

DDN

Drink and Drugs News

29 June 2009
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Despite a 12 per cent increase in young people seeking treatment, the last remaining rehab unit for 12- to 17-year-olds is facing closure. Does residential care for this age group represent something more than just short-term value for money?

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Editorial - Claire Brown

One way, or another

Let's make sure we spend on treatment that works

Of course it makes sense to spend money on what works, and this issue we have powerful arguments for two very different types of treatment. On page 12 Mike Trace sets out evidence from running the first three years of the Island Day Programme. A highly structured 12-step programme, the service based in the London borough of Tower Hamlets – which we covered in DDN when it first opened – has seen steadily rising completion rates from its participants, who are all members of the area's diverse community. The programme looks at how to control day-to-day influences on behaviour so that clients know they can step out of the door with increasing confidence each day, knowing they are stronger and more supported in every area of their life. The step from addiction to becoming drug free no longer seems such a huge height from which to fall.

Middlegate, the young people's residential service featured in our cover story, offers a completely different setting – for some very good reasons. Clients are offered a refuge from all detrimental influences in their lives and given the opportunity, with intensive professional support, to untangle their own personal chaos. This relatively expensive infrastructure that threatens Middlegate's viability is, to the young beneficiaries of treatment, a lifeline to the rest of life – what price should we put on that? And should we let this option disappear in (what we like to think of as) a climate of enhanced choice? Commissioning must always be about value for money, but sometimes this can mean a more intelligent look at long-term investment as well as the evidence of past successes.

Finally, I'd like to welcome Helen Sandwell as our new regular nutrition columnist, beginning this issue. Helen's written excellent articles for us before and we will now be able to benefit from her expertise on healthy eating in every other issue – read her first column on page 9. It's certainly needed, as Dr Chris Ford points out in her latest post-it from the surgery.

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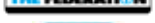
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News in Brief

Poverty soup

The effective reintegration of people with substance misuse problems into society requires a joint effort across all levels of government, including increased investment in housing and employment support, NTA chief executive Paul Hayes told the national conference on reducing harm through offender based interventions in Birmingham this month. 'Unemployment, poverty and homelessness make up the soup on which addiction and criminality feed,' he said. 'Work, prosperity and decent homes are aspirations which encourage abstinence and honesty. If we can't persuade the public that integrating drug misusing offenders into society is in the long-term interests of society, then all our strategies and plans are unlikely to translate into real jobs and homes.'

Part of the picture

A new piece of research into the drug and alcohol service needs of gay and lesbian people in England has been launched by the Lesbian and Gay Foundation. The results of a confidential online survey at www.partofthepicture.co.uk will be used to make sure that service provision is inclusive of the needs of these communities, as well as go towards compiling a national evidence database.

Outreach advice

Street sex workers in central London are being offered advice and information on treatment services, housing and sexual health by officers from Westminster Drugs Project and safer neighbourhood teams, with more than half the women contacted during a 12-month trial going on to attend treatment. 'This scheme is about the council reaching out to vulnerable women at an early stage before they become entrenched in a vicious circle of life on the streets and drug addiction which can be extremely difficult to break,' said Westminster cabinet member Ed Argar.

The HEAT is on

Scotland's first ever HEAT NHS performance target for drug treatment will be confirmed in November and come into force next April, community safety minister Fergus Ewing has announced. 'We have agreed with the NHS that, across Scotland, waiting times for drug treatment services will be reduced,' he said.

UNODC: Drug markets declining

The markets for opiates, cocaine and cannabis are 'flat or decreasing', according to the United Nations Office on Drugs and Crime (UNODC) World drug report 2009. However, production and use of synthetic drugs is thought to be on the rise in the developing world.

According to the report, Afghan opium cultivation declined by 19 per cent this year while Colombian coca cultivation fell by 18 per cent (see story below). But the 'cottage industry' of synthetic drugs in the developing world has now become big business, it says, with 'industrial sized' laboratories producing methamphetamine and other substances. The UK 'continues to be – in absolute numbers – Europe's largest cocaine market, with its second highest cocaine use prevalence rate' it says – more than 860,000 users in England and Wales and 140,000 in Northern Ireland and Scotland.

The report's preface sees UNODC executive director Antonio Maria Costa acknowledge that drug controls have generated a vast and violent black market, but says legalisation would represent 'an historic mistake'. More resources were needed for prevention and treatment alongside

'stronger measures' to tackle drug related crime, he said.

'Illicit drugs pose a danger to health,' said Costa. 'That's why they are, and must remain, controlled. Proponents of legalisation can't have it both ways. A free market for drugs would unleash a drug epidemic, while a regulated one would create a parallel criminal market. Legalisation is not a magic wand that would suppress both mafias and drug abuse. Societies should not have to choose between protecting public health or public security. They can, and should, do both.' The report does, however, call for drug misuse to be treated as an illness rather than a criminal offence, and for universal access to treatment.

Head of policy at Transform, Danny Kushlick, said that UNODC was 'officially at war with itself'. 'The executive director has admitted repeatedly that the UNODC oversees the very system that gifts the vast illegal drugs market to violent criminal profiteers, with disastrous consequences. The UNODC is effectively creating the problem it is claiming to eliminate.'

Available at www.unodc.org

Peru and Bolivia increase coca bush cultivation

There has been a steep decline in coca cultivation in Columbia but increases in Bolivia and Peru, according to figures released by the United Nations Office on Drugs and Crime (UNODC).

Coca bush cultivation in Columbia fell by 18 per cent in 2008 compared with the previous year, according to *The Columbia Coca Cultivation Survey* – a return to levels last reported from 2004 to 2006. However, Peru and Bolivia reported increases of 6 per cent and 4.5 per cent respectively.

Much of the decline in Columbia is the result of the manual eradication of nearly 100,000 hectares of coca bush and the spraying of more than 130,000 hectares – more coca bush was eradicated in Columbia than was grown in Bolivia and Peru put together, something UNODC executive director Antonio Maria Costa calls a 'remarkable achievement.' Cocaine production in Columbia has also fallen, from 600 metric tons in 2007 to 430, a decrease of 28 per cent, with potential Colombian cocaine production results for 2008 the lowest reported for a decade. Potential cocaine production in Bolivia, however, rose by 9 per cent and in Peru by 4 per cent.

'The increases for Bolivia and Peru show a trend in the wrong direction,' said Costa. 'Since 2000 coca bush cultivation has decreased in Columbia and has increased in Bolivia and Peru. Much more development assistance is needed throughout the Andean countries, particularly in poor regions such as the Yungas of Bolivia, where coca is the only source of income.'

The document also reports an increase in cocaine seizures in Columbia – up 57 per cent on 2007 – along with a 36 per cent increase in destruction of cocaine laboratories. The UNODC claims that a declining supply, coupled with 'shrinking' demand in North America and restricted growth in European cocaine use is the reason why 'prices are up and quality is down'. 'This may also explain why cartels are becoming so violent,' said Costa.

Reports available at www.unodc.org

Call for advertising ban on supermarket booze

A coalition of public health and alcohol organisations has launched a call for a ban on all advertising that promotes alcohol on the basis of low cost.

The Alcohol Health Alliance – an umbrella group of 24 organisations that includes Alcohol Concern, the Royal College of Physicians and the Royal College of Nursing – wants the ban to include supermarket advertising where alcohol is one of a range of products advertised.

The call forms part of the alliance's submission to the Advertising Standards Authority's review of advertising codes, and includes discounted alcohol, multi-buy offers and buy-one-get-one-free promotions, with the aim of cutting competition between supermarkets to sell alcohol at heavily discounted or 'loss leading' rates. 'Advertisements must not include alcohol sales promotions and must not imply, condone or encourage immoderate drinking,' it states. Previous research by Alcohol Concern found advertising for supermarket alcohol price promotions in programmes likely to be watched by children, including *The Simpsons* and *The X-Factor*.

The government is currently consulting on what should make up its mandatory code of conduct for the drinks industry, following widespread disillusionment with the effectiveness of voluntary codes (*DDN*, 18 May, page 4).

'As a society we know we have a drink problem and to allow alcohol to be marketed like soap powder is simply not acceptable,' said president of the Royal College of Physicians Ian Gilmore.

'Supermarket price wars played out in the media are pushing the costs of alcohol down and presenting alcohol as an everyday household item,' said Alcohol Concern chief executive Don Shenker. 'By promoting heavily discounted alcohol, retailers are encouraging bulk buying and contradicting the safe drinking messages the government is trying to promote, and which they claim to support.'

