peer pressure can take you in the wrong direction,' said one respondent. 'I'd provide easy to understand information that showed how taking drugs would mess up their health, work and hurt those around them,' said a delegate, while another commented: 'I'd tell them what I've experienced – give them a look into their future if they choose drugs.'

NATIONAL NUN USER NETWORK

Joining up the dots

The National User Network (NUN)'s latest AGM gave an opportunity to reflect on dynamic progress in the past year, says its co-chair **Francis Cook**

WHILE SERVICE USERS and substance misuse practitioners headed home with that warm glow that this excellent conference generates in all of us committed to service user involvement, a meeting was being held in a side room back at the hotel.

The National Users Network (NUN) were holding their AGM and using the opportunity to meet in person and review progress so far. Jimi Grieve stepped down as chair and Steve Freer was elected in his place.

Activists from all over the country met to renew their commitment to drawing together users (and ex-users) to ensure our voice is heard and that we are involved in the provision of services. The struggle against stigma was high on the agenda, as it was in the main conference.

The AGM heard announcements that a new Facebook page has been launched with a mixture of information, advice, questions and answers.

This was the second year that NUN has seized the opportunity offered by the *DDN*/Alliance conference to meet, debate and revitalise our movement at this outstanding event, not least with the announcement of our new website *(www.nationalusernetwork.org)*.

It resulted in a change of management and a pledge to continue transparency and equity in the management of the group – by ourselves and for ourselves – and to continue to promote the cause of unity among those affected by drugs of all kinds.

As well as NUN's new web-side developments, if you were inspired or interested in the event and want to keep that warm glow, then stay in touch through NUN and discover a world of information and fellow activists.

Do it now!

http://health.groups.yahoo.com/group/nationalusernetwork/

FILM LOUNGE

Some delegates sent films made by their organisations, which were shown during breaks

Into The Drink

Funded by a £2,000 grant to Nottingham based housing charity NLG, this 20-minute film was created to raise awareness of the effects of alcoholism. With hard-hitting interviews from those who have been addicted, suffered medical difficulties and whose relatives have been affected by alcohol, the film was made to illustrate the seriousness of the problem and demonstrate that help can be found in the right places.

Fears, Myths and Structure

A film put together by Pierpoint, this short piece demonstrates the 12-step programme from a service user perspective. Myths are challenged while common fears about entering a 12-step programme are addressed by people who have gone through the process themselves. After a series of quick-fire questions about the facility and the approaches taken ('Why do they take your mobile phone away?' 'Is there a gym?'), the film goes further into the stages of the programme and what they mean to those who have experienced it – such as the difference between spirituality and religion. A good insight into deconstructing the myths and demonstrating the structure of Pierpoint's successful programme.

A Cup of Chocolate

Cumbria Drug and Alcohol Action Team made *A Cup of Chocolate* (pictured above) to present at a Carlisle event in June 2009. Its light-hearted approach makes difficult issues surrounding substance misuse more accessible to a wider audience, with drugs substituted for chocolate in the film. Whether it's chocolate buttons being melted on a spoon with a lighter, or chopped out on a mirror with a razor blade, the film has an interesting take on drug misuse.

A Journey Forward to Where You Want to Be

South Lancashire Young Addaction's short film demonstrates how the agency has helped young people with their addictions. Young Addaction work predominantly with 14 to 17-year-olds with alcohol and drug problems, and the film shows how they have guided young people through their problems by identifying and talking through issues, working at a pace that suits the individual.

For more information on how to get hold of these films please email films@cjwellings.com

Awareness, ad

Train to save a life

There is no good reason not to get trained in preventing overdose with this life-saving drug, said Dr Chris Ford and Danny Morris at their workshop on naloxone training

Two thirds of witnessed overdose deaths could be prevented through basic life support and administering naloxone, said Dr Chris Ford and trainer Danny Morris, at their workshop on training and use of the overdose-preventing drug.

This 'very safe' antidote drug, given intravenously or intramuscularly, would temporarily reverse the effects of heroin and other opioid drugs, they explained, working to quickly reverse the effects of overdose and allowing the person to start breathing again and regain consciousness.

Naloxone is carried by ambulance crews and available as a prescription-only medicine in a range of formats, including ampoules, pre-filled syringes and 'minijet' preparations. Following a change in the law in 2005, it became legal for

Get yourselves connected

Advocacy services promote social inclusion and social justice as well as improving treatment, Daren Garratt and Ursula Brown tell delegates

'Real strength and real work happens when local people get together,' executive director of The Alliance, Daren Garratt, told the workshop *Setting up an advocacy service – how to do it, why you need one and what your expectations should be.* Advocacy promoted social inclusion and social justice, he said. 'It's about looking at the evidence base – at what's best for that person – and supporting them to get what they want.'

Independent advocacy services had been developed to help service users take charge of their treatment journey. 'This isn't generic advocacy,' he stressed. 'It's a specialism around drug and alcohol treatment. If you're going to provide an advocacy service, it's important to own what you know – if you don't know it, for God's sake don't advocate on it.' For this reason it was essential to develop effective networks, he said, working with other professionals such as those in child protection.

So why were advocacy services important? They led to better information and support, which in turn led to better treatment outcomes, he said. They also encouraged stability, helped cut acquisitive crime rates and offered the prospect of a return to work. 'People often think it's adversarial, but it's important to work positively with providers,' he said – this made it much easier to highlight the limitations of services. 'If commissioners don't know where the system's breaking down, how are they going to fix it?'

