

HAPPY NEW YEAR TO ALL OUR READERS

DDN

Drink and Drugs News

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January 2013

'The days when I had doubts have been washed away and each day looks brighter... With the support of the TSBC team I know that I can achieve a business and a future to be proud of.'



BUSINESS HEADS

FROM ADDICTION TO AWARD-WINNING ENTREPRENEUR

NEWS FOCUS

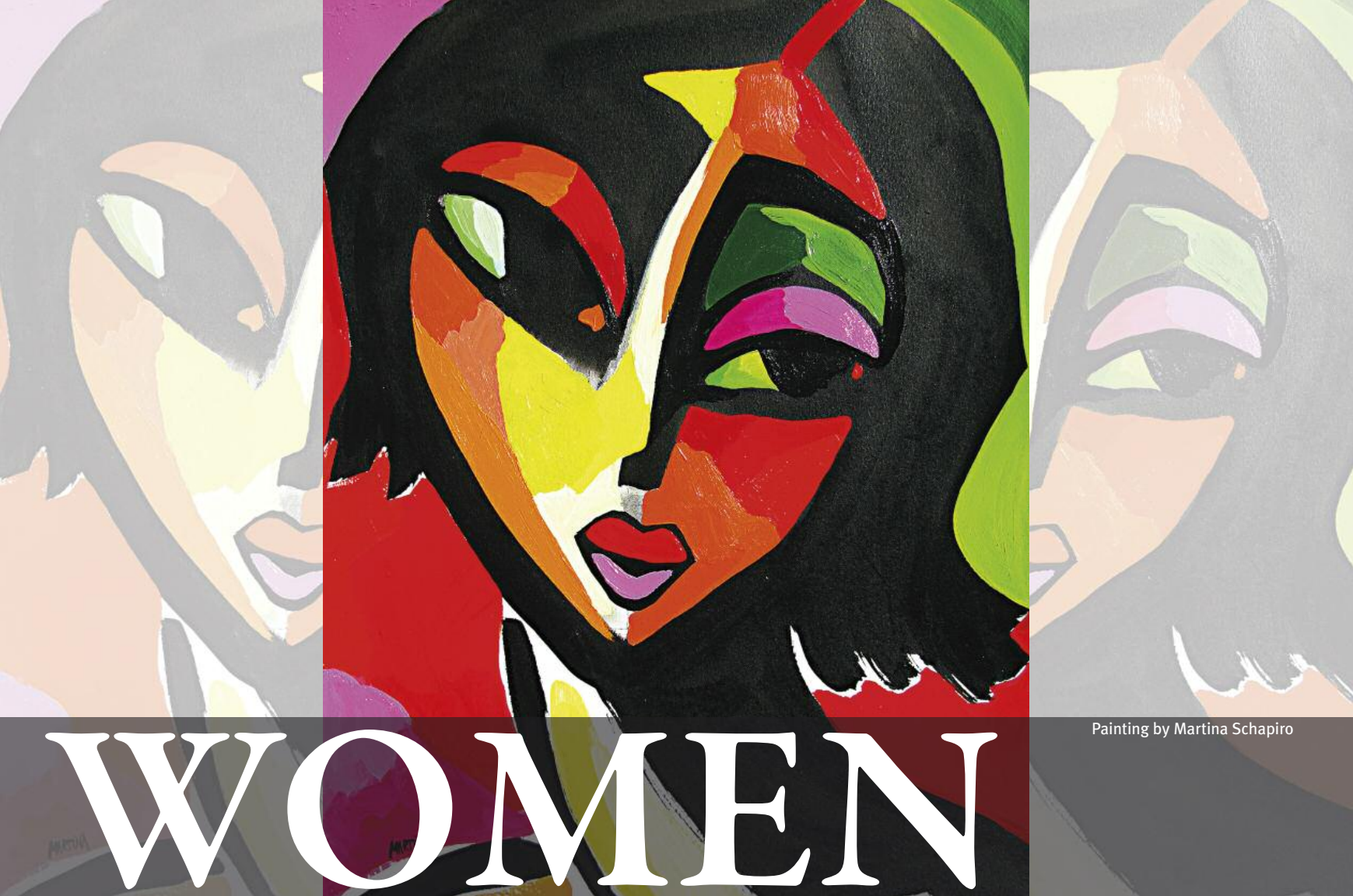
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THE LAST WORD

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PROFILE

Annette Dale-Perera talks about the challenges facing NHS treatment providers p18



Painting by Martina Schapiro

WOMEN

AFFECTED BY DRUG & ALCOHOL ISSUES CONFERENCE

CARDIFF CITY FOOTBALL CLUB – 20th MARCH 2013

Day Conference: 9.30am – 5.00pm

**Evening Session,
'The Big Debate': 6.00pm – 7.30pm**

DAY CONFERENCE

The day conference will include keynote speakers and workshops and will cover areas and issues synonymous with women affected by drug and alcohol use, including:

• *Breaking the Cycle* • *Families* • *The impact of the Criminal Justice-System on Women* • *Domestic Violence* • *Recovery Capital*

The Conference is being opened by **Alun Michael**, Police Crime Commissioner for South Wales.

Speakers include: **Pam Webb** Head of Zurich Community Trust, **Dr Gail Gilchrist** Principle Research Fellow of University of Greenwich, **Rebecca Daddow** RSA Senior Researcher, **Jenny Earle** OBE Director, Prisoner Programme to Reduce Women's Imprisonment, **Julia Lyon** CBE Director Prisoner Reform Trust and **Dr Bernadette Hard** Kaleidoscope Doctor. Chaired by **Amanda Davies** CEO Seren.

Lunch and evening refreshments included. Parking available.

Tickets £75.00

Booking forms available from: thevoicegwent@gmail.com

Tel: 01633 246196

EVENING SESSION – THE BIG DEBATE

The evening session will be a chance for our leading politicians and business leaders to debate the direction that society needs to go in to support women affected by substance misuse.

From disadvantage, to being a successful Woman in Wales:

Kirsty Williams AM, Suzy Davies AM, Jocelyn Davies AM, Julie Morgan (AM), Adele Blakebrough CEO Social Business Trust, **Niamh Eastwood**, Executive Director of Release. Chaired by **Mary Riddell** of *THE DAILY TELEGRAPH*.

Tickets: Donations Only.

Booking forms available from: thevoicegwent@gmail.com

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This event has been supported by an educational grant by RB Pharmaceuticals

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Editorial - Claire Brown

Show of solidarity

Challenge the negatives, feed off the positives

We love featuring stories of achievement, but some really make us sit up and take notice. Our cover story (page 8) gives the floor to four new entrepreneurs who competed to win an award for their fledgling businesses. There could only be one official winner, but that really wasn't the point. Each of them had faced their demons to overcome addiction that could have crippled their ambitions and chances of learning the skills to thrive in business. With the right support, they are taking off in their careers and taking on the world.

We have asked Amar Lodhia, who leads the enterprise scheme that supported them, to be part of our national service user involvement conference this year. Amar is among an inspiring set of speakers who represent the whole spirit of this year's event, which we have called *Be the Change* (page 22); he has learned from his own past to grab every opportunity in front of him and live life to the full. Money is tight and times are fraught, but we hope you'll join us on 14 February for an inspiring event. Feedback every year shows the enormous benefits of learning from colleagues from all over the country, including setting up new service user groups and finding constructive ways to work better with services. More details are on our website and if you need help or suggestions on getting there, please get in touch. See you in Birmingham!

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THROUGHOUT THE MAGAZINE: COURSES, CONFERENCES AND TENDERS

NEWS IN BRIEF

METHAMPHETAMINE USE GRIPS ASIA PACIFIC

Amphetamine-type stimulants (ATS) – a category that includes amphetamine, methamphetamine, methcathinone and ‘ecstasy group substances’ – were the primary drug of use for 70 per cent of people in treatment in the Asia Pacific region in 2011, according to UNODC. The drugs are now either the first or second illicit drug of use in 13 of the 15 countries surveyed for *Patterns and trends of amphetamine-type stimulants and other drugs: Asia and the Pacific 2012*. Reported methamphetamine use had grown in 11 countries, with seizures of methamphetamine in pill form increasing more than five-fold since 2007 and crystalline methamphetamine seizures nearly doubling since 2009. The growth in use and availability, as well as the increasing involvement of international organised crime groups, posed a ‘growing threat to both security and public health’, said UNODC regional representative Gary Lewis.

Available at www.unodc.org

TESTING TIMES

NICE has issued guidance to help ensure that more people at risk of hepatitis B and C infection are tested, covering commissioning, awareness raising and contact tracing. Around 90 per cent of the 12,642 hepatitis C infections diagnosed in the UK in 2011 were acquired through injecting drugs. ‘What seems to be a general ignorance about the diseases and the potentially serious consequences of not being tested and treated is contributing to both a lack of offer of testing by services and the low uptake of testing among those at increased risk of infection,’ said NICE’s director of public health, Professor Mike Kelly. ‘It is also contributing to the stigma surrounding hepatitis B and C.’

Available at www.nice.org.uk

FAST TRACKED

Just over 90 per cent of people entering drug treatment in Scotland in the third quarter of 2012 did so within three weeks of seeking an appointment, the Scottish Government has announced, meeting its HEAT (Health improvement, Efficiency, Access to services and Treatment) target. Waiting times in 2007 stood at more than a year.

SHIFTING CHAIRS

Health Protection Agency (HPA) chair Professor David Heymann has been confirmed as chair of Public Health England’s advisory board. HPA will become part of Public Health England from April.

Committee calls for royal commission on drug policy

The House of Commons Home Affairs Committee has called for a royal commission on UK drug policy to be set up in its *Drugs: breaking the cycle* report, the result of the all-party committee’s year-long enquiry (DDN, December 2011, page 4).

The committee wants to see a royal commission established immediately – as it was a ‘critical, now or never moment for serious reform’, according to committee chair Keith Vaz – and to report by 2015.

Responsibility for drug policy should be held jointly between the Home Office and Department of Health, says the report, which also recommends establishing a league table of health and wellbeing boards’ performance on local drugs provision. The document highlights residential rehabilitation and the use of buprenorphine as an alternative to methadone as ‘under-utilised’ treatment methods, and calls for improved drug education in schools and action to tackle the country’s prescription drug problem before it reaches similar proportions to that of the US.