Crackdown cash for summer enforcement

The government has launched its crackdown on teenage binge drinking in the summer holidays with 'up to' £1.4m of new money for 69 youth crime priority areas.

The local areas have been asked to submit a three point plan detailing how they will 'take forward a range of prevention and enforcement activity' with the money, which needs to include tough enforcement – such as confiscating alcohol and using dispersal powers – early intervention and support, and clear communication with the local community. The cash is in addition to £350,000 each of the areas is receiving this year to tackle anti social behaviour through the youth crime action plan (YCAP).

'I am committed to tackling underage drinking,' said home secretary Alan Johnson. 'Alcohol, especially in the summer, is one of the main drivers of low level youth crime and anti social behaviour in our communities and this money will help local authorities and police to combat the problem through a mix-

ture of education, enforcement and cooperation with business.'

'We support anything that prevents young people being harmed by using alcohol or drugs,' said chair of the Drug Education Forum Eric Carlin. 'But we do think that local partnerships must work with young people and their families to address young people's use of alcohol and this must be about prevention as well as enforcement. We urge the government to make sure that there is proper evaluation of the scheme and to ensure that what happens this summer is followed up by education and support in the autumn.'

Meanwhile a report by the London Assembly estimates that 11- to 15-year-olds drink the equivalent of 180,000 bottles of lager a week, and that drinking rates are increasing. Young women in this age group now have drinking habits 'similar to their male peers' says *Too much too young? Alcohol misuse among young Londoners*.

Available at www.london.gov.uk

'Moob' concerns prompt men to cut drinking

After all the government's public health campaigns on the health risks associated with excessive drinking, a new survey commissioned for its *Know your limits* campaign reveals that alcohol's effect on the appearance is the main reason men would cut their consumption, second only to saving money.

Thirty seven per cent of the 1,000 men who responded to the YouGov survey said they would cut down on drinking to reduce the number of calories they consumed, while 44 per cent said they would cut down to save money. Twenty seven per cent said they were worried about developing a beer belly, while 17 per cent were worried about getting 'man boobs'. Thirteen per cent of men thought that their drinking was already having a negative effect on their appearance.

Thirty six per cent were worried that drinking would affect their long-term health while 22 per cent felt it was already damaging their health and wellbeing. However, awareness of the long-term health risks was low. While

more than 70 per cent of men knew about the increased risk of liver disease associated with heavy drinking, more than 80 per cent were unaware of the links with either throat or mouth cancer, and 66 per cent did not know about the increased risk of stroke.

'Our survey shows that more and more men are worried about alcohol ruining their looks,' said public health minister Gillian Merron. 'It is encouraging that they are also thinking about their health. Men who drink too much are at risk of conditions such as liver disease and stroke, as well as getting out of shape. Unfortunately the long-term effect drinking too much can have on your health is harder to spot until it's too late.'

'Sticking to the recommended daily unit guidelines, taking 48 hours off after a heavy session and doing regular exercise will help men keep their beer belly – and major illnesses – at bay,' said chief executive of the DrinkAware Trust, Chris Sorek.

News in Brief

Welsh concern

Alcohol Concern has received funding from the Welsh Assembly to set up a national office for Wales. Cardiff-based Alcohol Concern Wales/Cymru will run campaigns, lobby for changes in policy, raise funds for harm reduction projects and provide consultancy and training services. 'With 1,000 people dying each year in Wales due to alcohol misuse there is a need to both help the public make healthier choices and to put pressure on politicians to take tough action on irresponsible promotions and loss leading sales,' said Alcohol Concern chief executive Don Shenker.

UNAIDS champions human rights

The theme of this year's World Aids Day will be 'universal access and human rights'. Too many countries have laws and policies that impede access to HIV services and 'criminalise those most vulnerable to HIV' – including 'people who use drugs and the harm reduction measures and substitution therapy they need', says UNAIDS. 'Achieving universal access to prevention, treatment, care and support is a human rights imperative,' said UNAIDS executive director Michel Sidibé. 'It is essential that the global response to the Aids epidemic is grounded in human rights and that discrimination and punitive laws against those most affected by HIV are removed.' www.unaids.org

Logan's run

Marion Logan has been appointed director of operations Scotland by Phoenix Futures. A 22-year veteran of the field she has worked for the Scottish Executive, STRADA and Forth Valley Substance Action Team. 'I am delighted to be joining Phoenix Futures at what is one of the most challenging times within the drug field,' she said.

EC drug platform

A new platform for 'all European public and private organisations, stakeholders, NGOs, citizens and anyone active or interested in' the drugs field has been launched by the European Commission. European Action on Drugs (EAD) is designed to complement member states' drug policies and initiatives and is open to anyone 'whatever their organisation, approach, national policy or attitude towards drugs.' For more information visit www.action-drugs.eu



Light in the darkness: more than 300 people attended the second 'Merseyside candle light vigil for people lost to addiction and alcoholism', organised by SHARP Liverpool. 'Over 300 names were read out from the remembrance list – it was a very real reminder about the human tragedy of addiction and alcoholism in families,' said client services director of Action on Addiction, Kirby Gregory.

Space to breathe

As the last remaining rehab unit for young people faces closure, staff at Middlegate argue that residential care represents more than just value for money. DDN reports

A 12-week stay at Middlegate residential unit in Lincolnshire is not cheap. At £3,600 a week, a 12-week programme costs £43,200 so it is perhaps not surprising that commissioners are readily resorting to less expensive options to treat 12 to 17-year-old clients.

But to discount residential care is to be short sighted, argues Middlegate's chairman Chris Robertson. 'I'm the first person to admit that young people should be treated in the community,' he says. 'But there is a small proportion of people who we believe need residential treatment to get away from drug dealers – and to keep them out of secure units.' While there are some people that need to go through the prison service, he argues that there are many more that could benefit from being diverted through Middlegate's doors.

The NTA has just reported a 12 per cent rise in young people seeking treatment over the last two years, yet this last young people's residential centre has seen referrals dwindle to the point that they have had to warn staff of imminent redundancy. So why is Middlegate not benefiting from more of the £24.7m provided by the Department of Health for young people's treatment?

It's a question that the unit's manager Gordon Beattie is necessarily preoccupied with – particularly as he is often asked by workers where they can get the money from to refer young people to Middlegate ('I mean if the workers don't know, how crazy is that?'). He believes there should be a central pot of money to fund young people's units like his, all over the country.

Middlegate's staff-to-client ration is high – 30 full and part-time staff to just five client bed spaces (only two of which are currently occupied). But the same elements that make the unit expensive are what make it an intensive and effective experience for its clients, according to Beattie. 'The detox is the easy bit,' he says. 'We work on the psychological side and usually when young people come to us they're so damaged we have to do a lot of work behind the scenes on why they went onto drugs in the first place.'

There are nurses, a medical director (local GP), teacher, senior programme workers who are NVQ childcare trained as well as trained in drugs work, counsellors, therapists and social workers. Ten of these staff are full time and the rest work different shifts to cover the unit 24/7. All are trained to work on 'a massive range of issues' that could range from being unloved and unwanted, to being abused by their family. Some have been attacked and raped; others have gone into prostitution to pay for their drugs or are supplied drugs by pimps. Some, says Beattie, are like wild animals when they come in with a drug habit – 'we're teaching them to be human again, to respect others and to go out there and earn their money rather than steal it... they go on from here to college or into foster care or back home to be a proper human being. We feed them back into society.'

'It's quite an intense programme – it's not like a holiday camp, it's very structured,' he adds. From the first week, their timetable is filled with one-hour sessions – one-to-one and group work around their behaviour and anger management. 'It's like a drip, drip, drip – they gradually become more aware of why they went on drugs and the dangers of drugs... they go on to learn life skills as well – how to cook, clean and look after themselves.'

Results from this approach demonstrate why residential care works for such cases, according to Beattie. Cheaper options amount to papering over the cracks, he says. Middlegate is about creating a family environment where everyone joins in the same activities and eats together – 'we've had people here who have never sat up at a table and had a meal with anybody,' Beattie points out. Mentoring takes place through a buddy system and previous clients who have done well are invited back to do group work.

For young people who find themselves facing prison for drug-related offences, Beattie is passionate about Middlegate's relevance to offering a vital last chance: 'If a young person goes in front of the justice system and they have been committing crimes to get money for drugs, surely they should be put into rehabilitation and given one last chance to get off the drugs and prove themselves,' he argues. 'There should be that chance... if you put them in a secure unit, all they're going to do is go from one secure unit to another and then into mainstream prison.'