National services could not replicate local knowledge, Alliance deputy director Ursula Brown told the workshop. 'Different communities have different needs and priorities, and local advocacy services can build relationships and mutual respect.' They could also communicate with service providers, GPs and statutory bodies about individual cases, she said.

vocacy, action!

anyone to administer a naloxone injection for the purpose of saving their life.

With all evidence pointing to the safety of the drug – there are no reports of it causing overdose in humans and 'enormous quantities' would need to be taken to be harmful – the workshop leaders were keen to emphasise the benefits of training in recognising the signs of overdose and acting quickly with the correct emergency response. Giving naloxone was not intended to replace calling an ambulance but to keep the person alive in that crucial stage before it arrived, they stressed.

Prescribing take-home naloxone to named patients had become established practice in some areas of the country and was fully endorsed by the UK clinical guidelines *(Drug misuse and dependence: UK guidelines on clinical management)*. Dr Chris Ford and Danny Morris called for a wider circle of friends, family members and carers to be offered overdose training as an obvious measure to save lives.

Referring to worries that had been expressed about liability in administering the drug, Niamh Eastwood, Release's head of legal services, gave the following reassurance: 'If a person still dies after being given a naloxone injection there would be no liability. The cause of death would be heroin and the administration of naloxone would not break that chain of causation (an important principle in law).'

'You can run a helpline if you've got enough volunteers, as well as an out-of-hours callback service,' she told delegates. 'You can do drop-in sessions at local treatment services, you can have an online forum, an email service, peer education initiatives and training, and peer monitoring for people entering treatment for the first time.' Potential problems, however, were recruitment and retention of advocates, setting up systems, funding and administration, she said, as well as – crucially – maintaining independence from the funding body.

Daren Garratt: 'If you're going to provide an advocacy service, it's important to own what you know – if you don't know it, for God's sake don't advocate on it.'

'DAATs don't dictate what you do,' stressed Daren Garratt. 'If you're in the pocket of someone, you can't do advocacy. You work alongside them, but remain independent. A lot of DAATs we've worked with have used it as an excuse to wash their hands of work. It's about developing skills and confidence – you need to have clear agreements with DAATs about who provides what.'

Sub-regional networks were vital, he said. 'We need to look beyond the local to the sub-regional.' The Alliance now had a scheme to establish support contracts with individual DAATs to provide training and support services for their local advocacy groups, he told the workshop. This involved working in partnership with DAATs to create an 'information-sharing network of local advocacy services to allow for more effective peer-to-peer dissemination of best practice'. Members of the network would be badged as Alliance Advocacy Associates, he said, which The Alliance hoped would become the quality standard mark for peer-led substance-related advocacy.

For more information see www.m-alliance.org.uk/advocacy.html

Taste of recovery

EVERYBODY LOVES THE SUNSHINE

The high attendance at the nutrition workshop proves the importance of healthy eating in treatment and recovery, says Helen Sandwell

It was gratifying to see a full room at the conference's healthy eating workshop. Healthy eating is a topic that interests service users and workers alike, but so often at conferences there are many more pressing subjects to be heard, and difficult choices between workshops must often be made.

This was a 'taster' session, so delegates had a whistle-stop glimpse of the many interrelated factors that make healthy eating such an important consideration for those with a history of substance misuse. These included lifestyle, physical and mental health, knowledge and confidence.

Delegates, eager for more information, fired off questions throughout the workshop, making for a lively and involved session. Regrettably, in the field of nutrition science there are not always cut and dried answers, since there is still much research to be done. This applies particularly to the subject of how diet impacts on substance misuse, as there are only a handful of research groups addressing this question within the international research community.

The relationship between diet and mental health is always an attention grabber, particularly the accumulating evidence suggesting that omega-3 fats from oily fish support positive mood and behaviour. Inevitably, in this session the question arose of what vegetarians and vegans should do if they don't eat oily fish or take fish oil capsules. The full answer is more complex than the timing of the workshop allowed, and in any case is also currently somewhat unsatisfying.

Little research has been carried out on the major dietary plant sources of omega-3 fats and there is scant evidence to support the case that they would have any effect on mood. However the issue is further complicated by the huge amount of omega-6 fats that we eat in the modern Western diet (found in common vegetable oils such as sunflower and maize oil). These compete with plant omega-3s to use the same enzymes, thus greatly reducing the plant omega-3 conversion to the fishy-type omega-3s that our bodies need. The possible solution of reducing omega-6 intake is easier said than done, particularly for those reliant on processed foods.

The workshop demonstrated that the substance misuse field is certainly becoming more aware of the importance of healthy eating, at grassroots level at least. It still remains for the policy makers to commit to the inclusion of evidence based healthy eating advice as an integral part of drug treatment. In the meantime, in the still largely unregulated world of nutrition advice where many charlatans lurk, it is important for professionals and service users alike to seek out the good evidence-based information, such as that presented at the conference.

Helen Sandwell is a freelance nutritionist and our regular columnist. Her website is at www.goodfoodandhealth.co.uk

THE PERSONAL TOUCH

Getting to grips with the government's proposed personalisation agenda could give service users essential control over their treatment plan, the Alliance told an interactive final session

'The vision is a society where everyone is respected and included as equal members.'

Peter McDermott, press and policy officer, The Alliance

'DRUG AND ALCOHOL USE IS A HUMAN ISSUE,' Alliance executive director Daren Garratt told the conference's closing session on the personalisation agenda, which he dedicated to the victims of the anthrax outbreak and recently deceased ibogaine pioneer Howard Lotsoff (*DDN*, 2 June 2008, page 18). 'We need a strong voice to challenge stigma – strength in numbers and a strong national voice.'