Among the other recommendations are that ‘legal high’ retailers be held liable for any harms caused by untested substances they sell, mandatory drug tests on arrival and release from prison as well as ‘properly funded’ support for offenders on release – including immediate access to treatment – and that the new offence of drug driving included in the Crime and Courts Bill should include a maximum permissible level of concentration in a person’s blood ‘to have the equivalent effect on safety as the legal alcohol limit’.

‘After a year scrutinising UK drugs policy, it is clear to us that many aspects of it are simply not working and it needs to be fully reviewed,’ said Mr Vaz. ‘Implementation of the government’s policy of recovery is a major concern, in particular the quality and range of treatment provision available.’

The government said it would respond fully to the report in due course, but David Cameron quickly dismissed the call for a commission, stating that the government should continue with its priorities of emphasising treatment and keeping drugs out of prisons rather than ‘have some very, very long-term royal commission’. However a week later



Keith Vaz: ‘After a year scrutinising UK drugs policy, it is clear to us that many aspects of it are simply not working.’

deputy prime minister Nick Clegg backed the call, telling the BBC that it was time to break the ‘conspiracy of silence’ in which serving politicians shy away from proper discussion of drug policy.

DrugScope said the document was a ‘carefully considered and balanced report’ and welcomed the idea of a royal commission, provided it had ‘robust terms of reference’ and a ‘credible’ membership.

‘The committee identifies that for some people residential rehabilitation is the most effective treatment, backed by proper aftercare in the community, and calls for an expansion in provision,’ said chief executive Martin Barnes. ‘We support this, but funding and commissioning decisions continue to be the main barriers to accessing residential rehabilitation, which in turn impacts on the services available.’

Addaction welcomed the report but stressed that disinvestment in specialist and young people’s services was a ‘trend that needs reversing, and quickly’, while Westminster Drugs Project urged the government to take the report’s recommendations on board and ‘take drug dependency out of a criminal framework and deal with it within a health and social care context’.

Report at www.parliament.uk/homeaffairscom

HPA confirms sixth anthrax case

A sixth UK case in the ongoing anthrax outbreak has been confirmed by the Health Protection Agency (HPA). ‘A person who injected heroin has been diagnosed with anthrax infection in Medway and has died,’ the HPA announced just before Christmas.

Four of the six UK cases have been in England, and the number of cases identified across Europe since June 2012 now stands at 13, with four in Germany, two in Denmark and one in France. Heroin users in Europe are ‘still at risk’ of exposure to anthrax, state the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

‘In light of this recent case in Medway, we have

advised local agencies to talk to their service users who inject drugs about the risk of anthrax infection,’ said interim director of the HPA’s Kent Health Protection Unit, Dr James Sedgwick. ‘People who inject drugs often experience skin infection but we strongly advise them not to ignore signs such as redness or excessive swelling around injection sites, or other symptoms of general illness such a high temperature, chills, severe headaches or breathing difficulties.’

The previous outbreak of anthrax in Scotland was declared over in December 2010, by which time there had been 47 confirmed, 35 probable and 37 possible cases of anthrax, including 14 deaths.

Turning Point responds to 'race to the bottom' claims

Third sector treatment provider Turning Point has issued a statement in response to the Unite trade union's claims that the charity is planning to sack its workforce and re-employ them on revised terms and conditions, with some set to lose thousands of pounds a year.

The charity is carrying out a consultation with staff about changes to their terms and conditions, the result, it says, of cuts in local authority and health budgets 'starting to bite'. The proposals, which were 'not being made lightly', would have a 'limited impact' on employees the charity's substance misuse services, it added.

'Like many organisations in this difficult economic climate, Turning Point has to constantly review our costs and try to work out how we can make the efficiencies that will help protect jobs and services for the vulnerable people we support,' the organisation stated. 'We have begun discussions with our recognised union, Unite, and our staff about these difficult issues and put proposals on the table for dialogue about how we face the challenges ahead.'

Turning Point aimed to 'protect as many jobs as possible' by reviewing changes to its terms and conditions, it said. 'This will affect a lot of people in different ways in Turning Point. However, we need to move towards a market rate for employees, one that protects their base pay. Indeed, we are proposing to increase base pay for those who are the lowest paid. The proposals are looking

at various enhancements, including those paid for unsociable hours, many of which are no longer paid in the sectors within which we operate.' The organisation was fully committed to the agreed formal consultation process with the union and wanted to work with them 'to ensure a smooth process', it said.

Unite, however, maintained the charity was 'leading a race to the bottom' in the voluntary sector. 'This is devastating for staff,' said regional officer Jamie Major. 'Many of our 450 members stand to lose thousands of pounds a year. The Turning Point management is breaking faith with its staff, especially those transferred to the organisation with TUPE – Transfer of Undertaking (Protection of Employment) – contracts which protect their pay and conditions. Management says it is doing this so that the charity can compete with the competitive bidding process in the charity sector – but caring for vulnerable people should not be equated with the profit motive of the private sector.'

Meanwhile, Turning Point has been commissioned to deliver drug and alcohol services across Gloucestershire, Wiltshire and East Kent following a competitive tendering process. 'It is through winning new services that Turning Point can continue to grow and maintain viability, supporting more people and strengthening our existing services,' said Selina Douglas, managing director of substance misuse.

NEWS IN BRIEF

REVOLUTION IN THE AIR

The Ministry of Justice has published its *Transforming rehabilitation* consultation document, setting out further proposals for its 'rehabilitation revolution' (*DDN*, December 2012, page 5). These include payment by results as 'an incentive to focus on rehabilitating offenders' and 'opening the majority of probation services to competition', a move branded 'purely ideological' and 'astonishing' by assistant general secretary of probation union Napo, Harry Fletcher. *Consultation at www.justice.gov.uk until 22 February.*

GUIDING LIGHT

A series of pocket guides on substance issues has been launched by the British Association of Social Workers (BASW). 'Social workers are not expected to be specialists in substance use in the same way alcohol and drug specialists are not expected to be social workers, but we do still need to know enough to confidently ask about substance use and its effects on our clients and families,' said chair of BASW special interest group on alcohol and drugs, Dr Sarah Galvani. *Available at www.basw.co.uk*

ROAD REVIEW

A 'state of the art' review on driving under the influence of drugs, alcohol and medicines has been published by EMCDDA. The review summarises the findings of more than 50 reports compiled as part of the DRUID project, the largest ever EU study on the subject. Around 30,000 people are killed on Europe's roads each year, with alcohol estimated to be responsible for around a quarter of the deaths. EMCDDA has also recently published 'harm reduction overviews' for all EU member states as well as Norway, Turkey and Croatia. *Reports available at www.emcdda.europa.eu*

TOUGH LOVE

Parents who drink more are unlikely to practise the kind of parenting that averts hazardous drinking in their children, according to a Demos report. Parenting style can have a 'significant impact' on children's drinking behaviour, with the more a parent drinks the less likely they are to practise the 'tough love' parenting – combining warmth with discipline – regarded as the best protection against excessive drinking in the young (*DDN*, September 2011, page 5). *Feeling the effects at www.demos.co.uk*

Call for new drugs policy organisation

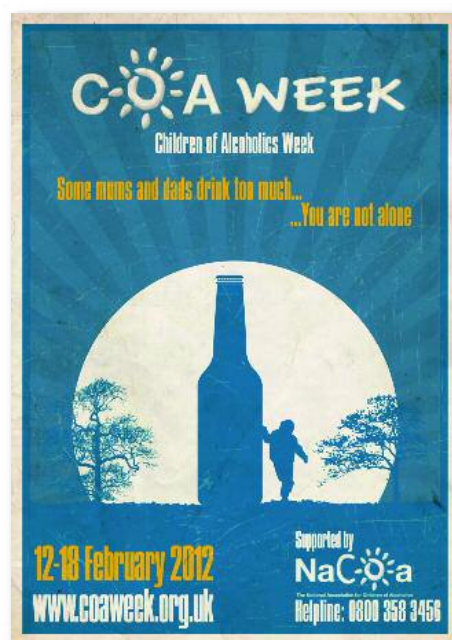
A new drug policy body with responsibility for collecting and sharing evidence should be established in order to 'improve drug policy knowledge and evaluation', according to a report from the UK Drug Policy Commission (UKDPC).

Policy will not improve until there is a fundamental change in the way it is made, says *How to make drug policy better*, with a current 'fundamental lack of evaluation' of both existing and alternative policies. The high turnover of drugs ministers and lack of leadership are also having a negative impact, states the report, which is based on an 18-month study that included interviews with ministers, senior civil servants and former home secretaries.

'Reviews of the UK's drug policies all come to similar conclusions, but we lack the political will to act on them,' said lead UKDPC commissioner for the research Tracey Brown. 'We need the party leaders to work together to take the heat out of the debate. They may not agree on everything, but they should be able to agree to improve the way we use evidence – so we know our policies are working as best they can.'

Report at www.ukdpc.org.uk

The UKDPC formally finished its work at the end of December 2012. Roger Howard looks back on page 12



Awareness week: This year's Children of Alcoholics (COA) week will be held on 10-16 February, with events in London, Manchester, Bristol and Norwich. The week, led by the National Association for Children of Alcoholics (Nacoa), aims to raise awareness of children affected by parental alcohol issues. *Full details at www.coaweek.org*

WHO BENEFITS?

Benefit reform, long a thorny topic, seems set to become one of the year's defining policy issues. **DDN** looks at the truth behind some of the government rhetoric

WELFARE REFORM IS ONE OF THE GOVERNMENT'S FLAGSHIP POLICIES, and this year will see the much-touted 'universal credit' replace a range of benefits including income support and jobseeker's allowance, while disability living allowance will be replaced by a 'personal independence payment'. The measures were set out in the Welfare Reform Act 2012, one of the key aims of which was 'creating the right incentives to get more people into work'.

Changes to the benefit system have loomed over service users since before the coalition came to power, however, with Labour's own controversial green paper, *No one written off: reforming welfare to reward responsibility* proposing the withholding of benefits from problematic drug users who failed to enter treatment.