So, far from being unaffordable, a stay at Middlegate should be viewed as an investment in keeping people out of the criminal justice system, he says. Furthermore, he believes the programme goes beyond the datasets to transform lives, and that's why the staff at the unit are hanging on for a reprieve and still 'just as passionate about helping young people'. With an Ofsted 'outstanding' rating over the past two years, Beattie – who has himself worked at the unit since 1996 – does not want to see his staff disbanded and a wealth of experience lost.

He looks back over some memorable clients and recalls several for whom her believes Middlegate was a life-changer – among them a 16-year-old girl who 'didn't know any different and thought prostitution was the thing to do to earn her money to get her drugs.'

'For the first three weeks she was proudly telling everyone "I work for my money" – she honestly believed it was a proper job,' he says. 'We finally got through to her... with the help of our services we got her into college and she's now got a new life with a flat of her own. She's doing really well.'

Other cases – and he thinks back in particular to cases of young people with alcohol – demonstrate the value of having a retreat away from the community. 'It starts off like a "jolly" with other lads – then it becomes a problem and they find they are drinking seriously. Alcohol is available from every shop on every street corner and you are not going to be able to stop unless you get away from that scene because it's in

your face all the time.'

He recalls one young lad telling him: 'I used to wake up in the morning after being really drunk the night before and having money in my pockets. I didn't know where the money had come from, and that frightened me – am I threatening people? Am I stealing the money? Or am I accepting money for something else?'

This new client had desperately tried to stop drinking before coming to Middlegate, says Beattie – 'but he was in an area where this was the normal thing that everybody did. So he needed to come somewhere like this and make that break, just to get away from it. If this wasn't here, where would he go?'

At the end of last month, Beattie sent out a letter to members of parliament, and anyone else he could think of that may have influence, to make exactly that point – that residential services for young people were effective and needed, but that once the unit had been abandoned to its impending closure, it would be too late to decide it should have been saved.

'In this time of social services failures it is hard to accept that a successful unit like ours is going to close. Ceasing this unique service will leave the young people of this country alone and vulnerable,' he said in the letter, and attached a copy of the formal notification of short-time working, lay-off and possible redundancies that the managing director had sent to Middlegate staff – himself included – to underline the graveness of the situation.

So far there has been friendly support from colleagues within the field, as well as public statements that residential units are an important option for young people's treatment. But there has been no direct practical response to the crisis and chair Chris Robertson perceives ministers and the NTA to be at best ambivalent and at worst indifferent to Middlegate's plight, citing commissioners' obligations to look at young people's complex needs and hinting that community services may be better placed to do this.

Whatever happens – and Middlegate are still hoping for a miracle turnaround in fortunes – the staff at the unit will fight on to make sure nobody is thrown out midway through treatment. Despite all the uncertainty about what will happen to the unit, young clients will still be fully consulted about their own future and involved in decisions about them.

'For the first time they think "hang on, somebody's actually listening to me." That's worth a pot of gold when you see their face,' says Gordon Beattie – who must be wishing Middlegate's future was in similar safe hands. **DDN**

What do you think?

Should the last young people's residential unit be allowed to close? Do we need this option alongside community treatment? Please email your views to claire@cjwellings.com for our letters page, or join the debate at the DDN forum at www.drinkanddrugsnews.com



Our drug/ex-drug users' forum (DUF), funded by the local crime and drugs partnership, held its first meeting five years ago in response to the DAAT's objective of involving current and ex-service users in the development of treatment services.

The first meeting was made up of service users invited by managers and key workers, and was facilitated by the service user involvement lead at the DAAT. Around 30 people attend each monthly meeting – we've had over 300 visits to our forum and we have more than 150 on the mailing list.

Service user involvement is part of the infrastructure of Nottingham Crime and Drugs Partnership which replaced the DAAT in 2006. Our ten meetings a year are held at the Voluntary Action Centre in Nottingham, a neutral venue away from services, and we email and post minutes.

One of our key aims is sharing information and updates about services. Forum members know that their concerns are heard, considered and acted upon, even if it takes time. We share practice and contribute to a positive community with a

relevant agenda. We have representation at a strategic level on a variety of boards, at meetings and on the joint commissioning group. As we celebrate our fifth birthday it's positive to see the number of former members who now hold positions in treatment, support services and DATs around the country, and others who have 'proper jobs'!

Our advice to a forum starting, is to visit groups in other areas, speak with local DATs and services and offer incentives such as training opportunities, not necessarily money. Copy what works and remind partnerships that they have a legal responsibility, outlined in NTA and NICE guidance, to engage with users and carers. Have clear aims and objectives from the start and adopt clear ground rules and stick to them. If you want respect from professionals then work in a professional way. Learn to speak their language. Highlight issues and offer solutions, don't just criticise. And finally, stick with it!

For information about DUF meetings visit www.pdteam.org.uk/substancemisuse/duf.htm

Comment

On the wrong terms

Why do we insist on labelling people 'service users'? It's derogatory and unfair, says **Andy Stonard**

I felt very honoured to be asked to speak at the second national service users conference, *Voices for choices*, in January this year. At that conference, although talking about alcohol, I asked for everyone to stop using the term 'service user'.

The term appears to me to have a wholly negative connotation. It is also totally inappropriate to the thousands of men and women who choose to stop taking drugs or drinking, or use harm reduction techniques. 'User' implies taking and not giving back, which again goes against my experience of most people who use drugs or drink – if you hang around with them for more than 13 weeks. Perhaps it's a 'hangover' from prescribed substitution, where drugs like methadone are given out for years to the same person.

I explained that for me it was a term that had been taken up and embraced by the NTA and the commissioning framework – service user became the new imperative, just like equal opportunities

dominated the agenda in the 1980s with often little thought to what we were all supposed to be striving for – equal treatment for all. Equal opportunities became a key performance indicator in order to win the tender or contract. The message and image overtook the importance and the relevance.

It had a parallel with the term 'dwarf', which was substituted in a wave of political correctness with Person of Restricted Growth, which became PORG and there we had an even more derogatory term.

Why do we need the term 'service user'? Why do we have to draw up a convenient boundary? Why do we have to label everyone? Why do we have to make a distinction? I do not hear people who attend Alcoholics Anonymous and treatment services referring to themselves as service users, and they are the biggest self-help group in the country. When I worked at Rugby House my colleagues never referred to the men and women they worked with as service users but they consulted with them, listened to them and benefited from this. The services improved and became more relevant – it was not rocket science. We did not need the juggernaut of the NTA and the commissioning structures to direct us.

People who use alcohol and drugs and who experience difficulties with that use or develop problems, some of them life threatening, are our sons and daughters, our parents, our brothers and sisters, our relatives and friends, our neighbours and colleagues.

Any one of us can develop a problem, so why create a boundary where you are labelled? Because once you are it's very difficult to cross back over that line. No one was born to be a drug user or alcoholic. What I find very

cynical is the political use of 'service user' by the NTA and commissioners. If service users are so important why are they not given the power to have complete control over how public money is spent? Why can they not manage the commissioning process? This is what the NHS personalisation agenda is trying to achieve.

The NTA, the DATs and service providers now have wonderful professional documents for service user involvement, service user strategies and service user feedback. How does that match up to PDU/non PDU, performance indicators, care pathways, DAT plans, traffic lighting, NDTMS, TOPS, and all the assessment protocols? It doesn't, does it? It highlights the sham of it all.

Yes, the involvement of individuals in their treatment and opportunities to speak out and be heard have improved in some areas. The NTA themselves fund service users to go to conferences domestically and internationally. That's great – my point is that the approach is all wrong. The power should lie with the customer, not be driven by the NTA – and if it were, my guess is that I would not even have to be writing this, because 'service user' would not exist. We all use the term because the system that has been established demands it.

It is my understanding that Supporting People want to return to the term 'client' rather than service user. At last and great I say. So let's make sure we all do it.

Andy Stonard is a consultant and works with the Conference Consortium. He was chief executive of Rugby House for 22 years.

Natural invitation

I would like to respond to Derek Wilson's letter *Bark at the moon* (DDN, 9 March, page 9) which was in response to my work on natural awareness.

I would like to start by thanking Derek for having the courage to give his view. While I feel he missed some of the points I was making, I believe his main issue was with the lack of empirical evidence.

To that end I would like to invite Derek to attend my workshop on natural awareness free of charge, so that he can see for himself first hand what is actually involved. I would invite him to come as a complete sceptic but also with an open mind to other possibilities.