The session focused on a consultation with delegates around personalisation, part of a three-year project funded by the Department of Health. Using the interactive voting system it was established that delegates were split fairly evenly along gender lines and most fell into the 26-55 age range, with most areas of the country well-represented. Forty-two per cent were service users, 33 per cent former service users and 25 per cent had never used services. A quarter said they were aware of the personalisation agenda, while 39 per cent were unaware. Thirty five per cent were aware but didn't understand how it related to drug treatment.

The agenda came from other areas of social care such as adult social care and learning disabilities, The Alliance's press and policy officer, Peter McDermott, told delegates. It was based on the premise that service users were citizens and therefore entitled to treatment, rather than the 'professional gift' model that placed them firmly at the bottom of the hierarchy. This latter model meant people only attended services when in crisis, and encouraged confrontation, inappropriate services and poor community support and development, he said. The personalisation agenda, however, was based on the premise 'that there's an entitlement to funding, rather than you get it as a gift.'

'The vision is a society where everyone is respected and included as equal members,' he said. The strengths of the personalisation agenda were that it improved choice and increased 'self-directed' and 'self-informed' support. Its monitoring and outcomes were around citizenship – for example, income levels, quality of relationships and contribution to society – with the idea that independent brokerage services would help to direct budgets.

'It's extremely early days,' he said. 'Nobody has actually got a personalised budget yet,' although the Department of Health was running a pilot programme that included two substance misuse services. The personalisation agenda would not dictate the range of treatment modalities available in any particular area, he stressed, and it appeared better suited to things like aftercare support packages.

Based on what they now knew, 34 per cent of delegates thought it would have a positive effect, 13 per cent negative and 53 per cent neither positive nor negative. Among the negative views expressed by delegates were 'if a service starts to bail, you'll lose that service completely – if you've got good marketing you'll get the money. How will it cover the areas where there are no services? How will people get the information to make an informed decision?'

There was also the fear that it could potentially mean simply adding an extra tier, or bombarding service users with too much information. 'I had enough trouble remembering my address,' commented one delegate. 'How are people supposed to remember all this?

On the question of which personalised approach was the most important, 24 per cent thought access to treatment of choice, 3 per cent access to psychosocial support of choice, 67 per cent both and 4 per cent neither.

Meanwhile, on the issue of how the approach might have an impact on the wider recovery and reintegration agenda and the rights of the individual service user, there were fears from the floor that it might mean people 'talking to each other but not getting their medication'.

'It's not just about abstinence,' Peter McDermott told the session. 'What's important is that we drive this locally.'

Vox pops

More selections from the Right here, right now! video booth. Visit www.drinkanddrugsnews.com to see the full videos

Start the presses

Sue and Si of Southampton service user group Morph took part in a communications workshop to explain how they set up their popular publication *Morphin'*. Here they give their tips for getting started

Having helped Claire and Ian deliver a workshop on service user publications at the *DDN*/Alliance conference, they asked us to write a few lines on the subject for this special edition. We started producing *Morphin'* (now a 20 – 24-page 'zine style newsletter) about six years ago as a way to get 'dodgy gear' warnings out to local people. If you're thinking of starting a magazine or newsletter, here are a few things worth considering.

Target audience – who's it aimed at?

Drug/service-users: you need to use appropriate language and make the content relevant. Bear in mind that slang terms can change radically, depending on where you are ('Subbies' is used for Subutex/Suboxone locally, for example, whereas in Hull they're called 'Reckitts' – after the manufacturer).
Drug/service-users and workers: You may need to explain some of the slang and drug-related terms, so everyone understands what you're saying!

Format and medium

What size (A4, A5…?) and number of pages? Colour, black and white – or both? What font size and type? And what about alternative formats (such as large print, electronic, tape/CD)? What type of printer it'll be made on affects how you put it together, whether you're producing it yourself or using professional printers. Some print both sides and have other settings that make life easier (such as 'booklet format'). The number of copies also influences which machine printers use, and the programme you use affects the final colour that comes out of a printer – some combine red (magenta), yellow and blue (cyan) to make them all up, while others also use black. NB: Good proof reading is essential.

Content

This can be difficult to get from others, so it's unwise to rely on contributions. Don't commit yourself to producing them more regularly than you're going to be able to! Obviously everything should be as accurate and up-to-date as possible – especially harm minimisation advice – there are enough urban myths out there already! We also check the source of anything we've not written ourselves, and confirm with contributors if/how they want to be name-checked.

Funding and charging

Newsletters can be costly to produce (and mail out) – especially if you want glossy, colourful affairs. Keep an eye out for funding opportunities and grants you can apply for. Once you've decided on your format, get plenty of quotes before you choose your printers. Look for good deals on paper if they're 'homemade'. You'll need to consider whether/how much to charge for it, how the money will be collected and whether to have and charge for advertising. There are pros and cons to them all: charging may mean you don't reach who'd benefit most from drug warnings/harm minimisation information – although recouping your costs could help finance the next one (donations are always gratefully received!).

Distribution

How are you going to get it 'out there'? Mailing 'hard' copies has cost and time implications, and can become quite an ordeal if you're also doing the folding, stapling and printing addresses of lots of copies. We use the post for individuals and smaller batches, and deliver the larger orders by car. This way you know people are getting what you intended – digital versions have their own issues. You sometimes have to use fonts that are on all the computers it's being read/printed from (such as with Word docs) – and if people are printing it in black and white when it's done in colour, it can change the appearance.

Printer's imprint

Under the Printer's Imprint Act 1961, as a rule, it's a legal requirement to have the 'name and usual place of abode or business' of the printer on things for public consumption – they're old, seldom-used laws, but we had someone on our case about it!