Those plans never came to fruition, but since then the ongoing programme of reform has included not just the universal credit, but the highly controversial work capability assessment (WCA) to determine eligibility for incapacity benefits, and caps on housing benefit that could mean service users having to leave the areas where they've built up peer networks and where their families and treatment services are based. 'We need to strongly guard against people being sanctioned for what is effectively a health issue,' Release executive director Niamh Eastwood warned delegates at the DDN/ Alliance *Seize the day* conference two years ago.

Last week saw a House of Commons vote on the government's welfare uprating bill – branded 'rancid' by former Labour foreign secretary David Miliband – which intends to cap increases on a range of working-age benefits at one per cent. Although the government won the vote by a majority of 56, even deputy prime minister Nick Clegg criticised attempts to divide people into the 'deserving and undeserving poor' at a government press conference.

But the benefits battle is not just being fought in Parliament – there's also a war of words in the pages of the British press, with liberal voices decrying the stigmatisation, vilification and caricaturing of society's most vulnerable members, while the right-wing media continues to do the government's PR, running stories and editorials about 'scroungers' on almost a daily basis. 'The government caricatures poor people in terms of the worst cases they can find,' wrote Polly Toynbee in the *Guardian* last year. 'So far they have won the argument.'

According to the TUC, however, their argument doesn't quite stack up. In a recent YouGov poll commissioned by the trade union, it was those



Frances O'Grady: 'It is plainly immoral to spread such prejudice purely for party gain, as ministers and their advisers are doing, by deliberately misleading people about the value of benefits and who gets them.'

voters who were 'least able to give accurate answers about benefits' who were the most likely to back the government's policy of cutting them.

Around 47 per cent of the Department of Work and Pensions' £159bn spend on benefits actually goes on the state pension, followed by housing benefit at just over 5 per cent and disability living allowance at just over 3 per cent.

According to the results of the TUC's poll, however, while fraud actually accounts for less than one per cent of the welfare budget, those who took part in the survey put the figure close to 30 per cent on average. They also estimated the percentage of the budget going to unemployed adults at more than 40 per cent, while in fact the figure is 3 per cent.

More than 40 per cent thought benefits were too generous and nearly 60 per cent thought the system had created a 'culture of dependency', while the annual British Social Attitudes surveys show the number of people who think more should be spent on benefits falling by more than 30 per cent since the late 1980s.

'It is not surprising that voters want to get tough on welfare,' said the TUC's general secretary, Frances O'Grady. 'They think the system is much more generous than it is in reality, is riddled with

fraud and is heavily skewed towards helping the unemployed, who they think are far more likely to stay on the dole than is actually the case. Indeed if what the average voter thinks was true, I'd want tough action too. But you should not conduct policy, particularly when it hits some of the most vulnerable people in society, on the basis of prejudice and ignorance. And it is plainly immoral to spread such prejudice purely for party gain, as ministers and their advisers are doing, by deliberately misleading people about the value of benefits and who gets them.'

'There are any number of reasons to reform the welfare system,' said a recent editorial in the *Independent*. 'It is inordinately complex, hugely expensive and sometimes rather unfair, to name but three. Yet the government – or its Conservative half, at least – appears incapable of approaching the issue without descending into rabble-rousing rhetoric pitting 'scroungers' against 'strivers'. Such tactics are not just unnecessary; they bear an only nominal relationship with the truth.'

'Voters who have a better grasp of how benefits work and what people actually get, oppose the government's plans,' said O'Grady. 'When people learn more about benefits, support moves away from coalition policy.' **DDN**

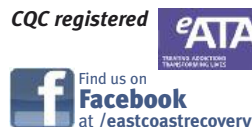


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LIFE'S WHAT YOU MAKE

DDN hears from four winning entrepreneurs – whose success was made even more remarkable by their challenging journeys overcoming addiction

At a glitzy ceremony in London, four entrepreneur finalists competed for a prestigious business award. Their final task was to pitch their business idea to a panel of judges led by award-winning businessman Will King, founder of the £60m company, King of Shaves, alongside chairman of Youth Business International, Sir Malcolm Williamson.

Twenty-one-year-old Chris Adams pitched his mobile hairdressing business, Baseline. Christine Dore, aged 45, presented her Caribbean catering operation, Mix & Blend, serving up a feast for the high-profile judging panel. David Howell, 41, made the case for his cleaning and catering enterprise, Servants-r-us. And Kirsten 'Fifi' Imrie pitched her dog-walking business, Walkies with Fifi and Friends, securing first place, a cheque for £1,000 from sponsors Fujitsu, and a year's support with advertising and marketing from successful marketing agency AnAbundance

All four finalists had been selected from more than 50 people who had completed the E=MC² programme over the past year – an initiative run by award-winning social enterprise and charity The Small Business Consultancy (TSBC), whose chief executive and founder, Amar Lodhia, writes *DDN's* Enterprise Corner.

And this is where the story becomes truly remarkable; for not only had the entrepreneurs started successful businesses, they had transformed their histories of substance misuse problems into character-building experiences. Referred to the programme by their local London DAATs – Southwark, Barking and Dagenham and Haringey – they grasped the opportunity to relegate negative experiences to the past, learn from their mistakes, and bring their business ideas to life.

To Kirsten Imrie, winning the award seemed a far cry from her past. Her problems with alcohol began in very early childhood. When she was just three years old, her

father crashed a car after he had been drinking, killing two passengers, one of whom was her mother.

'After that he drank more and more, mainly to forget I think,' she says. Young Kirsten was moved around from grandparents to foster homes and whenever her dad visited, he'd take her to the pub and make her sing for beer.

'By the time I reached 14 I already drank heavily and had two failed suicide attempts behind me,' she says. By the late eighties she found herself with a glamorous career as a successful model, which opened up opportunities as a TV presenter. Alongside the lifestyle and heavy drinking she developed a serious cocaine habit, 'mainly to keep awake as I was also running a nightclub. I had too many jobs, too much money and not enough time in the day. I was very unhappy.'

Things came to a head when Kirsten lost her job at LIVE TV, then her home, sleeping rough on Clapham Common, drinking every day to blot everything out. Things went from bad to worse; conflict with a tabloid newspaper that had got hold of her story, a partner who left her with enormous debts, and diagnosis of a serious medical condition called adenyosmosis, which could cause her to hemorrhage dramatically. At the beginning of 2011, while struggling with sobriety, she was viciously attacked by a dog, which hospitalised her and left her with scars on her face. With her confidence in tatters, her drinking increased, ending in admission to rehab.

Several episodes of treatment without follow-on support had ended in her slipping back into using, until in 2012 things changed with a referral to the E=MC² programme, run in the London Borough of Southwark, where she met entrepreneur Amar Lodhia.

'Amar told us that if there was something we were passionate about, that would make the best business,' she said. 'They say that if you have a really bad experience you should try and turn it into a positive' – which was how Walkies with Fifi and Friends came to be born.



ABOVE: (l-r) Amar Lodhia, Kirsten Imrie and Will King
LEFT: front row, Chris Adams (left), Kirsten Imrie (second left), Christine Dore (right).
FAR LEFT: David Howell

MAKE OF IT

Taking practical lessons from the course, she learned how to analyse strengths and weaknesses and use them for the business. Most of all she learned confidence, and to realise that she is in control of her own destiny.

'The days when I had doubts have been washed away and each day looks brighter,' she says. 'With the support of the TSBC team I know that I can achieve a business and a future to be proud of.'

Award runner-up Chris Adams began living in supported accommodation in Barking, after being estranged from the family home. He dropped out of school at the start of studying for his A levels and six months later found himself in a dead-end job in an electronics store.

'I was 16, still young and I wanted to do something else,' he says. After talking to some friends who were at college studying hairdressing, he decided to give it a go himself and became an apprentice in a well-known salon. But three months later he became bored with sweeping the floor and decided to improve his prospects by going to college.

'I was doing very well, achieving distinctions in my assessments and was chosen to be a peer mentor to keep other people on track – then was picked to go to Finland to gain work experience in a salon abroad,' he says. But on his return everything began to go downhill: 'I was still living in supported accommodation and felt I hadn't achieved much.' Feeling demotivated he dropped out of college, just a month before final assessments and completing his qualification.

Being referred by Barking and Dagenham DAAT to the E=MC² programme helped him get back on track – 'I found the passion and drive again that I wanted to be an awesome hairdresser.'

As founder and director of Baseline, he now has his own business and has

come a really long way, he says.

'Not only have I accomplished something for myself, but feel that I can inspire other young people to follow their entrepreneurial idea and turn that dream into reality.'

'While this has not been the perfect year, I must put it down as the year I have achieved the most after battling my alcohol addiction,' says 41-year-old David Howell. Not only did he reach the final with his Servants-r-us cleaning and catering business, he also completed two novels that were delayed by his struggle with addiction.

Looking back he reflects that he 'hasn't had the easiest road', with health problems that included becoming insulin dependent and being diagnosed with arthritis. Employment as a security professional put him in dangerous situations that further compromised his health, not helped by several personal tragedies. With his drinking out of control he accepted that he would have to go into rehab before it was too late.

A referral from Haringey DAAT finally steered him into achieving his potential. From being surprised that his idea was accepted for the final of the awards, he is now confident that he is steering towards financial stability, with TSBC's help.

'Having my own business means I now have the opportunity to achieve my full potential,' he says.

Christine Dore can now look back on 12 years of cocaine addiction and remember the moment she realised she had to become drug free.

'I had three children but they were removed from my care and this led me to spiral downhill,' she says. 'I always thought I would remain an addict. Then at the age of 40 I became a mother again and that was the turning point in my life.'

Attending RISE, a drug rehabilitation centre in Haringey, brought her in contact with TSBC and she was referred to the E=MC² programme by Haringey DAAT. She cites completing the course as one of her greatest achievements, alongside overcoming her addiction.

Having worked as head of a kitchen, she had the cookery knowhow to found the Caribbean catering business Mix & Blend, coupled with a lifelong passion for creating food.

'It's been my life since I was a small child,' she says. 'I come from a family of ten and when my mum used to prepare the food, she used to make us help with the cooking. I can remember helping to make bread and cakes – particularly licking the bowl!'

Hearing that she had been selected as one of four finalists brought her to tears, realising an impossible dream could become a reality.

'I have one motto that I stick to in my life – "life is what you make it",' she says. 'I really believe this, because only you can determine your fate and destiny. If I can do it, anyone can.'