Regarding the lack of empirical evidence of alternative and spiritual aspects of recovery and nature based therapy, I do believe that perhaps with future research natural awareness could in a small way close the gap on the so called 'grey literature'.

I believe that Derek as a professional might agree with WR Miller when he says that to 'simply to ignore a... potential source of healing violates both scientific curiosity and professional responsibility.' Miller challenges the academic and spiritual community by stating 'It is time to question and reverse the assumption that spiritual variables are taboo for scientists and therapists, or that scientific methods cannot possibly shed light on spirituality'.

To that end I would welcome Derek's professional constructive feedback on his experiences of natural awareness. I would also like to extend this invitation to Molly Cochrane (DDN, 23 March, page7) and to a member of your team in the interests of balance.

I trust that you will accept my heartfelt invitation. You can contact me through <http://wild-tracking.blogspot.com/>. Details of the course can also be found at www.geoffmcmullan.com/Natural-Awareness-Part-1.html

I look forward to hearing from you all very soon.

Geoffrey McMullan, natural awareness therapist

Cranstoun's fortieth

In 1969 Cranstoun Drug Services opened the doors of its first service for those affected by drugs and alcohol, when a community GP and his wife responded to a locally identified need in Esher, Surrey. Forty years ago a family gave their house, time and effort to help others. Forty years on Cranstoun is a leading national charity that continues to respond to locally identified needs and embrace the principles and philosophy of its founders.

Have you worked for Cranstoun in the past or accessed our services? If you would like to share your story with us please contact Lisa Head – email 40years@cranstoun.org.uk, tel 020 8335 1830 or write to Cranstoun Drug Services, 1st Floor, St Andrews House, 26-27 Victoria Road, Surbiton, Surrey KT6 4JZ.

We look forward to hearing from you.

Lisa Head, Cranstoun Drug Services

We welcome your letters...

Please email them to the editor,

claire@cjwellings.com or post them to the address

on page 3. Letters may be edited for space or clarity.

Visit our forum at www.drinkanddrugsnews.com

Recipes for recovery

EVERYBODY LOVES THE SUNSHINE

In her first healthy eating column for DDN, our nutritionist Helen Sandwell suggests a dose of therapeutic summer fruits and sunshine



I often wonder who decided that New Year resolutions were a good thing. How many of us make feeble attempts to diet and exercise away the excess pounds after the Yuletide binge, but fail miserably? In reality, eating and exercise behaviour change is probably more difficult in the depths of winter than at any other time of year.

This is not surprising because throughout most of our evolution winter has been a time for the conservation of energy stores. Man the hunter-gatherer had a lean time of it in winter in northerly climes, and losing valuable fat stores was not on his agenda.

Through winter in the UK the body's stores of vitamin D are low, since the sun's rays are too weak to manufacture vitamin D in our skin, and the main dietary source, oily fish, is far from the nation's favourite food. Several studies have demonstrated that low levels of vitamin D are associated with low mood, including seasonal affective disorder (SAD), and that administering vitamin D can boost mood.

Many people in the UK experience some symptoms of SAD – studies have shown the incidence of SAD amongst primary care patients is around 10 per cent. Not everyone will have full-blown depression though. Many more of us just want to eat carb-rich food, curl up in a ball and hibernate. Not a great time for resolutions to join the gym and eat salads, and the winter blues won't induce your clients to make lifestyle changes either.

However, now summer is underway it's an ideal time to encourage your clients to make small lifestyle changes to support their physical and mental health and aid their recovery.

This summer promises to be a long hot one, so encourage your clients to get out in the sunshine for at least 30 minutes a day, to build up vitamin D and boost serotonin. A game of football in the park will have mood-enhancing and bone-protecting effects from both exercise and the sun's rays, as well as the immunity-boosting effects of exercise.

As SAD symptoms fade with the increasing sunshine, luscious and appealing soft fruits from the Mediterranean and the UK also appear in the shops. Once in full glut they need not be expensive choices. It's much easier to encourage the fruit-phobic to eat their 5-a-day by presenting them with a tasty plate of ripe watermelon, peaches and apricots, or a fresh strawberry milkshake, than trying to encourage them that fruit is a good thing with the hard apples and tasteless under ripe melon of winter. All those red, orange and purple soft fruits are packed full of antioxidants, ideal for boosting immunity and preventing tissue damage from drug-related infections and the general wear and tear on the body that comes with substance misuse.

Money is often an issue, so wise fruit-shopping strategies need to be encouraged – shop at markets, at the end of the day to find the marked-down bargains, or with a friend to make best use of BOGOFs (buy one get one free). Money is not always seen as an issue though – as one woman in residential treatment recently told me, 'I've spent so much money on drugs over the years, I think I can spend a bit on eating healthily now.'

Some fun in the park in the sunshine, a glowing tan, and a delicious strawberry tea... what could be a more enjoyable route to recovery?

Helen Sandwell is a freelance nutritionist. Her website is at www.goodfoodandhealth.co.uk Helen's nutrition toolkit, giving healthy eating advice relating to substance use, is published by DDN on CD-rom – email charlotte@cjwellings.com for details.

The DIY ethic

Although injecting drug use is the main route of transmission for the hepatitis C virus, there are surprisingly few hep C support groups specifically for drug users. **David Gilliver** hears from a service user who decided, with help from the local BBV nurse, to set up her own

According to a recent report from the Advisory Council on the Misuse of Drugs (ACMD), the number of people infected with hepatitis C in England and Wales could be anywhere between 120,000 and 300,000 (*DDN*, 9 March, page 5), and it is estimated that up to 90 per cent of these infections were acquired through injecting drug use.

Oddly, given that drug use is by far the most common form of transmission, the number of hepatitis C support groups specifically designed for drug users remains tiny. Frustrated by this, one service user in Islington, north London, decided to set one up herself.

'I was about to start hepatitis C treatment and there were no support groups for drug users at all,' says Sarah Lucas. 'I asked Victoria, my hep C nurse, what could be done about it and she said she'd help me set up a group.'

Victoria Leenders has been blood borne virus specialist nurse at Camden and Islington NHS Foundation Trust since late 2006. 'The first lot of clients I'd seen were about to go on treatment and there just weren't any support groups around that were specific to people with a substance misuse background,' she says. 'There were support groups out there for people in treatment but Sarah said it would be nice to have something more specific and more local so it kind of just grew from there.'

The first group was held last August, with seven people attending. Attendance numbers have doubled since then and there is now a core of people who attend every session, held on the last Friday of the month. 'Sometimes people will come once and not come back, or float in and out, but there's a core of about 10 to 12 people who always come,' says Lucas. 'Before this there was no support at all – there was Victoria, but there's only so much she can do.'

The aim is to bring people – who often would have no one else they could comfortably talk to about their condition – together and offer a confidential environment where they can be open with others going through the same things. The sessions are also used to pass on useful information about treatment options and procedures.

After setting up the group with Leenders' help, Lucas now co-facilitates it with her and although based in Islington, clients from the neighbouring borough of Camden are also able to attend. 'Clients talk,' says Leenders. 'We thought we can't just turn away people because they aren't in the borough.'

What makes the group especially lively and informative is that it's made up of people at various stages of treatment. 'Some are pretty scared – they've just found out they've got hep C,' says Lucas. 'Some are scared of going into treatment, some have done treatment and it's worked, some have done treatment and it hasn't worked, and some people are having treatment at the moment, like myself, so it's all different stages.'

'We've got people who come who don't know how to tell their family,' adds Leenders. 'There's a real variety of people there. Someone from the group is

having a biopsy tomorrow and Sarah's going to escort them there and be a bit of a buddy for them, because their reason for coming to the group was that they were worried about the biopsy – it's quite an invasive procedure – so the support is there outside the group as well.'

Feedback from key workers and service users has been excellent, with many service users hoping the initiative will be able to expand, time and resources permitting. 'It's very educational – you constantly get people coming away saying "I didn't know that"' says Leenders. 'They're really proud of the group, and it's great to be part of something like this – it's been a huge success. I know how difficult it can be to engage with some clients so to get them to come to a group once a month is amazing.'

The group also features guest speakers covering a range of relevant subjects. 'We've just had a dietician and next time we're having a psychologist come to talk about emotions and managing moods, because the treatment can affect anger levels and make people quite depressed,' says Leenders. In the last six months the group has also branched out into teaching, with core members taking it in turns to accompany Leenders to drug services, schools, hostels and housing associations to raise awareness of hep C, and the aim is to expand this to other venues next year, including job centres and prisons.