Copyright and disclaimer

This must be borne in mind when reproducing other people's stuff. We include a general 'disclaimer' that states we can't be held responsible for the actions taken by people as a result of reading our newsletter.

Newsletters can be a great way to reach (a lot of) people you may not otherwise encounter, and very enjoyable to produce. We hope you find this of some help …and good-luck!

Get online!

'There are so many free resources out there at the moment, you don't need to resort to expensive Apple Macs and software to create a magazine or newsletter', adds Ian Ralph from *DDN*. 'You can use a freeware version of Photoshop, available at www.gimp.org and Open Office provides an alternative to Microsoft Office.

'If you don't have the time or resources to produce a hard copy newsletter, there are many alternatives to help you get out there using social networking. *DDN* has its own Facebook group and Twitter feed, which gives a free and instant way of keeping in touch.

'On the home page of the *DDN* website, www.drinkanddrugsnews.com registered users can set up and create their own pages, with photos, video and whatever text they want. Some of the service user groups are already taking advantage of this to let people know about their activities.

'We're just about to launch a completely new website called www.daisywheel.com which will provide an online magazine creation system.'

Thank you

Right here, right now was the rewarding culmination of a year's planning and consideration and *DDN* gives grateful thanks for such a vibrant and interactive day!

We've had lots of thought-provoking feedback so far but please keep it coming. As we start to plan next year's event, your thoughts and ideas will help shape what we are proud to call the UK's largest national service user involvement conference. See you in 2011!

DDN would like to thank The Alliance, the conference steering group, all our speakers, volunteers, exhibitors and sponsors.

'The idea that stigma can be used to benefit public health defies belief and we would like to see the evidence for stigma as a useful tool in public health policy. We would also like to see the evidence that says heroin is used less because the level of stigma on its use is greater.'

Infamy, infamy

The dictionary definition of stigma is 'a mark of disgrace or infamy; a stain or reproach, as on one's reputation' and in sociological theory a stigma is 'an attribute, behaviour, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one' – so how can stigma ever be good as suggested by Neil McKeganey in his opinion piece (*DDN*, 15 February page 14)?

The idea that stigma can be used to benefit public health defies belief and we would like to see the evidence for stigma as a useful tool in public health policy. We would also like to see the evidence that says heroin is used less because the level of stigma on its use is greater.

We also disagree with the idea that 'the behaviour' *ie* the use of drugs in society can be used as a social barrier and separated from the person, or that stigma can be used to bring about behavioural change. In Uganda the stigma of homosexuality is being used to threaten people who engage in same-sex acts with imprisonment and death (in the Anti-Homosexuality Bill of 2009). In fact if you altered McKeganey's article to refer to homosexuality and homosexuals instead of drug use and drug users, the article would not have been allowed under law in the UK.

The risk of printing such an opinionated and distorted view is that people get drawn into these destructive arguments, but it would be unthinkable to let Prof McKeganey's views go unchallenged.

Dr Chris Ford, clinical director, SMMGP; *Dr Robert Newman, Beth Israel Medical Center (NY); Elsa Browne, SMMGP project manager; Dr George Ryan, GPwSI/shared care GP in Wolverhampton; Dr Steve Brinksman, RCGP regional drugs lead; Dr Susi Harris GP, addiction specialist, Calderdale; Beryl Poole, Alliance; Dr Garrett McGovern, GP specialising in substance use, Dublin; Danny Morris, independent trainer and consultant; Niamh Eastwood, deputy director and head of legal services, Release; Stephen Heller-Murphy, addiction policy development, Scottish Prison Service; Brian Whitehead, director of SHOC; Des Flannagan, addiction service manager, Northern Ireland; Nigel Brunsdon, trainer; Dr Albrecht Ulmer, German Society for Addiction Medicine, Stuttgart; Dr Roy Robertson, reader, University of Edinburgh; Dr Euan Lawson, GPSI substance misuse; Dr Stefan Janikiewicz; Kate Halliday, development and policy manager, SMMGP; Dr Nat Wright, RCGP; David Young, addiction specialist; Gary Sutton, head of drugs services, Release; Claire Robbins, specialist nurse.*

As I hope most readers will recognise, DDN is fully committed to challenging stigma towards everyone involved with substance use, whatever the context, and wholeheartedly refutes any suggestion to the contrary. We are also dedicated to providing a fair and independent forum for comment and have no wish to discourage anyone from submitting a reasoned argument for debate. This is extremely important to our editorial integrity and in no way suggests that we agree or disagree with the content of our articles.
Claire Brown, editor

Judgement day

Just in case there happens to be an avalanche of disapproval regarding Neil McKeganey's well-argued piece on stigma (*DDN*, 15 February, page 14) can I just say I think he makes some valid – and in our field, infrequently heard – points.

Stigma is not bad by definition, as he illustrates with the drink-driving example. It sometimes seems that we go so far to avoid being 'judgemental' in treatment that we risk a disastrous end result. You can scream *Daily Mail*! at me if you like. I happen to despise the *Daily Mail*, but just because I find it reprehensible doesn't mean it's always wrong.

The 'war on drugs' is a horrible mess, as we all know, but the end result of that horrible mess is that if you buy heroin or cocaine you are subsidising a bottomless pit of misery and exploitation, from desperate drug mules, to the corpses piling up in Mexico, to the bombs of the Taliban. A bit of stigmatisation doesn't go amiss – taking heroin or cocaine is an utterly selfish act.