After the competition, which was recognised by Global Entrepreneurship Week as one of the highest impact events of 2013, many doors opened for the finalists. Their biggest highlight to date was being invited to Downing Street to meet with the prime minister's enterprise advisor, Lord Young, during Alcohol Awareness Week. Best known for being the force behind the Start Up Britain campaign, Lord Young recently initiated the highly commended £82.5m Start-up Loans for Young People scheme, offering support to 18 to 25-year-olds in getting a start-up loan for their business, in the same way as students secure loans for higher education.

During the visit to Downing Street, Lord Young shared his two tips on running a successful business with the finalists.

Along with emphasising cashflow management as crucial to any business, he advised the finalists to always see the glass as half full – a lesson for life as much as business:

'Those that miss opportunities usually say they were unlucky, but in business you create opportunities and your own luck by having your glass half full.' **DDN**

Amar Lodhia and colleagues from TSBC will be participating in an enterprise workshop at Be the Change, our national service user involvement conference on 14 February in Birmingham. Full details and booking at www.drinkanddrugsnews.com

For more information on the E=MC² programme go to www.tsbccic.org.uk/commissions/daats/



LETTERS



'Though pertinent as ever, it's a shame that your very valuable publication has utterly bowed to jargon. If I was a service user, I'd need to read a briefing on "recovery speak" before tackling DDN.'

PARTING WORDS

After many years of service in the substance misuse field, I've decided to call it a day. In a mood of fond adieu, I felt it was time to write to *DDN*. It's like saying goodbye to an old colleague.

Though pertinent as ever, it's a shame that your very valuable publication has utterly bowed to jargon. If I was a service user, I'd need to read a briefing on 'recovery speak' before tackling *DDN*. The personalities of the many contributors to *DDN* are sublimated in favour of bureaucratic linguistics, creating a gulf between 'client' and 'professional' – surely the very things we work to break down?

Despite varying content, overall it's like reading a TOPS form. The only feature with a heartbeat is Marie Tolman's 'Journey of self-discovery' which is refreshingly free from 'PbRs' 'localism' and 'core visions'.

Of course Marie writes from the perspective of a service user rather a recovery professional. Perhaps it might be time to recover from 'recovery speak' in order to reach all members of the public?

Nina Guidio, by email

DRINK DRIVE FIASCO

It is of grave concern that the government are sleep-walking into a carbon copy of the West Coast Rail fiasco. To expand, the Driving Standards Agency (DSA) is trying to force through a raft of proposals that will dramatically change, and ultimately ruin, a highly successful road safety initiative. The Drink Drive Rehabilitation Scheme has been operating for over 15 years and independent monitoring has proven that this scheme achieves more than a 50 per cent reduction in the drink driving reoffending rate. The scheme offers

alcohol awareness training to those offenders convicted of drink driving.

The proposed changes are poorly designed and constructed, displaying a lack of understanding about drink drive culture. The consultation process was seriously flawed and contained a series of inaccuracies and examples of poor practice. For example, out-of-date statistics were used when more recent data was available, the consultation timescale was curtailed and organisations were consulted that have no experience or knowledge about the relevant issues.

Those who should have been consulted in detail, eg the magistrates operating the scheme in the courts, are largely unaware of what is being proposed. This is because the normal timeframe for consultation exercises was seriously curtailed, breaching the government's own guidelines. It is our view that ministers have been misled; providers of this scheme were not consulted on any of the major changes proposed prior to the launch of the consultation document as stated by the minister.

It was planned to introduce these new proposals in January, but contrary to government guidelines, no independent review has been conducted of the results and responses to the consultation. One particular proposal was rejected with a ratio of 2:1 but has been carried forward despite this result, as the DSA persists with its own agenda and ignores warnings about the future problems their proposals will cause.

In his initial report into the West Coast line situation, Mr Sam Laidlaw criticised government officials for not following their own guidelines, not treating bidders equally and ignoring warnings of possible problems. These issues are now being repeated with the proposed changes to the Drink Drive Rehabilitation Scheme.

The DSA proposals will devastate

the current scheme; they must be revisited before they tear apart a successful road safety initiative and the taxpayer is forced to burden the cost of another judicial review. These proposals are currently undergoing a legal challenge. Lawyers have been appointed by ADDAPT to prepare an application for judicial review using many of the same arguments cited in the West Coast franchise fiasco, only this time we are not talking about late trains, we are talking about an inevitable increase in deaths and serious injuries on our roads.

Steve James, secretary, ADDAPT (Association of Drink Drive Approved Providers of Training)

NO CONSPIRACY

Dr Alcorn (*DDN*, December, page 16) has accused my co-authors, and the editorial team at *DDN*, of a flagrant piece of product placement for publishing the article 'The road less travelled' (November, page 16), in which we reported the results of our research comparing the impact of Suboxone (buprenorphine naloxone combination) and methadone.

The *DDN* article was a cut-down version of a paper that was first published in the peer reviewed *Journal of Substance Abuse Treatment*. The article within *DDN* acknowledged the source of our funding, and while Dr Alcorn may conjure up a conspiratorial image of the need for vigilance in the face of Big Pharma, in fact Reckitt Benckiser, who funded our research, did not seek to influence the design, the

data collection, the analysis or the reporting of our findings in any way – indeed they did not even ask to see a copy of our paper in advance of its submission for publication.

Dr Alcorn disparaged our research on the basis that the study had small numbers, was uncontrolled, open label, not statistically relevant (not quite sure what this refers to), all of which, in his view, made the study meaningless. Sir Michael Rawlins, the chair of NICE, in his 2008 Harveian Oration, has pointed out that the idea that evidence can be ranked in some kind of hierarchy with randomised controlled trials at the top and case studies and expert opinion at the bottom is illusory, and that clinicians need access to information from all types of research in making their decisions. That is the reason why we submitted the article to *DDN* and it was certainly not to promote any narrow set of commercial interests.

Neil McKeganey PhD, director, Centre for Drug Misuse Research, Glasgow

COMEDY TURN?

It seems that Sacha Baron Cohen was testing out a new character on *Newsnight* recently, a member of the legalisation lobby called Eliot Albers. However, the creation was so ridiculously stereotypical and parodic that Jeremy Paxman, judging by his weary expression, wasn't taken it at all, while poor John Strang just seemed slightly bewildered...

Molly Cochrane, by email

ENTERPRISE CORNER

NEW YEAR, NEW DAWN?

Tackling burgeoning social problems requires true enterprise, says **Amar Lodhia**



AS THE SAYING GOES, you must spend the New Year festivities like you want to spend the rest of the year. For me, when someone says 'no' to something I want or to something I believe will work, my philosophy is to find a New Objective. As you will see from the coverage of our enterprise awards (this issue, page 8), preaching and living enterprise, and using it as a tool for positive social change is exciting, but we need to practice what we preach. So many people said NO to those finalists, but they found a new way – and I for one am so proud of what they have achieved.

Innovation is part of the answer, and there are several things that we know as fact. Firstly, we know that more needs to be done for less. Secondly, the country's balance sheet needs to inverse from being unbalanced in favour of burgeoning liabilities in comparison to the assets (not just by spending reductions, but through investments in helping people create their own jobs as well as jobs for others – building assets). Thirdly, that locally tailored, co-designed and customised interventions which promote 'localism' – through empowering local small businesses, local people, local services, all coming together as a 'powerful collective' to tackle social problems in their area – are essential to reduce duplication, waste and put into practice the 'big society' that we have potential to build.

We wanted to find a 'new way' of delivering our employment and enterprise wrap-around interventions. Say hello to our local employment and enterprise service which we believe will revolutionise collaboration in the voluntary sector and deliver a demand led, personalised and one-to-one wrap-around service which is paid on results.

It involves a TSBC enterprise and empowerment worker (TEEW) based in a treatment provider's building assessing clients, liaising with local services and stakeholders and ultimately coordinating the customised one-to-one delivery of our getting ready for work (Progress to Success) and self-employment programme (E=MC²).

The idea is that this essential wrap-around service will also support the treatment provider to meet its targets for reintegration, progression and employment. After all, we all desire and strive for the same outcome, right?

Our prediction is that the LEES will be best placed to support service users to find local employment or work trial opportunities and encourage their transition into sustainable mainstream employment, ultimately getting those sustained planned exits. Within our discussions, initial research and review of our work, we saw that there is a real need for information, advice and guidance focused on employability which is linked to, and doesn't rule out, self-employment for local clients recovering from drug and alcohol dependency.

To enquire more about our new service or our work in general please contact me at ceo@tsbccic.org.uk and follow me on Twitter @amarlodhia or @tsbclondon don't forget to use the #tag DDNews when tweeting!

Amar Lodhia is chief executive of The Small Business Consultancy CIC (TSBC)

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 – please limit submissions to 350 words.

The last



As the UKDPC wraps up its work, **Roger Howard** looks back on six years of helping drug policy become ‘fitter for purpose’ and considers what the future might hold

After six years of looking at the evidence for what works to tackle drug problems, the UK Drug Policy Commission (UKDPC) has come to the end of its work, although we will still be doing some limited activities this year to ensure our legacy continues. Our demise has been long planned – we were set up to run for a fixed period – and in anticipation we have spent much of our last year developing our final conclusions. The result is our report, *A fresh approach to drugs* (DDN, November 2012, page 4) which sets out our view on the current state of drug policy in the UK and our recommendations about where improvements could be made.

So what have we learned? Our findings split into two parts – our conclusions about the policies themselves, and what we have concluded about the processes of policy making. While there is much that can be improved about drug policies, we should not lose sight of the fact that the UK does some things very well. Harm-reduction policies, like needle and syringe exchanges, have saved many lives and kept blood-borne diseases like HIV at an internationally low rate among injecting drug users.

The great expansion of treatment and recovery services over the last 15 years has also reduced deaths and helped many more people to recover from drug dependence and move on with their lives. The evidence is clear that such services provide value for money. At the same time, fewer people are using drugs – particularly among younger age groups – although we should be wary about any claims of credit for this, given similar trends are seen in several countries with quite different drug policies.

But while some policies are backed by a strong evidence base, others have much less evidence behind them. Indeed, of the roughly £3bn a year known to be spent annually in the UK on addressing drug problems – the actual figure is almost certainly higher – only about £1bn has clear underlying evidence. That is what is spent on treatment for dependence.