Involving service users in these teaching sessions has had a powerful effect on group members, says Lucas. 'It really helps boost their confidence. It's helped me a lot, because my confidence was really bad, but now I feel really good about myself, I feel great. We're trying to get everyone involved – they love it because you're giving them responsibility and trusting them, and not many people trust drug users. When you say to them "come and help" it makes them feel good.' Lucas lives in a St Mungo's shelter and has also been training St Mungo's staff on hep C and HIV alongside Leenders: 'It's like the roles are reversed,' she says.

The fact that the group – which is promoted through flyers in drug services and pharmacies as well as by email, service user forums, word of mouth and the Hepatitis C Trust website – has taken off so dramatically clearly demonstrates a substantial unmet need. 'It's become a really established, successful group, and there are always more and more new people wanting to come,' says Leenders. 'I've constantly got messages on my phone asking about it. With a lot of the substance misuse groups we run we have to encourage people to come by saying 'you'll get a £5 Morrisons voucher' but with this we don't have any of that – people just want to come to the group.'

And, crucially, not only do people want to attend, but they also actively participate. 'People really open up,' says Sarah. 'There's no one that just sits there, everyone's really open in the group, talking about their feelings. They find it really helpful. I've been doing groups since I was 18 in rehabs and things like that and it can be really hard to talk in groups, but when you come to the hep C group



everyone wants to talk because they know they're with people who are going through the same thing. It's not like talking to a doctor or a nurse who really haven't got a clue what you're going through.'

Did she feel that the professionals she's dealt with had any genuine understanding of what it's like to live with hepatitis C? "No," she says. 'You can be lucky and get the odd person who understands – that you don't have those boundaries with – like Victoria, but generally they haven't got a clue, they just pump you with medicine. You go and tell them how you feel and it's "have another tablet". It's not really helping, but that's how it is.'

The Hepatitis C Trust has been extremely supportive of the group, but it seems odd that there are so other few similar initiatives. 'There's one in Manchester (DDN, 9 February, page 6),' says Leenders. 'But when we were setting it up we really did look around – the Hep C Trust has loads of support groups but there wasn't anything specific to substance misuse. It may have changed because we did our research before we set the group up, but my understanding is that there isn't anything like this, or if there is it's very local and small scale and doesn't have the involvement of someone like me who works with the NHS.'

So what are the plans for the future – how would they like to see the group develop? 'I'd like to see it spread it out to other boroughs and work with hepatitis clinics,' says Leenders. 'We've been working with UCL Hospital hepatology clinic, which has broadened the group and helped to promote it – we would have missed out on a big chunk of people, because it's not just for people in treatment on methadone, it's for anybody with a drug problem. It would be great ultimately to see it as an established trust providing funding.'

As it is, they're just trying to manage the ever-increasing number of clients who want to attend. 'At the last group we had about 15 people, and we were thinking "wow, this is really big"' she continues. 'I was getting concerned that we might have to cap it soon, before it gets too much, but we haven't got to that stage yet. We could make the meetings more frequent but I'm not sure they'd generate the same level of discourse.'

Leenders is going on maternity leave later in the year, and the plan is that Lucas then takes over completely as facilitator, with a professional sitting in. 'Sarah has got the respect of the others, which can be really difficult for a service user working in that kind of environment,' says Leenders. 'It's worked really well.'

Lucas is also going to college in August, and doing a placement with a drug project outreach team. 'I want to work with homeless people and drug users, because I was there for a long time,' she says. 'I'd really like to set this up in other boroughs and other areas, carry it on and help other people, because people feel really isolated so we need more things like this – not just for hep C but HIV as well.'

'I've got a son who's ten and I see him every weekend. When I tell him what I'm doing it makes him feel proud, instead of saying "mum's just on benefits". He's really proud of me now.' **DDN**

"It's helped me a lot, because my confidence was really bad, but now I feel really good about myself, I feel great. We're trying to get everyone involved - they love it because you're giving them responsibility and trusting them, and not many people trust drug users."



Proof of impact

With RAPt's Island Day Programme recording positive outcomes from its first three years, chief executive **Mike Trace** challenges other community services to contribute experiences to an evidence base that could help judge the effectiveness of this model of treatment

When RAPt set up a structured 12-step day programme in Tower Hamlets in 2006, it was to some extent an experiment. We were seeking to demonstrate that clients could succeed in taking on the challenges of a demanding abstinence-based programme, while living in the community where their drug problems had developed (*DDN*, 27 February 2006, page 10). We were also aware that we would need to engage the South Asian communities in the area in this form of treatment, and to direct them to the self-help structures of the various fellowships. While the road to successful recovery has by no means been easy, we are proud of the results achieved by our Island Day Programme (IDP) team, and the many inspiring stories from programme participants.

Despite the fact that structured day programmes have been an integral part of the menu of services promoted by the National Treatment Agency (NTA) since its inception, we have been struck by how few DATs have specifically commissioned services that have a clear programme structure, and a clear treatment objective of achieving and maintaining abstinence. Most day centre services seem to have broad intake criteria, a flexible programme, and a range of outcome objectives covering health, social and reintegration domains.

Flexibility in services to meet client needs is obviously a good thing, but there is a difference between what is essentially a tier 2/3 advice and support service, and an intensive and structured programme that has abstinence as the primary objective. There have been very few of the latter type of day programmes developed in recent years, making it difficult to develop an evidence base of their impact and effectiveness. We have therefore been grateful to the Tower Hamlets Drug Action

Team for its willingness to commission a new service to meet the demand for 12-step abstinence based treatment among the local communities, and have worked with the officials there to gain an understanding of the impact of the service on the participants, their families, and the community as a whole.

The RAPt Island Day Programme is an abstinence based structured programme for men and women aged 18 or over who live in the London borough of Tower Hamlets, and it is based on the principles of the 12-step fellowships of Narcotics Anonymous and Alcoholics Anonymous. Clients need to be 24 hours free from drugs and alcohol on arrival, they are expected to commit to daily attendance from 9.30 am to 4.30pm Monday to Friday, and their abstinence is assessed through urine, saliva and breath testing. The programme is intensive and looks at a fundamental change in attitude and behaviour, so the treatment has to tackle the contributory factors to participants' dependent drug and/or alcohol use. It is delivered by trained counsellors, social workers and drug workers.

There are three phases to the programme. The first phase looks at enhancing motivation, preparation for treatment and induction, and takes up to eight weeks.

Next is the primary phase, which is group work – apart from the individual counselling sessions – lasting at least 12 weeks. Sixteen facilitated groups a week include group therapy, working through steps one to three, lectures, workshops, health education, and activities.

Phase three is aftercare – a part-time support group for up to 12 months which covers relapse prevention, recovery based workshops, and housing and ETE (education, training, employment) support. IDP also facilitates meetings for clients who wish to invite and involve their family members or significant others in their recovery programme.

Since its inception, the IDP has admitted over 200 participants, 49 per cent of whom have been from ethnic minority communities. Consistent with the diversity of the Tower Hamlets population, we have a particular concentration of clients of Bangladeshi origin, who make up 25 per cent of the total. We have found that clients from all communities have engaged with the programme equally well, with retention and completion rates slightly higher for Bangladeshi than for white British clients.

Over the three full years for which statistics are available, the programme completion rates (ie the percentage of those on the structured programme who graduated) have been as follows: 31 per cent in 2006/7; 34 per cent in 2007/8; and 45 per cent in 2008/9.

Viewed from the perspective of a structured abstinence based programme, delivered to a high-need client group in a day centre setting, we consider these completion rates to be a great achievement. In terms of the key measure by which the DAAT is assessed, we retain 86 per cent of our clients in treatment for at least 12 weeks.

As at the end of April 2009, the Island Day Programme had produced a total of 78 graduates – individuals with a long history of drug dependence who had made a commitment to remaining abstinent, had achieved a prolonged period of abstinence through a very challenging period, and who had made solid connections with the relevant fellowship support networks to maximise their chances of maintaining good progress.

We have not yet conducted a full follow up study on the graduates of the Island Day Programme, but there are promising indications that a high proportion of them are staying drug and crime free.

Currently we have three clients from the aftercare phase of the programme who are working as volunteers with RAPt's 'Lighthouse' prison exit team, which meets released prisoners and escorts them to community service appointments. Another eight graduates have become IDP peer supporters, who pass on the recovery message to others in the community. Many other IDP graduates are doing voluntary work with other organisations like hostels and advice services.