Which brings me on to another well-worn theme in our field. I think some form of decriminalisation is inevitable in the long term, and no sensible person believes someone should be jailed for possession of drugs for personal use. But I've yet to see a genuinely convincing model of a post-prohibition utopia. There are one or two sizeable elephants in the room, it seems to me.

The cost of a gram of cocaine is – as we're often told – something like £2 at source, with the £48 mark-up going into the pockets of various undesirables on its journey from South America to the streets of the UK. So far, so bad. But what happens when we've removed the gangsters from the equation? Does that £48 go into the pockets of big pharma companies licensed to sell the drug, or into the pockets of HM Treasury to fund 'education and prevention' programmes? Or do we sell it for a fiver a gram, along with heroin and thereby miraculously eliminate all acquisitive crime in one fell swoop? What kind of public health impacts do people really think there would be if you could legally buy these drugs in a pharmacy or, God forbid, a bar? I don't accept the 'short-term spike in use followed by a long decline' model at all, and I don't see how anyone else can.

And what do all these gangsters do when you take their billions in drug profits off them? The border city of Cuidad Juarez in Mexico is on the frontline of the war on drugs, a place where drug-related killings are a matter of pretty much daily occurrence. Somewhat less frequently reported, however, are the thousands of women and children that have disappeared from the town since the early '90s to be trafficked north to the US, with the raped and mutilated bodies of those that didn't make it that far dumped on local waste ground.

That's what these people will be doing instead of the drug trade. Or maybe I'm wrong. Maybe they'll get a job in their local library or go and do some voluntary work instead.
Molly Cochrane, by email

Support the workers

Since we began 18 months ago, we have been very conscious of the specific issues that workers in the substance misuse sector face if they have histories of problematic drug or alcohol use (for example – stigma from staff and management, glass ceilings, pressure from clients to break boundaries, outing from bumping into clients at self-help groups, anxieties about getting qualified after a poor educational history, risk [or suspicion of risk] of relapse, having to work with clients that used to be peers or partners – to name just a few).

We all (staff and trustees) have histories of using or being affected by substances and currently work in this sector, so we have direct experience.

That's why in July of last year we began to provide a support group for workers in this situation. It is free and we offer it on the last Sunday of every month at 5.00pm – 6.30pm at our training room in Bethnal Green, London.

You can e-mail for more information and a map – l.bush@inspirit-training.org.uk
Linda Bush, director, learning and development, Inspirit, London

Spirited argument

I found your article *Facing the Spirits* (*DDN* 15 February, page 6) interesting and thought provoking – however it's left me with a bad taste, with your avoidance of the evangelical church and their use of prayer and exorcism. I know of residential and other services over the years who have used exorcism or intense prayer on people who were suffering withdrawals, hearing voices and having hallucinations. While having no direct experience I have heard plenty of anecdotal accounts.

Your focusing on the fringe religions and groups, as well as the easily targeted muslim fundamentalists, without any mention of the Christian fundamentalists make me wonder about the sensationalist nature of the article.
Stewart Dickson, Aberdeenshire

We welcome your letters...

Please email them to the editor, claire@cjwellings.com or post them to the address on page 3. Letters may be edited for space or clarity. Visit our forum at www.drinkanddrugsnews.com

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Concise, no-nonsense information on what Mephedrone is, how it's used, likely effects, possible consequences, and sensible harm reduction advice.

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– from opiate and alcohol detoxification and residential rehabilitation services to drop in needle exchange and A&E Tier one interventions, through to providing employment, training and education opportunities. Our experiences as a national provider enables us to provide individuals with the support and tools they need to 'turn their life around.'

For further information please contact – info@turning-point.co.uk or visit our website at www.turning-point.co.uk

Providing residential and day care services for people with substance dependency.

The Linwood Group - Mimosa Healthcare Ltd

We operate a number of centres across the UK and provide:

- Intensive abstinence based day care programmes
- Residential Detoxification
- Residential Primary Treatment
- Residential Secondary Rehabilitation

NHS

For further information please contact our Enquiries line on:

0800 066 4173

linwoodgroup mimosa

Where people matter and recovery works

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www.harmreduction.co.uk

exchange

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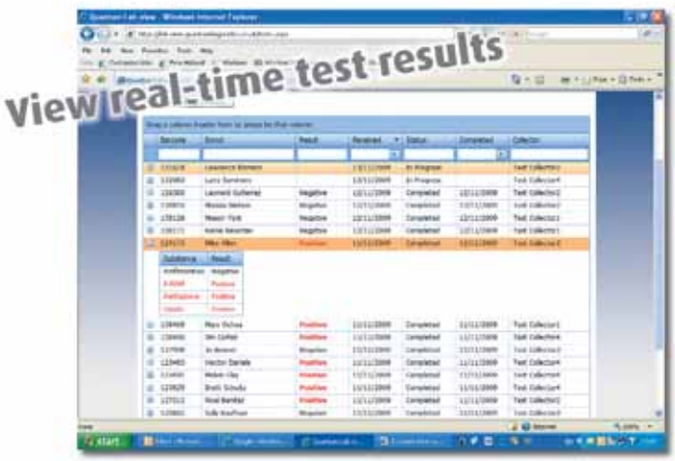

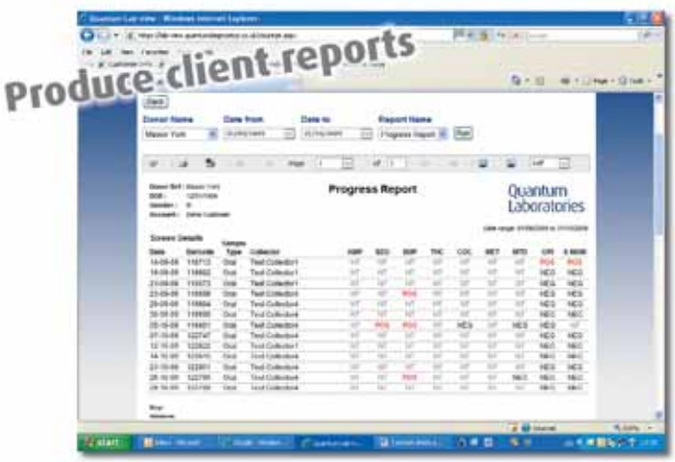

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CONSULTING FOR A NATIONAL RECOVERY FRAMEWORK

The demands and expectations on drug treatment systems have changed significantly since 'Models of Care' was updated in 2006. The focus now is increasingly on supporting recovery and reintegration.