At the heart of the challenge of how we make drug policy more effective is the question of what we are trying to achieve. For decades, political approaches have been built around prevention, treatment and enforcement – treating these as if they are goals in themselves, rather than as tools to achieve wider aims. Because we are not clear about what we are trying to achieve, we have been stuck in arguments like the one between harm reduction and abstinence. If we were more explicit about what our goals are, we might recognise that both can contribute to the same end.

We have concluded that policy could be built around two goals. The first of these is creating an environment that encourages responsible behaviour – both seeking to reduce drug use and lowering the harm that drug use and supply can cause to users and the people around them. The second goal is promoting recovery for individuals, families and societies.

Taking these goals, we have suggested a number of ways that drug policy could be made more effective. In seeking to encourage more responsible behaviour, some evidence-based early interventions and prevention programmes can both bring wider benefits and be cost-effective in the long run. Policy can also more effectively promote activities that allow people to reduce the harms associated with drugs if they do use them. This includes the wider provision of naloxone and facilities for pill testing and drug consumption rooms. These may also have a benefit in promoting recovery.

t word.



We can do a number of other things to improve the way we try to overcome entrenched drug problems. Recovery is an individual process, and the timescale for support and method of recovery will differ from person to person. This means that treatment needs to be individually tailored, and it is important that there is a range of different types of support available, including mutual aid groups and, where appropriate, heroin-assisted treatment. The criminal justice system can help this, for example by diverting drug-dependent offenders into the treatment system and working with communities to support their reintegration.

But there are huge challenges in society that undermine recovery. Drug users and their families often experience a stigma that can be a significant barrier to recovery. Tackling this stigma will be important for helping those in recovery to reintegrate into communities – in practice this means employers being prepared to give jobs to recovering drug users, and accommodation being available for people with drug dependence. But it also means addressing entrenched professional attitudes. The families of those with substance use problems also need support, both to assist their family member in treatment, and to help them deal with the stigma, stress and health problems that they may themselves experience.

But while we have seen much about which different policies could be introduced to improve the results of drug policy, we need to ask whether this is enough. Our goal at UKDPC has been to identify the evidence for what works in tackling drug problems. But this would be of little use if evidence is then ignored by policymakers. Fortunately, evidence is not often ignored completely – but then neither is it generally used as thoroughly as it could be.

We have concluded that the way we collect, analyse and use evidence in UK drug policy has often been inadequate, and that this has held back cost-effective policies. The Home Affairs Committee (HAC) report (see page 4) also recognised this and called for ring-fenced research funding.

Part of the solution may lie in creating a new body to commission and manage national research and the HAC recommended that the ACMD should do this. We suggested a genuine independent model such as exists in Canada. Given the different approaches that are increasingly being taken locally across the UK, there will be growing opportunities to learn and share knowledge.

The Home Affairs Committee spent the last year examining drug policy and their core conclusion was that a Royal Commission should be set up – but the prime minister and home secretary rejected that out of hand. At the same time, policy changes internationally – from Uruguay to Washington and Colorado – will change the terms of debates and generate new evidence about the impacts of different policies.

But in the UK, the impact of austerity will have the most far-reaching consequences. Most of us have not fully appreciated the profound reshaping of public spending which will happen over the next decade. As more money has been invested, the recent history of drug treatment has been one of growing professionalism as voluntary bodies and NHS services expanded and became more established. But the new austere future means we will have to rethink that model. We are now seeing co-production and mutual aid coming to the fore, perhaps going some way to reversing the previous journey of professionalism. In many ways this is going back to the roots of much of drug treatment, that of self-help and peer support.

This evolution has been mirrored in my own path. I've just taken on chairing Build

'Because we are not clear about what we are trying to achieve, we have been stuck in arguments like the one between harm reduction and abstinence. If we were more explicit about what our goals are, we might recognise that both can contribute to the same end.'

on Belief (BoB) a new charity founded on the work of the Kensington and Chelsea service users' drug reference group. BoB aims to support service users in the design, implementation and delivery of a range of services that are, by and large, socially based. These services are to be run and 'owned' by their service users and are intended to help volunteers and service users move forward with their individual recovery from substance use. Unusually, BoB does not follow, promote or recommend one method of recovery to the exclusion of another. Its inclusiveness and the inspiration it offers to those who struggle are what attracted me to it.

So events, some predictable, some less so, may shape what happens after the UK Drug Policy Commission has disappeared. But our aim when we established UKDPC was to provide evidence about what works and to change the way evidence is used in drug policy. Whatever the future may bring, a new relationship with evidence would ensure we are better prepared to meet it – at the individual, professional, political and public level. **DDN**

Roger Howard was chief executive of UKDPC



In the fifth part of her story Marie's family life goes well and truly off the rails

My journey of self-discovery

Somewhere between the many faces of Marie – doting mother, playful auntie, loving wife, loyal daughter, career woman, thief and addict – I lost all sense of who I was. My life felt like a series of plays and I moved from theatre to theatre to accommodate each audience's needs, wanting to be liked all the time. But in reality I didn't like myself, and that would eat away at my very core. My actions just didn't fit with my beliefs and values.

But to the outside world we still presented well, and nobody knew. I had only just been promoted at work when an incident happened that resulted in more bad choices. Within weeks Francis and I were using excessive amounts of crack, spending thousands of pounds a week, and my mental health deteriorated as my criminality increased.

This felt like the hardest time of my life as I struggled to fulfil different roles and I ended up back in prison. Francis became more aggressive and decided he was going to get help by going back into Phoenix House. One overcast Wednesday afternoon in August, I was sitting in the lodge at Wirral Drug Service when something happened to me that I still find difficult to explain. I literally went mad; I was psychotic. I felt I had failed as a wife and here was this keyworker, going to fix my husband, telling me we wouldn't be able to see him for four weeks. I went loopy. One of the doctors, who had known me for many years, said he had never seen such a dramatic reaction and total change in a person.

Francis went into Phoenix and I felt rejected and alone all over again. I hated Elaine the keyworker, who had done her job and arranged for Francis to be fast tracked. Today I thank her – without her intervention I would never have had the opportunities that followed and I'm very ashamed of my behaviour, which was totally out of character.

Each night I would walk the four miles to Phoenix House, wondering why my husband could not sense I was there. I would write messages in rose petals and chalk for him to see when he woke up. Then one night when I returned, the chalk had been washed away. It felt as if they were taking my husband further and further away from me. In my rage I smashed a window, then went home, got a Stanley knife out and carved into my body the words that staff had washed away. Then I marched back up there, saying 'well you can't wash this away.'

My children were left to cope with me in a psychotic mess. Luckily Phoenix

House got in touch with my keyworker, who I must say was fantastic and supportive – not just to me but also to the kids, making sure they were safe and that help was at the end of the phone if they needed it.

I got hold of a book by Tad James on hypnosis and the words made me curious. They spoke to me in a language that I understood. All the labels were just that, and I realised I had the power to remove them.

Francis returned home after nine days, and asked to score. I was so angry. The kids had witnessed things no children should see and I had nearly burned the house down. I made a decision to stop using drugs there and then.

I set myself a goal to be a neuro-linguistic programming (NLP) practitioner, doing coaching. I asked around if anybody knew any pathways, and thought that doing an NVQ level 3 would put me in good stead.

Shoplifting was a harder battle to conquer. I went to college and enrolled on an NVQ level 3 course on business and admin. I was on a drug rehabilitation requirement (DRR) and had to attend probation, but because I had not learnt accountability yet, I thought I knew best and went to college instead.

One Thursday morning the house was a bustle of kids getting ready for school and college, all arguing about who was going in the bathroom. Snow Patrol's *Chasing Cars* was playing in the background and the mood was good. Then all of sudden there was that familiar early-morning knock at the door. You could hear a pin drop. The kids knew instantly who it was.

'Oh mum what have you done!' I hid in the bathroom, feeling sorry for myself. In my head I was doing everything right – I had stopped taking drugs and gone to college. I locked myself in the bathroom and slashed my wrists. I had thought I was better but I was still emotionally unstable and vulnerable. The kids stood back helplessly as the policeman bundled their mum outside bleeding.

In the police station I had a blade hidden in my bra. When the officer came in and saw blood, she stripped me naked, with force – the same thing that had happened when I was just a teenager. She forced me into having an internal examination although I had told her I had nothing hidden there, and once again I had the same sense of being invaded. I felt totally powerless, degraded and abused.

Next issue: Can Marie get her life back on track?



'This felt like the hardest time of my life as I struggled to fulfil different roles and I ended up back in prison.'

Naomi
HAWKHURST, KENT




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Community Reinforcement Approach (CRA)	3 & 4 December

*Management & leadership £275 (+VAT)
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We all recognise that moment when we find out we need to provide a bank of new data to those on high, although drug and alcohol workers might ask ourselves why we can't just be left to get on with the 'real job' – helping service users to improve the quality of their lives.

So what drives the latest version of the data we are being asked to submit – data set J of the National Drug Treatment Monitoring System (NDTMS)? What does it have to do with real and enduring recovery? Why are modalities being relabelled as interventions, and what is the point of having sub-interventions? And what was wrong with the old system anyway?

Anyone using or working in UK drug and alcohol services will be aware of the impact of the recovery agenda on expectations of what drug treatment is really about, with the focus now not only on achieving reduction of drug use or abstinence from it, but on recovery in a much wider sense.

Few would argue with the idea of drug and alcohol services aspiring towards offering the best opportunities possible for service users to achieve their goals by using the most effective treatment interventions, in the most appropriate ways, to stimulate and maintain behaviour change. Opioid substitution treatment (OST) has a very well-established evidence base in helping to reduce harms caused by opiate use and engage people in drug treatment. Increasingly, however, there is recognition that provision of effective OST can be the place where treatment starts, rather than the only meaningful intervention we can offer.

The way in which we have recorded what we do with service users in treatment reflects the past emphasis on OST as the mainstay and focus of treatment. In NDTMS data sets to date, we record 'specialist prescribing' as an intervention which necessarily incorporates key working, with key working defined as having qualities such as being based on a therapeutic relationship and having regular contact with service users, including assessment, goal setting and review.

However, although the intensity, quality and frequency of this contact varies widely between, and even within, services, little attention has been paid to recording what we as workers actually do with service users and what treatment models we use or what treatment philosophy we come from.