We particularly encourage graduates of our programmes to get the necessary qualifications to build a career – eight are currently studying for, and a further two have completed, NVQ level 3 in health and social care with St Giles Trust. One graduate now has a paid job in Tower Hamlets council.

While the evidence on the effectiveness of this particular attempt by RAPt to deliver high quality abstinence treatment in a community setting is still in development, we have proved that this model of treatment can be effectively delivered, and can deliver strong outcomes for participants from all communities, with a history of high levels of dependence. We call on all other providers of this modality of treatment to share their experiences and outcomes, so that the NTA and NICE can develop a view on the strength of the evidence, and be more robust in supporting the delivery of abstinence based treatment within day centre settings.

Case studies

From drug dealer to treatment mentor

Robert* is a 34-year-old man of mixed race, who was brought up in East London in an area where there are huge drug problems. He started using drugs at the age of 13, quickly became a poly drug user, and it became problematic, affecting his education and getting him involved in gangs and other crimes.

'I used to take anything and everything,' he said, looking back to a time when he was selling drugs, robbing drug dealers, getting involved in fights and was stabbed, chopped and shot – behaviour that continued for 15 years. He went to court, was put on a Drug Rehabilitation Requirement (DRR) and was offered residential treatment, which he accepted and completed.

After completing treatment Robert was scared to come back to the same community where he was actively using and did not feel confident about remaining abstinent. At this time he heard about Island Day Programme, got himself referred in December 2007 and completed and graduated treatment in February 2008. He is proud to have been drug and alcohol free over two years now – he is back living with his family, has sorted out his accommodation, got married early this year and succeeded in removing his children from the child protection register.

Six months into his recovery he started volunteering for RAPt and became a peer supporter for IDP in September 2008. In November 2008, he started studying for NVQ level 3 in advice and guidance. He successfully completed his placement at IDP and other detox units in Tower Hamlets, is still working for IDP as a peer supporter, and would like to gain more qualifications to work in the drug field 'to give something back to the community'. He wants to pass on the message that if he can overcome his addiction then anyone can do it, should they want to.

From out of control to independent

Nadia* is 31-year-old Bangladeshi woman, a poly drug substance user who lived in East London. She suffered abuse as a child and felt drugs helped her deal with the emotions. She started using cannabis at 13, progressing to various other drugs, and was dependent on heroin by the age of 23. She had been able to hold down various jobs, but in the last year this had become more difficult because of her substance use, and she had to stop working. She then heard about Island Day Programme from people she met at a 12-step self-help meeting, some of whom had attended the programme and remained abstinent.

Nadia found abstinence difficult at first. She reported that she needed outside things 'like boyfriends and drugs' in order to deal with life, and found it difficult to address years of this behaviour. She relapsed once while she was on the programme, but with support and specific work to address these issues, she was able to complete the primary programme. She also said that she had difficulties with family members, but this had improved since her abstinence, and she had become much more aware of her behaviour and how this had contributed to her drug use.

Nadia graduated in June 2008 and engaged in aftercare for three months. She seems to be making changes in her behaviour and taking responsibility for her recovery and life. She still attends 12-step fellowship meetings, has built up a good support network in her community and is now established and stable in her own accommodation. This is a significant achievement for Nadia as she is experiencing independence and stability for the first time in her life. She feels IDP was responsible for the foundation of her recovery.

**Names in these case studies have been changed.*



Show and tell

This year's *Tackling drugs week* saw agencies across the country showcasing their work. From photography to dance to football, **DDN** rounds up just some of the activities that took place.

From art to enforcement, the Home Office's annual *Tackling drugs week* gives agencies a chance to showcase their work and respond to community concerns about drugs. This year, organisations across the country mounted a huge range of events and activities.

Nottinghamshire DAT recruited sixth form students to watch a drug dog search at Nottingham Forest FC and report on what they saw, while Essex staged a football tournament at Colchester United with both service users and providers alongside local businesses. 'The football tournament was a fun way to break down barriers between members of the community and service users,' said Ben Hughes of EDAAT. 'An event like this demonstrates that recovering sufferers can work together with their neighbours and contribute a great deal to society.' Hampshire PRISM Network and Hampshire RFU, meanwhile, organised an all day tag rugby event involving the police, fire and versus service and local schools, among others.

Sussex DAATs organised Women's Institute visits to a local prison and drug treatment centre, as well as giving service users free photography lessons and disposable cameras to document their lives over 24 hours. Essex drug charity Open Road also displayed work from its photography and digital imaging courses – structured learning designed to bring vulnerable families together – with *Image Identity* featuring work by both parents and children. 'The project has provided an important opportunity for children and adults to learn together and focus on the positive aspects of family life,' said Peter Wanless, chief executive of the Big Lottery Fund, which provided grant support. 'The resulting images are really fantastic.'

Staying with artistic expression, award winning Bury St Edmunds based Artheads (*DDN*, 5 May 2008, page 8) used the week to screen a film to encourage more service users to get involved in the project, which allows people with substance misuse problems to express themselves through a range of artistic media. 'We want to be able to produce a continuous body of work where people can express their views about recovery,' said substance misuse coordinator at the West Suffolk Community Development Unit, Sammy Manzaroli, who runs the project. 'It shows that sufferers who are given the right help to

'What I like most about Positive Futures [above] is what they do for kids like us, taking people off the streets and making them see what else there is,' commented Emma from Basildon.

'Don't do drugs, they're just a drag! Get smart, get fit, get into tag!' Hampshire schoolchildren (below) get ready for tag rugby.

stop using drugs can contribute great things to society.'

London's Leicester Square, meanwhile, saw children's minister Baroness Morgan given lessons in street dance by young people from Positive Futures, while Southampton-based user magazine *Morphin* produced its own *Tackling drugs* week special, focusing on treatment and the first person experiences of a range of service users.

A wide range of events in the North West included a football tournament between youth offender and DAAT teams and the opening of Salford Community Safety Unit's new Thomas Project residential facility, while Bolton saw a new web-based alcohol and cocaine awareness campaign and an information launch by Bolton Solidarity Community Association about the stimulant khat. A youth bus toured the Trafford area with drugs workers providing information, and there were also schools poster competitions.

The North East had a new treatment centre open in Newton Aycliffe, while HMP Durham held its first ever substance misuse market stall on site, bringing together prison and community teams to demonstrate services available in custody and on release, and attended by more than 200 people. Midlands events included a DrugScope-hosted conference in Birmingham, a 'You can recover' event in Coventry and a health walk in Nuneaton to reduce fear of crime.

On the enforcement front, Brighton saw Communities Against Drugs launch a campaign about reporting drug crime and delivering anonymous reporting cards to households, while in Yorkshire there was a crackdown on 'drug driving' routes from local nightclubs alongside roadshows at schools and supermarkets, a 'question time' event in Leeds and an information marquee in Sheffield city centre. Stockport staged an event to burn illegal drugs and scrap seized cannabis cultivating lamps while Wigan DAAT took the opportunity to relaunch its 'Rat on a rat' campaign, urging residents to shop drug-dealers on a free anonymous hotline.

Home Office minister Alan Campbell paid a visit to the Nottingham Trent University students whose awareness raising campaign on cocaine and cocaethylene was overall winner of this year's FRANK stakeholder awards (*DDN*, 15 June, page 14). 'The powerful campaign produced by the Nottingham Trent University students is a fantastic example of work to educate young people about the dangers of drugs to discourage them from getting involved, and the first prize was well deserved,' he said.

'National *Tackling drugs* week is about highlighting and promoting the work that goes on throughout the year in communities to reduce the harm caused by illegal substances,' he continued. 'I want to thank those who go that extra mile to tackle drug use, work tirelessly to bring to justice dealers who blight our communities, educate youngsters about the dangers of drugs and support friends and family of drug misusers in order to secure a positive future. I know that this work is making our communities safer and happier places in which to live and work. We can only do this through joint action between partners such as police forces, drug treatment agencies and local authorities which combine tough enforcement, treatment and awareness campaigns for the benefit of everyone.'

Attempts at raising awareness in Gloucester, however, were upstaged by a timely reminder of media priorities. 'As a group of us were running a public information and awareness stand in one part of Stroud, a Mr P Doherty was up in front of local magistrates on charges of drink driving and class A possession following his gig at Gloucester Guildhall,' says Alison Hustwitt of Gloucestershire DAAT. 'Guess what got all the publicity?' **DDN**

Post-its from Practice

A weighty issue

Food addiction can easily go unrecognised, says Dr Chris Ford



I was beginning to wonder what was in the air when a fourth person came into surgery on the same day wanting to talk about their eating. They were all very different but with one thing in common – varying degrees of food addiction.