This can already be seen in the NTA's latest publications and guidance, such as 'Commissioning for Recovery'. It is now time to consider a systematic approach to these issues across the treatment system.

Our aim is to refresh the national framework for drug treatment so that it reflects a recovery-oriented system and the ambitions of those who work in it and use it.

As part of this, we will be seeking views from across the field – and our draft recovery framework will be sent out for wide consultation later this year.

NHS
National Treatment Agency
for Substance Misuse

Remploy

Putting ability first

Remploy is committed to providing personal development opportunities for people with disabilities to enable them to fulfil their potential, and through it's businesses network provides top quality products and services to a wide range of companies and public authorities.

Medisafe

Designed by the Sheffield Safeguarding Children Board (SSCB) and manufactured by Remploy Worksop, the Medisafe box is a high-quality, wooden, child-resistant safety container ideal for use within hospitals, clinics, dispensing surgeries, harm reduction units, rehabilitation centres or controlled home environments, and anywhere where safe and secure storage is a priority.

All sites' Health & Safety standards are of the highest level and run to approved ISO systems. Current standard is ISO 9001 2008.

Specifications of child resistant safety container:

- *Each standard container has a robust pair of external hinges, fastened with a draw bolt security latch, which can be padlocked(one supplied).*
- *The box has a spring clip handle, child tamper-proof lid restraint and two optional safety labels can be applied, one back and one front.*
- *The standard sized container, constructed in birch ply timber, measures 210mm x150mm x 126mm internally.*
- *The finishing process includes two coats of a water-based, non-toxic satin lacquer.*

For further details contact Michael Tarry on 07810 657 040 or e-mail michael.tarry@remploy.co.uk or use our direct enquiry e-mail address medisafe@remploy.co.uk

INVESTORS IN PEOPLE

BROADWAY

THE TREATMENT CENTRE FOR ADDICTION

Broadway offers comprehensive packages of residential treatment at Primary Care, Secondary Care and Third Stage levels. Trained and experienced staff deliver services of the highest professional standards including full medical cover, with 12 Step programmes for:

Alcoholism • Drug Addiction • Gambling
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Services also available:

Detox only • Day Care
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Aftercare • Advice and Information

Broadway is renowned for the quality of care provided and rated 'Excellent' by CQC, fully accredited by EATA and also accredited by North Somerset CSDAT's new inspection scheme.

Contact Details:
Broadway Lodge, Totterdown Lane, Off Oldmixon Road, Weston-super-Mare BS24 9NN.
Tel: 01934 812319 Fax: 01934 818009
Email: mailbox@broadwaylodge.org.uk
Website: www.broadwaylodge.org.uk

...putting you on the ROAD to recovery

BROADREACH HOUSE

DRUG AND ALCOHOL TREATMENT SERVICES
Supporting You in Rebuilding your Life

Broadreach

3 (Excellent) Facility (CSCI) Dec 09.*
The approach of Broadreach is based on a bio-psychosocial model, which means that we appreciate that our clients require a variety of different interventions to assist them through the detox and primary treatment phase. Our interventions are heavily influenced by Cognitive Behavioural techniques as well as Motivational Enhancement Therapy.

Longreach

3 (Excellent) Facility (CSCI) Dec 09.*
Longreach is for women who have undergone detox in a medical setting but who, for whatever reason (which may include a history of sexual and physical abuse). They may also need more time to address underlying difficulties with self esteem, body image, relationship building, dependence on men, health and sexual issues, food issues, employment, parenting etc. Much work goes into reuniting mothers with their children, and helping them to build, or rebuild, relationships with one another, and children can stay for up to seven nights.

Closereach

3 (Excellent) Facility (CSCI) Dec 09.*
Closereach aims to meet the emotional, psychological and social needs of clients who have already completed a detox at Broadreach or elsewhere. The treatment programme is structured, consisting of group therapy, individual counselling and assignments. There are also workshops on specific, such as anger management and recovery maintenance and clients are are encouraged to engage in voluntary work as well as to access educational opportunities and learn skills for essential living. Group activities are offered in partnership with local businesses.