If we do use a specific evidence-based treatment intervention we have only been able to record this as 'other formal psychosocial intervention'. This lack of specificity makes it difficult to represent the differences between, for example, a targeted motivational intervention and working with a service user on their anxiety using CBT.

Perhaps the emphasis on recording the prescribing element of what services do and the merging of psychosocial interventions into an 'other' category has not encouraged us to consider which psychosocial interventions we are using and how effective they are. Using previous NDTMS data sets may have yielded information on very important aspects of harm reduction – such as offer and acceptance of BBV vaccinations or prevalence of injecting – but what has been missing is the ability to record the psychosocial interventions we know are often essential to recovery in the wider sense, such as improvements in psychological health, resilience and overall quality of life.

We are all aware that patterns of drug use are changing, and the nature of the work we do will continue to develop. So how might the new data set J make a difference? When we talk about translating ideas about recovery into everyday practice, we are often talking about focus on psychosocial and recovery-specific interventions. Data set J is much more specific about using the evidence base to actually make a difference to our practice. Rather than using modalities such as 'other structured intervention' we are now encouraged to think about what we are offering



NDTMS data

set J could mean more than just a new way of saying the same thing, argue

Jan Hernen and Dr Christopher Whiteley

to our service users in a well-defined way.

For example, the type of intervention is entitled 'psychosocial' but the sub-interventions refer to evidence-based treatments we should be offering, such as 'motivational interventions', which includes manualised motivational enhancement therapy. Data set J pays specific attention to the role of the service user's social support by having a category for 'family and social network interventions'. It also recognises the need for treatment of co-existing mild to moderate mental health problems within drug and alcohol treatment services by referring to low and high intensity CBT-based interventions for problems such as anxiety and depression.

If we are only ever recording one type of psychosocial intervention as being offered in addition to OST, then we need to question why we are not offering other types, where the knowledge and supervision gaps might be, and how the service can address these. Being asked to record what we do in a different way can actually encourage us as workers, managers and commissioners to assess the quality of what we are offering to service users and how to improve it.

Within data set J, additional sub-interventions relate to recovery support with specific reference to peer support involvement, mutual aid and working with service users' social networks. The evidence base for working with people in their social contexts is well established yet too often within treatment services we may have relied on an individualised treatment programme and not been encouraged or prompted to make active efforts to invite specific support from social networks or actively facilitate mutual aid attendance. Again, attention to recording these sub-interventions invites us to consider how much we are doing to promote and facilitate real recovery options and make the wider recovery community visible to all.

The demands placed on treatment services by attention to psychosocial and recovery interventions are challenging yet exciting. We are now expected to know about, and use, a range of psychosocial interventions in a structured way. There are demands not only on training staff to offer interventions at measurable competence levels but also to maintain these competence levels with good quality frequent clinical supervision.

The definitions within data set J are clear that specific competences over and above those required for key working with supervision are necessary to legitimately record the intervention as being delivered. We would argue that clinical psychologists have a unique role to play within drug treatment services through their experience in psychological principles and their commitment to behaviour change, service evaluation, research and contribution to multi-agency working. Sub-interventions specified in data set J are clearly based on those suggested by the 2007 NICE guidelines and incorporate fundamental principles from the recovery agenda.

Clinical psychologists have been at the forefront of developing and researching effective psychosocial interventions and using knowledge of treatment contexts and human motivation to embrace community psychology in addition to more traditional individualised treatment approaches. Recent advances in the use of positive psychology and focus on strengths-based working lead us to consider how theories and research-based evidence can be applied in the real world, and clinical psychologists are ideally placed to bridge the gap between theory and practice.

More detailed attention paid to the types of psychosocial interventions we offer and how we can measure continued competence and outcomes of these approaches encourages us to consider how the profession of clinical psychology can help services to develop in a climate which, although challenging, is full of opportunities to make real and lasting improvements in the quality of options offered to our service users. **DDN**

Jan Hernen is a clinical psychologist at Turning Point Somerset, and Dr Christopher Whiteley is consultant clinical psychologist at East London Foundation Trust.

MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

It is true that the cost in lives wrecked and lost through drugs is huge, not to mention the money spent trying in vain to control them. Drug barons are always one step ahead of the law. Those looking for heroin or cocaine can easily obtain it, at a price. But how would we prevent the ugly side effects of legalisation, particularly a likely increase in experimentation, paranoia and schizophrenia?... Holland has tried liberalisation with mixed results. Washington State in the US has also lifted its pot ban. If Britain did so, drug tourists would beat a path to our door. We should not take such a step alone. We need a rigorous examination of all the risks and consequences – and agreement at European level.

Sun editorial, 10 December

There is a major contradiction at the heart of the [Home Affairs Select Committee] report. For it also states that the use of illegal drugs in Britain has fallen to almost the lowest levels since records began in 1996. We can all argue about why that has happened. But given this, it is bizarre to argue that drug policy is a failure. Indeed, one might say it seems to be working quite well. To say it's such a disaster that we should now consider legalisation makes no sense whatever.

Melanie Phillips, Daily Mail, 10 December

Now the MPs are proposing a Royal Commission into drugs laws – a pointless exercise, since we can predict the outcome now. It will propose decriminalising cannabis, and recommend that drugs policy should be based on the harm caused by particular substances, an approach that seems eminently sensible to everyone except the Home Office. The Royal Commission will issue its findings and the government of the day will reject them before the ink is even dry.

Philip Johnston, Telegraph, 10 December

When we're grappling with excess caused by legalised drugs – not to mention smuggling of legal-but-taxed tobacco and booze on an industrial scale – it is surely perversely optimistic to legalise/decriminalise another category.

Michael White, Guardian, 10 December

The hard truth is that as long as people in the rich west consume large quantities of drugs, gangs will flourish in countries that supply or act as transit routes for them.

Independent on Sunday editorial, 2 December

Lots of right-on do-gooders who have not thought seriously about drugs since school will nod and think that liberalisation, decriminalisation or legalisation – whatever – is a good idea. Yet the truth is that no one has a better idea, except in minor details, than the present policy, which has been remarkably successful.

John Rentoul, Independent on Sunday, 16 December

To turn the public mood, Labour needs to find its voice and tell the stories that counteract *Daily Mail* scrounger anecdotes.

Polly Toynbee, Guardian, 6 December

In order to start an honest dialogue with people who use drugs we need to balance the focus on drugs-related harms by exploring pleasure, which is what motivates most people who use drugs, including alcohol.

David Nutt, Guardian, 3 December



Annette Dale-Perera talks to **David Gilliver** about the challenges facing NHS treatment providers, and how the sector should be responding to a new era

Surviv

Annette Dale-Perera has been strategic director of addiction and offender care for Central and North West London NHS Foundation Trust (CNWL) since 2009, when she left her role as director of quality at the NTA. As well as its partnership arrangements with seven local authorities, CNWL runs an inpatient unit, problem gambling and club drug clinics and a new behavioural addictions service, while its offender care side operates substance services in more than 10 prisons. It's an impressive list, but as she told delegates at DrugScope's conference (*DDN*, December 2012, page 13), she's worried about the shrinking number of NHS providers and loss of essential health skills, particularly given some of the acute health needs associated with emerging drugs.

One problem is a view that persists of some NHS organisations being insufficiently 'recovery focused', or averse to change. 'It depends on whether you mean recovery or abstinence,' she says. 'It also depends on what the organisation is like – primary care organisations have an absolute deep-seated grounding in health and wellbeing outcomes, so it doesn't make sense to me to say they're not embedded in the recovery agenda. I'd always try to broaden it so that it's not just about reducing dependence – it's about improving health and wellbeing and people's quality of life.'

CNWL has been carrying out Department of Health-funded work on cultural change in organisations, informed by recovery in the mental health field. 'There's a lot we can learn from some of the recovery work that's been done in mental health, and realistically I think the only way services in the future are going to be able to survive is by a mix of experts-by-experience, volunteers and paid staff in new ways of working.' There's no doubt that the recovery approach has been ethically driven, she believes, 'but I think our hands are going to be forced on this one through the economic situation'.

Many NHS organisations with mental health services approach recovery from a different perspective, she says, 'and where that's happening it's really fruitful. But again the problem is that staff in NHS organisations are more expensive and in some places teams that were once multidisciplinary have been reduced to nurses and the odd doctor.' CNWL has one of the country's surviving addiction psychology teams, she adds. 'I think if we do lose psychology expertise, the world will be a worse place.' And nurses and doctors remain vital, she stresses. 'There seems to be this reductionist thinking that medical staff only do opiate prescribing, which is rubbish. They should be utilised to promote physical and mental health and wellbeing, from blood-borne viruses to nutrition – a whole bunch of things.'

She's also warned in the past about reading too much into encouraging statistics about falling rates of drug use. 'All the trends in things like the British Crime Survey show that lots of types of drug use are going down, and that's kind of indisputable. But my issue with that kind of survey is that it misses out a significant chunk of the people who are using, primarily young adults – the marginalised communities and offenders don't answer the questions, so I think it under-represents a whole section of society.'

There's also a whole range of substances that are not covered, she states – understandably, given the rate at which new psychoactives are being detected – with staff at CWNL's club drug clinic often struggling to get their clients onto

al strategies

'The only way of getting through this is to have some radically new models. The IMF predict that by 2017 UK public spend per capita will be below that of the USA, and that's really scary.'

systems like NDTMS as 'there's only a finite number of drugs you can list'.

The extent to which the sector has been target-driven around heroin and crack has also meant that, until recently, other drug users and alcohol users weren't prioritised. 'If you provided treatment for them it didn't count towards your key performance indicators that were linked to money. So I think we took our eye off the ball around things like powder cocaine in particular.'

All of this has been compounded by 'decimation' of funding for young people's services, she points out. 'Part of the problem is that few young people are *dependent* per se, but there are an awful lot who are bingeing on alcohol, stimulants, smoking strong cannabis and, increasingly, taking club drugs which may have acute harms. I think we've missed the point by applying adult KPIs to young people's services when input is needed for different patterns of harmful substance misuse.'