The first patient was Isha, a 39-year-old Asian woman who had come for her monthly weigh-in. She had attended OA (Overeaters Anonymous) for many years and found it helpful but her weight had remained high. For the past four months she had moved to OA HOW (honest open-minded and willing to listen) which offers compulsive overeater 12-steppers a programme of recovery with a disciplined and structured approach. Now four stone down, fitter and more content than she had ever been, it certainly seemed to be the right approach for her.

Second in was Tom, a 45-year-old single parent receiving drug treatment from us, who was celebrating the loss of his third stone. We had been trying to get him to address his enormous increase in weight since stopping street drugs and taking over the care of his daughter, but he hadn't been able to change until he began a new relationship. Before this his diet had consisted mainly of packets of biscuits and fizzy drinks. I explained about sugar addiction and cross-addiction and advised him to stop all sugar and fizzy drinks, and get exercising. He was amazed how much better he felt and how the weight fell off.

Next there was Fred for a BP check and a chat about his progress. He was excited having reached his target Body Mass Index (BMI) of 23. He had been morbidly obese (BMI of 45) when I had first seen him for knee pain about twelve months previously. As a builder, his knees were greatly interfering with his work. X-rays showed signs of wear and tear and I advised him that losing weight was the best way forward. He

agreed, but had tried endless diets and experienced the frustration of weight loss and then weight gain. We discussed options and he decided to try a medically approved very low carbohydrate diet and a group therapy programme. These programmes recognise that losing weight is not enough, that it is essential to attend groups to work on the origins of your obesity and continue to attend and address the causes of your eating.

Lastly on that day came Alice who had realised through counseling that the origins of her overweight were about protection from family issues – she had been using her weight as a defence from the world. With this realisation the weight began to fall off. She felt 'groups' were not for her and used counseling and several websites which provided calorie and nutritional advice.

Food addiction is an under-recognised condition resulting in the compulsive, excessive craving for, and consumption of, food. It is not only manifested by the abnormal intake of food, but the intake and craving for foods that are, in themselves, harmful to the individual. People become physiologically and mentally dependent upon food. Overcoming an addiction to food can be very frustrating and disheartening – because unlike addiction to alcohol or drugs, you can't abstain. 'Food addicts' come from all age, race, and gender groups. The four above were overweight, but food addicts can be underweight or normal weight. There is no single or easy way to combat food addiction and it requires intense discipline in modifying eating patterns and lifestyle, along with an exercise program. Diets alone rarely have long-term success – people need to find the solution for them and we need to support people to find their way.

All these patients had a similar problem – food addiction – but all had come up with individual solutions and will need to continue to work on their problems.

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

To become a member of SMMGP visit www.smmgp.org.uk where you can also receive bi-monthly clinical and policy updates and be consulted on important topics in the field.



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Management training course & qualification



Certificate in Supervisory Management & Leadership Techniques



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

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

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

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

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



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



University of Glasgow | Faculty of Education

STRADA
Expanding knowledge, changing practice

Postgraduate Certificate in Leadership of Drug and Alcohol Services

Postgraduate Certificate in Addictions

Certificate of Higher Education: Drug and Alcohol Practice

If you are currently working in the addictions field and wish to gain a specialised qualification, the University of Glasgow offers a number of addictions programmes to suit a broad range of professionals.

We are currently recruiting for the Postgraduate Certificate in Leadership of Drug and Alcohol Services, which has been specifically developed for those working in leadership positions within drug and alcohol support agencies. This programme will commence in September 2009.

To apply for this programme or for further information on our other programmes, please visit www.projectSTRADA.org or contact Steven Kendrick. Tel: 0141 330 2400. Email: strada@gla.ac.uk

The University of Glasgow SC004401



Expressions of interest

to tender for the provision of adult community tier 2 and 3 and criminal justice services in East Lancashire.

Substance Misuse Services in East Lancashire are changing. Our vision is for an integrated drug and alcohol service with a focus on the recovery model and further development of service user led treatment programmes. Lancashire Drug and Alcohol Action Team (LDAAT, hosted by NHS Central Lancashire) in partnership with NHS East Lancashire welcome expressions of interest from suitably experienced organisations for the provision of adult community tier 2 and 3 and criminal justice substance misuse (drug and alcohol) services in East Lancashire (which is comprised of five boroughs; Burnley, Pendle, Rossendale, Hyndburn and Ribblesdale).

The successful provider will have a proven track record in delivering services that create a positive culture within the workforce and service users, recognise the importance of the wider family and community, and focus on a recovery model and social re-integration of service users. The ability to work in partnership and the capability to transform the way community and criminal justice substance misuse services are delivered is essential.

The contract will initially be for 3 years with an anticipated start date of 1st April 2010, with the option to extend for a further 2 years subject to performance, recurrent funding and national policy. It is anticipated that contract award and service mobilisation will be confirmed by 4th January 2010 following a competitive tender process.

- The indicative contract value for this service is in the region of £5M per annum.
- A memorandum of information will be available from the 3rd of July 2009 at:
<http://ldaat.org/consultation-documents/>
<http://www.smyl.eastlancspct.nhs.uk/servicemodernisation/>
- A bidder information day is scheduled for 22nd July 2009.
- The service specification will be made available to short listed bidders at the invitation to tender stage.

To record an expression of interest and to request a PQQ please email ldaat.eastprocurement@centrallancashire.nhs.uk by 5pm on 20th July 2009.

Late applications at any stage will not be considered under any circumstances.



Cambridgeshire
County Council

Joint Commissioning Manager

£27,950 - £37,710 Castle Court, Cambridge

This post will have responsibility for the Adult Pooled Treatment Budget and the Adult Treatment Plan you will ensure that countywide drug treatment services are commissioned, monitored and delivered effectively. Working within the DAAT team, but working closely with partnership agencies, your knowledge of the drug treatment system and the development of strategic partnerships will ensure the highest level of quality for countywide services.

You will work to the DAAT Coordinator and report to both the DAAT and the Adult Treatment Commissioning Group. You will have line management responsibility, Chair the Tier 4 panel and be responsible for performance reporting to the DAAT and the National Treatment Agency.

Ref: LE105

To apply visit www.jobincambs.com or call 0345 045 5210 quoting reference number. Alternative formats on request.

**Closing date: 10 July 2009.
Interview date: 27 July 2009.**



www.cambridgeshire.gov.uk

BROADWAY

THE TREATMENT CENTRE FOR ADDICTION

Client Services Manager

**£30,000 + per annum
excellent benefits package**

Broadway, a leading provider of addiction treatment is currently seeking to appoint a person to manage and further develop its non-medical treatment services. Current programmes include residential first, second and third stages and non-residential Aftercare, Outpatients, Parenting Classes and regular Family and Recovery Renewal Programmes. Additional services are also being planned or developed.

This key role will draw on your skills and experience from working in this or a related field and in a supervisory or management position. You will need to have highly developed leadership and communication skills, the ability to manage and motivate staff, a good understanding of evidence-based treatment practices and an ability to influence and negotiate with external agencies. In order to deliver high quality, professional services it is essential that you have at least a Diploma in Counselling, a good working knowledge of the 12 Steps and a flexible approach to working hours.

Broadway Lodge is an Investor in People, an Equal Opportunities Employer and welcomes applications from all sections of the community.

Closing date: 24 July 2009

For an application form & full job description call 01934 812319 or email mailbox@broadwaylodge.org.uk



Havering
LONDON BOROUGH

Specialist Worker (parental substance misuse)

Grade PO1, £29,307 to £31,446 Ref: SCL/CYPS/0588

Our Children's Services and DAAT are looking to recruit a Specialist Worker (parental substance misuse). This new, jointly funded role will involve building on existing links between both service areas, working to reduce the harm caused by parental substance misuse.

You will be based in Children's Services/DAAT with some time spent in treatment system agencies to ensure effective progression of the hidden harm agenda across the overall workforce caseload. You should have experience of working with children and families and substance misuse issues.

For an informal discussion please call Gill Nash, Practice Manager on 01708 433526 or Cameron Hill, DAAT Co-ordinator on 01708 432459.

This post is exempt from the Rehabilitation of Offenders Act 1974; the successful applicant will be expected to undertake a satisfactory disclosure. Having a criminal record will not necessarily debar you from obtaining a position with the Council.