For more information
t: 01752 790000
e: tom@broadreach-house.org.uk
www.broadreach-house.org.uk

Action on Addiction

CLOUDS HOUSE

Clouds House has been providing residential treatment since 1983. The house is a 38-bed registered care home (with nursing), and provides six weeks first-stage abstinence-based treatment, including detoxification if required. The programme is based on a 12-step philosophy and includes group therapy, 1:1 counselling and workshops. It is run by a multi-disciplinary team and is accredited by the European Association for the Treatment of Addiction. Men and women (over 18) are treated for alcohol and/or drug dependency, under a variety of funding arrangements. Families are invited and encouraged to play a part in treatment. Patients are referred on to a variety of residential and non-residential aftercare programmes.
Tel: 01747 830733 Email: cloudshouse@actiononaddiction.org.uk

HOPE HOUSE

Hope House is a second stage residential treatment centre for women. The 23-bed registered care home is based in Clapham, SW London. The multi-disciplinary team offer specialist treatment to women with complex needs, eg addictions/dual diagnosis, food disorders, trauma and abuse. The programme provides counselling, group therapy and life skills, and is based on abstinence using the 12-step philosophy. We also provide art therapy, health education, leisure activities and practical assistance with housing. Family visits are encouraged and once the programme is completed, women are able to access additional support on our structured day programme to help them integrate back into the community.
Tel: 020 7622 7833 Email: hopehouse@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

FREEDOM RECOVERY

Comprehensive, responsive and effective

WHO THE SERVICE IS FOR

Men and women 18+ who want to maintain abstinence from alcohol and drug dependency. Service users will be encouraged to look at the history of their addictions and gain greater understanding of behavioural patterns associated with dependency and life style.

EFFECTIVENESS

Freedom Recovery works hard to ensure that those using our services are given every opportunity to achieve a sustained recovery from drug or alcohol misuse. We continue to create an environment where service users feel safe and can measure their progress throughout their stay. This helps to promote service user retention and ultimately completion of their treatment journey.

We operate with a highly committed and dedicated staff team of experienced counsellors and drugs workers. We are proud of the fact that the majority of our staff has been with us since we first opened our doors in 2004.

FREEDOM RECOVERY CENTRE
Services for addiction
14 Pattenden Road, Catford, London SE6 4NQ
T: 020 8314 0333/020 8314 5190
F: 020 8690 9811
E: enquiries@freedomrecoverycentre.co.uk
W :www.freedomrecoverycentre.co.uk

Bayberry Clinic

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DEDICATED RECOVERY SERVICE FOR HEALTH PROFESSIONALS

The Bayberry Clinic is a new service offering a dedicated, confidential and specialist residential programme for Healthcare Professionals (such as doctors, nurses, pharmacists, veterinarians, midwives, dentists, paramedics and trainees) struggling with substance dependency and possibly co-occurring mild to moderate mental health difficulties.

The abstinence-based programme integrates a range of evidence-based interventions including 12 step facilitation, Cognitive Behavioural Group Therapy and Mindfulness training. We offer a comprehensive psychological, medical and psychosocial assessment service. The programme is completely confidential as we understand how imperative this is to Healthcare Professionals.

For any enquiries please contact,
Registered Manager: Ms Maureen Clancy,
email: Maureen@bayberryclinic.org.uk,
tel. 01869 321717 / 07880 735 256

For further information visit our website at:
www.bayberryclinic.org.uk

Registered and regulated by Care Quality Commission

Full member of EATA

Bracebridge House

Removing barriers to recovery

About Us

Bracebridge house is a three bed-roomed house offering residential support for up to four women in recovery from drugs and/or alcohol problems. We take self-referrals and also offer services to clients who do not live at the project. The house is situated in the North of Birmingham and the average stay at the house is six months, although we assess each client on an individual basis. The house was born from a need for support services for women in recovery. Our aim is to help each client to develop the skills needed to live independently whilst remaining free from alcohol and other mind altering substances.

Training

We are also an approved training provider, providing NVQ training with creche facilities for those who attend our workshops. Please visit our sister site for training information: www.firstcaretraining.co.uk

Bracebridge House, Head office,
1S1 Park Business Centre, Wood lane
Erdington, Birmingham. B24 9QR

Tel: 0845 388 7306
Fax: 0709 289 7528
Email admin@bracebridgehouse.co.uk
www.bracebridgehouse.co.uk

DDN/FDAP WORKSHOPS

DDN Drink and Drugs News

fdap

SUPERVISION

Good performance management and clinical supervision are key elements of providing safe, efficient and effective services to clients that are constantly improving. Where they are not in place, all sorts of abuse can, and does, take place. Where staff are not supervised and their practice monitored, then there is a risk of danger to the client, the organisation and to themselves. Decent and consistent client care cannot take place without proactive and coherent management practice.

Line managers are often expected to cope with everything and are not always given the support to provide staff with the resources they need. These related courses will help managers look at different elements of their role and identify how best they can ensure they offer appropriate timely and effective supervision so staff develop their skills through reflective practice.

To assist managers with this DDN are pleased to announce two one-day workshops.

What is clinical supervision?
(18 March, Central London)

What is management supervision?
(19 March, Central London)

These courses are for managers or clinical supervisors new to providing supervision or for those more experienced who wish to refresh their skills.

After this course participants will be able to:

- Describe the purpose of clinical and management supervision.
- Agree the elements of a clinical and management supervision contract with a member of staff.
- Outline the role of clinical supervision in clinical governance.
- Describe the clinical supervisor's role in clinical governance.

These courses is mapped to the following DANOS or generic health and social care units:

- Unit BF5 Lead teams to provide a quality provision.
- Unit GEN35 Provide supervision to other individuals.

Delivered by experienced trainers Tim Morrison and Fiona Hackland, these one-day workshops can be taken together or independently.

15% discount to FDAP members.
All courses run from 10am – 4pm in central London, and include lunch and refreshments.
For more details about these workshops email ian@cjwellings.com or telephone 020 7463 2081. Or visit www.drinkanddrugsnews.com

Bournemouth Borough Council

Senior Practitioner

Ref: AT0177, £29,236 - £32,800 + 2 incs for AMHP, 37 hours per week

You'll be an experienced Senior Practitioner ready to influence the way a third sector provider helps safeguard children and adults.