Dale-Perera has also been a UK expert delegate on drug demand reduction to the UN, where it was 'fascinating to see the different countries not wishing to upset each other,' she says. 'The power of the American delegation is hugely apparent at those kind of meetings, and what's also apparent is how much they invest in and fund the research – we're dominated by American research, and it's something they do well, but at the time [2008] they'd try to squash anything to do with harm reduction, which was very sad. I think the EU has done a lot to forge links with the Latin American countries, particularly Spain and Portugal, because they have a cultural affinity and shared history to some extent, but I do think we need to do things much more on a global scale.'

On that note, the aspect of the Home Affairs Committee's report (see page 4) she was most struck by was producer nations stating that 'this isn't working for us and we're in a mess,' she says. 'I thought that should really make us all sit up

and think – it's not just about preventing the harm in this country, it's also about what is happening on a global level.'

Any UK government that took a different approach would have to do so in its first term or early in a second, she says. 'It's difficult for politicians because they feel they need to be seen as tough. I still think it's tragic that a lot of young adults get criminal records for drug possession offences, and that puts people on such a difficult trajectory.' It's not a burden that's shared equally across society, either, she stresses. 'More young adults who get criminal records are from deprived or working class areas, so it's a class issue, and more black and minority ethnic people get criminalised as well.'

She spent seven years at the NTA before taking up her current position. How does she look back on her time there? 'I think the NTA did wonders to champion the cause of drug treatment, particularly under the previous administration, and it kept the money flowing in. We've got more treatment penetration than almost any country in the world, which is a really good thing. The NTA had some really good initiatives but we didn't get everything right.'

There's been much reflection on the NTA's treatment effectiveness strategy, she says, and while it was the 'the numbers in and the retention' that were prioritised in targets, finding a way of prioritising 'the ins, outs and recovery at the same time' might have yielded more.

'But it's very easy to say these things in retrospect. When you're at an organisation like the NTA you're really responding to what's happening among the providers, the commissioners and, very importantly, what's happening in government at the time.'

On top of her demanding role at CNWL she's a member of the Advisory Council on the Misuse of Drugs (ACMD) and co-chair of its new recovery committee, something she's particularly excited about. 'It's the only other standing committee of the ACMD apart from the technical one with all the chemists. We've tried to get it so that a significant proportion of people on the committee have lived experience, either through using substances or having family members who have used substances, and we're going to look at different aspects of recovery over the next few years.'

Her commitment to the sector partly grew through having a series of 'inspirational teachers and managers' throughout her career, she says, from Robin Davidson and Duncan Raistrick at Leeds Addiction Centre to Gerry Stimson – 'who trusted me enough to manage a new unit' – and on to Roger Howard at SCODA/DrugScope and Paul Hayes. 'I thank every one of them to this day. I've been really lucky.'

While she remains cautiously optimistic about the move to Public Health England, she's 'deeply concerned' about reductions in health and social care infrastructure and funding. 'I don't think we've really realised how potentially devastating it's going to be, and the only way of getting through this is to have some radically new models. The IMF predict that by 2017 UK public spend per capita will be below that of the USA, and that's really scary.'

NHS trusts are now trying to plan for the next three years under the shadow of at least 20 per cent in cost improvement programmes, she warns. 'That's before there's any kind of cuts to central funding budgets. It's very frightening.' **DDN**

HAVING A BALL



Sheffield service users had a chance to celebrate their sobriety in fine style this Christmas, ending the year on a genuine high.

Olivia Adams reports



It began as an ambitious idea from local charity Sheffield Alcohol Support Service (SASS) just seven weeks earlier, but on 17 December 250 sober people walked down the red carpet for Sheffield's first Celebrate Recovery Ball. The evening was held in honour of those in recovery from drug and alcohol addiction and was planned for the potentially difficult festive period with the temptation of alcohol everywhere. There were high expectations of this first inclusive entertainment event of its kind – a sell-out event thanks to united effort from all the alcohol and drug services in the city.

As everyone in the drug and alcohol field knows, Christmas is a particularly difficult time for people using these services. As the rest of the country is out drinking and enjoying themselves, those in recovery can find it difficult to join in the celebrations when so many of them revolve around alcohol or offer the temptation of drugs. The celebration provided an ideal opportunity to include those who normally feel left out at this time of year as well as to support them to reduce their risk of relapse during the festive period.

Josie Soutar, CEO of SASS, explained the values they wanted to get across through the recovery celebration: 'As an alcohol charity or an addiction charity, you can often be seen as killjoys, telling people not to have a good time at Christmas because of the worry of temptation. It is a difficult time of year for our clients, but the ball is a way of saying you can still have fun even if you are sober.'

The organising committee was a citywide partnership, as alongside local charity SASS, workers from Phoenix Futures, CRI, Addaction, Turning Point, Primary Care Addiction Service Sheffield (PCASS) and Sheffield Health and Social Care Trust came together to give their support and time to organise an inclusive event for all their service users. Jane Steele, service manager for the community team at Phoenix Futures, spoke of the importance of celebrating life outside of recovery: 'People in treatment can be so focused on therapy and help that you forget there is a life outside of it; you need to

remember you can enjoy yourself.'

Daniel, 25, is in recovery from an alcohol and crack cocaine addiction that began in 2007. He knew his attachment to crack came at a price, but it wasn't until four years had passed and Daniel had lost his relationship, daughter, home, car and self-esteem that he began to question his values.

'I couldn't hold that lifestyle down; it got too much for me,' he said before the event. 'I was addicted but needed to find another way to enjoy myself. I've never been to a ball before, so I'm looking forward to it because a lot of us haven't got much to do over the Christmas period.'

Linda, 47, in recovery and now a volunteer at SASS, also had high expectations: 'You feel fragile when you have been dependent on alcohol and come off it, especially around Christmas, and the ball is giving people something to look forward to.'

Although there was no champagne reception, there was a festive dinner, entertainment from two comedians, music from live bands and a DJ that played into the night, and partygoers were encouraged to bring a loved one as a guest. The celebration had all the glitz of a real ball with dinner jackets, evening gowns and tables decorated with sparkly ornaments and balloons. For people in recovery, tickets were at a subsidised rate of £10, and a limited number of donated tickets from the services were available at no cost. Generous funding from a number of key sponsors was crucial for the night to be a success, with Sheffield DAAT being a significant supporter of the evening.

The ball idea stemmed from the creative minds of Matt McMullen, activities coordinator, and Mike Ng, project worker from SASS, who began brainstorming a recovery night for their clients.

'Our recovery project has over 100 clients and we wanted to do something different this year and hold a really big event,' said McMullen. 'That's when we asked all the other agencies including drug services and the fellowships, if they would like to be involved as we wanted to acknowledge all types of recovery.'



'Everyone is getting high on recovery itself.'
Photos by Rosy Nesbitt

During the evening he added: 'It has been great to come together as a sector and put something fun on for our service users. I think the comedian is nervous because everyone is sober.' But comedian Sam Harland, with experience of recovery himself, didn't seem too fazed by the large crowd and opened the evening with humorous drug jokes.

Music from Not Dead Yet 2 followed. The band's singer, who has been sober for four years, sang a selection of covers including Alanis Morissette's Ironic, and Pink's Just Like a Pill. Local band The Gentlemen finished the evening in true party style. The Sheffield-based band, whose recent Chas and Dave cover featured on Dermot O'Leary's BBC Radio Two programme, got everyone moving to the dance floor with their own songs and classic covers.

Lead singer Nicholas was full of praise for the evening: 'Celebrating recovery is a positive thing, and a lot of our songs are about redemption and hope. It was special to see people uniting under the banner of recovery.'

Stephen, 36, is a volunteer at CRI and Turning Point after being a client with CRI. 'With harder drugs, you don't realise how fast it gets you,' he said. 'But you just have to choose, you don't have to hit rock bottom. Last year was my first proper Christmas without anything, which was weird, but good.'

CRI recovery worker John McNeil, who played a crucial part in the organisation of the evening, also gave his thoughts: 'It is wonderful to see so many people in recovery without any substances involved – everyone is getting high on recovery itself.'

The night gave people the chance to celebrate their recovery from drugs or alcohol addiction, while also helping to repair damaged relationships with families and friends. Every organisation had representatives at the ball, and as the first event of its kind it was a success in itself. Ending on the most natural high, everyone spoke of its achievements and how they hoped another evening like this would be held in 2013.

Olivia Adams is a student at the University of Sheffield

FAMILY MATTERS

TROUBLED TIMES

Identifying the families who most need support is proving a tricky task for local authorities, but they must keep the key issues firmly in sight, says **Joss Smith**



2012 saw all 152 local authorities in England sign up to the Troubled Families scheme and seek to identify families in their areas that fit the government's definition of 'troubled'. The government's Troubled Families team, based at the Department for Communities and Local Government (DCLG), has asserted that the 120,000 families our local authorities should be focusing on are characterised by an

involvement in youth crime or anti-social behaviour, have a child who is regularly truanting, an adult on out of work benefits, or cause a high cost to the taxpayer.

A DCLG report released in December heralded the success that family interventions are having on families in our communities identified as being the most troubled. Using data gathered since 2007 this report highlighted a 59 per cent reduction in anti-social behaviour, 39 per cent reduction in drug misuse and a 47 per cent reduction in alcohol misuse between entry and exit from the project.

These statistics show the success of family intervention – with many of the projects having been set up by the previous administration – in working with a broad range of families with often very complex and enduring needs. The percentage improvements reported by the DCLG publication are great news and show the benefit of working with whole families in a systemic way. However, the report cannot serve as an evaluation of the current troubled families programme.

Some commentators in the field have indicated that in fact local authorities are still struggling to align who they believe are the most troubled families, with the definition supplied by the DCLG and used to structure payment. Commentators have stated that when you speak to local authorities and their partners and ask them who are the families that worry them the most and cause the highest cost to the taxpayer, they are likely to say the families where there are domestic violence, substance use, alcohol use, mental health issues and children on the edge of care.

These families don't necessarily fit with what the government are asking them to target. So local authorities are stuck in a tricky situation to try and make the best use of the funding opportunity through the troubled families programme, but also make sure that they do extend whole family intervention support to those most in need in their communities.

At Adfam we would like to see more emphasis on tackling issues such as drug and alcohol use, domestic violence and mental health, and for local authorities to have the real freedom to work intensively with some of our most disadvantaged families and provide an intervention that the evidence suggests can hold real benefits for all the family members.

Joss Smith is director of policy and regional development at Adfam, www.adfam.org.uk

BE THE CHANGE

Why should you be at the national service user involvement conference this year? DDN tells you

WHAT IS BE THE CHANGE?

Be the Change is the theme of this year's annual national service user involvement conference. Created in 2007 by DDN in partnership with The Alliance, the event has grown each year and now also partners with the National Users Network (NUN) and the UK Recovery Federation (UKRF) to make sure it's truly representative of all service users, whatever their current circumstances. It is the biggest one-day conference in the UK drugs field and dedicated entirely to improving the treatment experience, aftercare, welfare, employment opportunities and rights of people who use drug and alcohol treatment services.

WHY SHOULD I BE THERE?

The conference brings crucial issues to the table, addresses your concerns and invites you to question the speakers and have your say. This year, more than ever, service users need to know what's happening as drug and alcohol treatment becomes part of the public health landscape. We cover the entire event for a special issue of DDN, seen by politicians and policymakers, and make your voice count.

The programme also features practical workshops, sharing essential skills and knowledge, and a highly popular service user group exhibition, where groups can display material about themselves and their activities. We also have live music, therapy rooms, Tai Chi and an enterprise zone. Perhaps above all, the event has become known as a superb networking opportunity for colleagues all over the country, inspiring new service user groups and initiatives.

WHERE IS IT?

Once again the conference is in Birmingham, the most accessible venue for people travelling from all over the UK. It's at The National Motorcycle Museum, a truly flexible space with full disabled access. All areas of the event are in close proximity to each other and refreshments are served all day including a delicious hot lunch. Delegates receive free entry to the Motorcycle Museum after 3.30pm!

HOW DO I GET THERE?

- By car – The National Motorcycle Museum is located on the J6 Island of the M42, directory opposite the NEC. There is free parking for cars, minibuses and of course motorbikes!
- By rail – The closest station is Birmingham international. The station is less than five minutes drive from the venue and free shuttle buses will run from 8.30am on the morning of the conference.
- By plane – Birmingham International airport is less than two miles from the venue.

If you want to stay nearby on the night before or after the conference, you can get a discount at The Manor Hotel Meriden – www.manorhotelderiden.co.uk; tel 01676 522 735. Quote CJ Wellings for a special rate of £80 including vat, bed and full English breakfast. A shuttle bus will run from the hotel from 9am on the morning of the conference.

HOW CAN I GET FUNDING?

The intention of this conference is that all service users can attend and, like their colleagues who work in services, do not pay out of their own pocket. Most service



user places are paid for by DAATs or local services, who seize this opportunity for better liaison. We offer places to service users (£90 + vat) and professionals (£145 + vat) as many organisations like to send both members of the treatment partnership.

If you are having trouble obtaining funding from your DAAT or local treatment provider, please get in touch with the team at DDN. We will suggest routes to funding, and may be able to provide a bursary place where this is impossible. We want to make sure nobody is excluded from the event because of inability to pay.

CAN WE HAVE A STAND?

We hope all service user groups coming as delegates will take up the offer of a free stand. The service user group exhibition is a fantastic way to showcase the work you are doing in your area, and to help you to network with other groups from around the country. Just call the DDN team on 01233 636 188 and we will make sure you have everything you need.

If your commercial organisation or charity would like to exhibit, please contact ian@cjwellings.com or call 01233 636 188. We have exhibition and sponsorship opportunities for all budgets.

HOW DO I BOOK PLACES?

You can book a delegate place, either by using the booking form within this issue of DDN, online at www.drinkanddrugsnews.com or by calling 01233 636 188. See you there!

CHANGE

14 FEBRUARY 2013

The National Motorcycle Museum Birmingham



FEEDBACK FROM SERVICE USER GROUPS...

'I came with a group of service user reps and peer mentors and we all had a quality time.'

Anna Kyson, SUST Swindon

'It was great to meet The Small Business Consultancy (TSBC). We were able to share ideas on running and maintaining back-to-work support.'

Sharon Church, Hope North East

'We all had a great time – it's our "must go to" conference of the year. Our membership has expanded greatly this year, our advocacy service is up and running, our outreach programme will soon give us a presence in the town four days a week and we're starting our plans to become a registered community group by 2013. We're already looking forward to next year's event!'

Mags Norman, SURF

'The conference showed how important it is for different groups from all over the country to be able to get together to share ideas and be peer mentors to each other.'

Hayley Zardin, SUGA

'Attending the conference was a special experience... the response to the stall was terrific! We had so many people wanting to get involved. We left the conference excited about making stronger links with service user groups around the country.'

Mike Haj, High Designs SU social enterprise

WHAT'S ON THE PROGRAMME

9.00-10am: Registration and refreshments

10.00-11.15am: Opening session, chaired by Alex Boyt. Featuring a service user's perspective of drug use as a specific health issue; The Department of Health's deputy director of alcohol and drugs, Chris Heffer, on the place of substance misuse treatment in the public health framework; GP Steve Brinksman's view of how drug and alcohol treatment should fit into the new landscape; and an update from the NTA as they fold their remit into Public Health England. Followed by questions from the floor.

11.15-11.45am: Refreshments

11.45-12.45: Practical workshops, focusing on essential information and skills. Choose from:

- * *Employment and enterprise – Mhairi Doyle MBE, former social inclusion manager at Jobcentre Plus North West, gives advice on back-to-work support. Amar Lodhia, chief executive of TSBC (The Small Business Consultancy, which supports people from disadvantaged backgrounds to become entrepreneurs) shows you how to go about running your own business.*
- * *The right to treatment – Steve Brinksman GP will advise on medically assisted recovery and communicating with health professionals in an informed way. Francis Cook from The National User Network (NUN) looks at getting the right healthcare; and there will be advice on dealing with services' requests for reducing your script.*
- * *Setting up and managing a group – Kevin Jaffray talks about setting up SUSSED (Service User Strategy for Self-Empowerment and Development). Peter Yarwood from LUF (Lancashire User Forum/Red Rose Recovery) advises on fundraising for group survival.*
- * *Asset-based recovery – A rousing, interactive session led by Alistair Sinclair on maximising the recovery potential of individuals and communities.*
- * *How to engage – Mark Brown from One in Four magazine will offer inspiration from the mental health field on communicating effectively. Nigel Brunson from HIT and Injecting Advice gives latest tips and tricks on social networking.*

12.45pm-2.00pm: Lunch and activities

Including – service user and provider exhibitions; workforce and social enterprise zone; alternative therapy zone; open meetings with NUN and other organisations; live music from The Shenanigans!; open mic 'Soapbox' area; drop-in suggestion wall; video booth; harm reduction café.

2.00pm-3.10pm: Interactive session, chaired by Carole Sharma. Several short service user (individual and group) presentations, demonstrating inspiring personal stories of change and recovery. Microphones will then be passed to delegates from the floor to tell the conference what change means to them.

3.10pm: Closing address: Activist and campaigner Andrea Efthimiou-Mordaunt on the need to lobby and be heard.

3.30pm: Finish and free entry to the Motorbike Museum
Free shuttle buses will run to the station from 3.30pm onwards

Drug and Alcohol Service



Havering
LONDON BOROUGH

Invitation to Market Warming Event

London Borough of Havering would like to invite specialist providers to a market-warming event in order for us to present our vision and requirements for the delivery of an adult drug and alcohol service incorporating a Payment by Results (PbR) Model.

This is an exciting opportunity for providers to assist commissioners to shape and develop the substance misuse sector and be at the forefront of the future delivery of public services.

The purpose of the event is to outline our vision and seek feedback regarding the service design as well as gauge appetite from providers as to whether this type of contract is feasible in the current competitive market.

The partnership will deliver a presentation summarising the specification and requirements of the contract and provide an outline of the procurement process with estimated timescales. There will also be an opportunity for providers to ask questions and provide feedback regarding potential barriers to submitting a tender for this type of contract.

The market-warming event is free to attend and will take place at 1pm on Thursday 24th January 2013 at the Harefield Manor Hotel, 33 Main Road, Romford, RM1 3DL. The meeting will last for approximately 2.5 hours.

Providers interested in attending this event must confirm their attendance by reserving a place. Places are limited to 2 delegates per organisation.

Please email debbie.holt@havering.gov.uk no later than Monday 21st January 2013.

Proposed Agenda:

1. Welcome & introductions
2. Summary of current drug & alcohol system
3. Overview of new service model
4. Outcomes & tariffs
5. Estimated procurement timetable
6. Questions & answers

Brighton Oasis Project is a unique centre providing services for women with drug/alcohol problems and children affected by substance misuse.



COMMUNITIES AND FAMILIES TACKLING ADDICTION PROJECT COORDINATOR

SALARY: NJC scale point equivalent 34, £28,636 pro rata (14 hours per week)

This is a new post within the organisation made possible with funding from the City's successful European bid to support families and communities affected by addiction. The post exists to support both adults and children affected by drug and alcohol use in the family. The project coordinator will oversee delivery of the project and deliver a supportive educational intervention to adults who have caring responsibilities for children.

YOUNG OASIS THERAPIST

SALARY: NJC scale point equivalent 29, £24,646 pro rata (30 Hours per week)

Due to additional funding from a charitable trust, we are expanding the Young Oasis service. The Young Oasis Therapist will work with children and young people aged between four and eighteen years, who are affected by familial substance or alcohol misuse.

SUBSTANCE MISUSE WORKER (Female)*

Salary: Between £19,126 and £23,708 pro rata depending upon experience (30 Hours per week)

We are seeking to appoint a part time Female Substance Misuse Worker to join our team. She will work 30 hours per week and be on a fixed term contract to cover maternity leave. You will assist the team to deliver a range of structured interventions to women on a group and individual basis. You will have experience working with vulnerable women with complex needs as well as an understanding of how gender impacts on substance misuse and recovery. **This post is exempt under para 7 (2) of the Sex Discrimination Act.*

Closing date 11th February 2013

Interviews w/c 18th March 2013

For informal discussion contact Stella Vickers on stella.vickers@brightonoasisproject.co.uk

Further details and a job application pack can be obtained on our website at www.oasisproject.org.uk or by contacting Hellen Ward on 01273 696970 / hellen.ward@brightonoasisproject.co.uk



See more jobs on
www.drinkanddrugsnews.com

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Next DDN out Monday 4 February,
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