Taking a lead role within the Drug and Alcohol Assessment Team for safeguarding vulnerable adults, you'll have experience of managing a complex caseload and be comfortable with a multi-agency approach. As well as undertaking risk assessments, you'll provide advice and expertise on individuals who present a dual diagnosis (mental ill health/substance misuse) and have a known history of offending.

As an Approved Mental Health Professional, you'll provide support to colleagues, as well as liaise with Children's Social Care where a potential risk to children has been identified.

With all the necessary Social Work qualifications and GSCC Registered, you'll have a background of working with substance misuse and people with dual diagnosis. Your risk assessment and management abilities must be highly developed and you'll bring experience of Care Planning and reviewing packages of care, as well as knowledge of substance misuse treatment systems and models of care.

In-depth knowledge of Mental Health and Adult Social Care Legislation will be essential, as will an understanding of adult and children's safeguarding procedures and the impact of substance misuse/mental ill health on individuals and families. Excellent communication, supervision (you'll have a small team) and organisational skills will also be key.

For more information or to apply online for ANY of our current vacancies visit http://jobs.bournemouth.gov.uk

Alternatively, an application pack may be obtained via:
e. recruitment@bournemouth.gov.uk
t. 01202 454775 or 01202 458838
(24-hour answerphone)

Closing date: 15 March 2010.

This post is subject to a pay and grading review which may result in a change to the grade and salary.

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

Leicestershire Partnership NHS
NHS Trust

Community Drug Team

Paget House, Leicester

We are a large and diverse NHS service, working very closely with GPs and the local non-statutory drug services in urban and rural environments across Leicester City, Leicestershire and Rutland, providing services for people with drug related problems via multi-disciplinary teamwork. We are committed to the principles of harm minimisation and seek to provide treatment services appropriate to the needs of problem drug users in the area.

Community Drug Treatment Practitioner

Ref: LUSP-0776-EE

Based within Homeless Healthcare at the Dawn Centre, Leicester

Band 6 £24,831 to £33,436 pa

37.5 hours per week

We are looking for an experienced drug worker with a proven track record of offering quality assessment and interventions to drug using clients with complex needs.

Essential criteria:

- RMN, RGN or DipSW
- A degree (or equivalent) in a relevant subject together with a postgraduate certificate or diploma in counselling or drug and alcohol treatment
- Experience of community working

If you believe you have the skills and experience for this role and to meet the challenge of working in this rewarding environment and would like further information please contact Lou Mousley, Team Leader, Community Drug Team or the Duty Line Manager on 0116 225 6400.

Closing date: 19 March 2010.

TO APPLY - Please apply on-line at www.jobs.nhs.uk quoting the appropriate vacancy reference in the keyword search. If you do not have Internet access please call 0116 246 3480 (24 hour answerphone) quoting the reference.

We offer excellent working conditions, including a contributory pension scheme. We are actively implementing equal opportunities in employment and service delivery and seek people who share our commitment. We encourage and support flexible working wherever possible. Further details available on request. The Trust operates a Smoke Free Policy and smoking is banned on all sites across the Trust.

Working with Leicester City Council, Leicestershire County Council and Rutland County Council to provide mental health and learning disability services.

Positive About Disabled People

Support. Care. Respect.

Travis Jenkins Award Winner 2008 (International Harm Reduction Conference)

Theo van Dam

offers training for students, low threshold workers, policy makers and drug users.
Theo van Dam is often called the 'founding father' of the European drug user organisations.

All training is based on user perspectives.

Training includes:

- HR+ (low budget harm reduction projects)
- How to initiate a drug user union
- Fatal and non-fatal overdose
- Social dealership (how to deal with dealers)
- Safer use / safer sex
- Respect and dignity towards drug users

For more information, contact theo@lsd.nl or 0031 653 160639

New Opportunities

We are seeking to recruit experienced individuals in the following two posts:

Head Of Service, Clouds House

(Wiltshire) **Salary Negotiable**

This post is responsible for overall leadership and management of Clouds House. You will be responsible for ensuring the effective delivery of the 24 hour in-patient and aftercare services in line with the Clouds House Treatment Model.

The ideal candidate will have proven management experience within a residential treatment setting and have a comprehensive understanding of the client group and treatment model. A relevant clinical/therapeutic qualification is essential and a management qualification would be highly beneficial. You will possess excellent communication skills with the ability to lead by example. You will have the ability to motivate a multi-disciplinary team and demonstrate a forward thinking and innovative approach. You will also have a good understanding of financial management and budget setting with the ability to think strategically and commercially.

Business Relationship Manager

(Vauxhall, London) **Salary Negotiable**

This post is responsible for developing and managing an efficient and effective system for state-funded referrals into Clouds House, Sharp London and Hope House. You will be responsible for conducting market analysis and developing and maintaining effective business relationships with key stakeholders.

You will ideally have worked within the addictions field with experience of referrals and commissioning. Proven experience of business development and marketing and the ability to communicate with a diverse range of clients would be an advantage. You will be highly articulate with excellent communication skills. You will be extremely organised with the ability to develop and deliver project plans.

IN RETURN

We offer a friendly working environment, 25 days holiday (increasing with length of service), 7.5% non-contributory pension scheme, Death in Service scheme, Employee Assistance Programme and the opportunity to make a real difference to the lives of addicts and their families.

If you're serious about tackling addiction as we are and ready for a challenge, please visit the job section of our website www.actiononaddiction.org.uk or contact the Human Resources team on 01747 830733.

Closing date: 19th March 2010
Interview dates: 31st March and 1st April 2010

INVESTORS IN PEOPLE

www.actiononaddiction.org.uk