Any disabled applicant meeting the essential criteria set out in the person profile for a job will be guaranteed an interview.

Apply online at www.havering.gov.uk/jobs CVs will only be accepted in addition to a completed application form. You can also contact the recruitment line on 0870 700 3208 (8am to 8pm Monday to Friday and 10am to 5pm on Saturdays) or e-mail lbhavering@tribalresourcing.com

Closing date: Friday 17 July 2009.

We reserve the right to close this post early.

Encouraging diversity, promoting talent



www.havering.gov.uk



Young People's Commissioning Officer

Starting salary £30,219, with progression through contribution related pay to £35,724 per annum
37 hours per week
Invicta House, Maidstone

This small team works in partnership with a wide range of children and young people's service partners. We assess the needs of children and young people affected by drugs and alcohol and their parents, carers and their communities and commission services which are effective at addressing their needs.

Work over the next year will include commissioning a new intervention for young people who use alcohol in recreational settings, building a framework for clinical governance and progressing the integration of substance misuse services into Targeted Youth Support.

For this exciting role, you will have a commitment to ensuring the best possible outcomes for children and young people, a systematic approach, a keen eye for detail and be able to take into account a range of stake holders views including those of children and young people and adults in shaping effective services.

Experience of commissioning substance misuse services is required for this role as you will undertake all aspects of commissioning drug and alcohol early intervention and treatment for under 18's in Kent.

This post is subject to an Enhanced Disclosure Application to the Criminal Records Bureau.

To apply, visit www.kent.gov.uk/jobs Alternatively, please email recruitment.line@kent.gov.uk or call 0845 8247 904. Please quote reference number CMY/09/0120.

Closing date: Midday, 15th July 2009.



A great place to work.
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so neither are our people.

www.kent.gov.uk/jobs

Tender for Service User Engagement Service- Essex



The Essex Drug and Alcohol Action Team (EDAAT) on behalf of The Essex Drug and Alcohol Partnership (EDAP) invite expressions of interest from suitably experienced and qualified providers as part of a tender process to deliver the following services in the County of Essex.

EDAP has been awarded Systems Change Pilot status by the Government. This includes the development of Service User, Carer and Family services as a key element of the planning to promote independent living and reducing the harm caused by drugs. In developing this service, full engagement with the Systems Change Pilot proposal will be essential.

The service proposed will support service user engagement and input into drug and alcohol commissioning. The commissioning agenda over the course of the contract will include, but not be limited to:

- Developing the effective commissioning agenda in line with the National Treatment Agency (NTA) guidelines including gap analysis/need assessment.
- Reviewing community treatment provision and the interface between primary care and other health provision
- Developing services which promote recovery and inclusion
- Improving access to all treatment provision
- Health Promotion and Harm Reduction
- Reviewing all Integrated Care Pathways and their appropriateness and implementation
- Reviewing equality and diversity issues.

The services will be delivered from September 2009 for a period of 2 years with an option for a further extension of up to 1 year.

The successful applicants will be required to work as part of a clearly defined treatment system with other providers in the County across the commissioned tiers of provision. We welcome applications from all organisations with a track record of innovative and dynamic engagement of service users, that can provide added value to the commissioning of services.

The Essex County area is estimated to have 4174 problematic drug users (Glasgow Estimate) and identified patterns of need show primary presentations indicate that 1265 presentations were for primary opiate use against 122 primary crack use in addition to a further 359 presentations for primary cocaine use (not considered PDUs).

In order to obtain both pre qualification and tender documentation providers are required to register their details on Essex County Councils supplier portal at www.essex.bravosolution.com. The Council reserves the right to conduct an e.auction for this or any other of its requirements.



SERVICE MANAGER

From £29,219

Fareham, Hants

At Catch22 we believe every young person deserves the chance to get on in life, no matter what. We work with over 34,000 young people in 150 neighbourhoods across the UK, helping young people out of difficult situations and supporting them to make positive changes in their lives. Could you help us make the difference for young people and their communities?

You'll lead our community substance misuse treatment service across the county of Hampshire. Helping young people address their drug and alcohol problems through individually tailored care plans and overseeing a range of interventions, you'll make sure they are empowered to change their lives and build a brighter future.

For further details about this post and other vacancies visit our website.
Closing date: 10 July 2009.

No agencies please.

If you're successful you'll be required to consent to relevant checks by the Criminal Records Bureau and the young people you'll be working with will have a say in your appointment.

Equal and diverse, we see the potential in everyone.

www.catch-22.org.uk

Registered charity no. 1124127



Project support worker

Part-time – Walsall – 20 hours per week – £8ph
(includes some evening and weekend work)

The Hi's 'n' Lows project runs four busy drop-in centres for substance misuse clients in Walsall. We are currently looking for a new team member to support the project manager and team, and to offer support and information to adults in the Walsall borough who have issues with drugs or alcohol.

Applicants with a foundation food hygiene certificate are preferred and up-to-date knowledge of substance misuse, the law and treatment pathways is essential. An NVQ 3 or equivalent in Health & Social Care including DANOS competences is preferred but a willingness to train to this level is acceptable. A full driving licence with the use of a vehicle D1 category would be advantageous.

The closing date for applications is 16 July 2009.

To apply for the position, or for more information, please contact
Tracey Gibbs, Hi's 'n' Lows Project Manager on
T: 01922 627 294 • M: 07980 238 203 • E: traceygibbs@btinternet.com

Project and Planning Officer (two posts)

£25,220 – £27,573 p.a. pro rata

Based in Weston-super-Mare • 37 hours per week

Post one (temporary fixed term 12 months)

Post two (temporary fixed term nine months - maternity cover)

Ref: DDAT667

This is an exciting opportunity to be part of the implementation of our innovative Accreditation Scheme for drug and alcohol service providers. The scheme has attracted national interest and has the potential to be rolled out across the country.

Applicants for both posts should have experience of project management and working collaboratively with a range of other agencies. Knowledge of the drug treatment system and national strategies relating to substance misuse will also be required. This post is subject to an enhanced CRB check.

Closing date: Wednesday 8 July

Anticipated interview dates: 16 or 17 July



For more information and to apply for this exciting opportunity, visit: www.n-somerset.gov.uk/jobs or call our recruitment line on **01275 884 238**.

STILL NO.1 FOR RECRUITMENT AND CONSULTANCY

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SUBSTANCE MISUSE PERSONNEL PERMANENT - TEMPORARY - CONSULTANCY

Supplying experienced, trained staff:

Commissioning ♦ Service Reviews ♦ DIP Management ♦ DAT
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& 1-1 drug workers ♦ Prison & Community drug workers ♦ Nurses
(detox, therapeutic, managers) ♦ *plus many more roles.... call today*

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► The Trusted Drug and Alcohol Professionals.

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www.kinesislocum.com

BROADREACH HOUSE

Two vacancies have arisen in our 30-bed residential unit at Broadreach, Plymouth. We are looking for dedicated professionals who are able to work flexibly, sensitively, and in a multi-disciplinary team, providing high standards of care in a non-judgemental manner.

NURSE/COUNSELLOR PRACTITIONER IN SUBSTANCE MISUSE

Salary: £23,340 37.5 hours per week

You should hold a relevant professional qualification in nursing and have experience of working in the field of substance misuse. If necessary the successful candidate would be supported in achieving the required qualification in addictions counselling.

NURSE

Salary: competitive rates of pay, hours negotiable

Working as a member of the dedicated nursing team you should have experience of working in a residential setting with people who have drug and alcohol problems.

Further information is available on our website

www.broadreach-house.org.uk

For an informal discussion about the post contact
Lesley Pickles, Clinical Nurse Specialist on 01752 790000

For an application pack contact Jude Wallace on 01752 566212
or email: jude@broadreach-house.org.uk

CVs will not be considered

Closing date: 17 July 2009

Interviews will take place week commencing 27th July



Steven James Practice Counselling service, Poole, Dorset

Senior Counsellor

The Steven James Practice is looking to recruit an experienced counsellor with at least 2 years experience of working with clients suffering from addiction disorders.

This is an 18½ hour position and attracts a salary of £11,000 p.a.
Accreditation with BACP or FDAP is desirable.

Application by CV and covering letter to glyn.jones109@btinternet.com

More information can be obtained from Geraldine Jones: 07769 736743

Closing date for applications: Monday 6th July 2009

The DDN nutrition toolkit

"an essential aid for everyone working with substance misuse"

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

Healthy eating is a vital step towards recovery, this toolkit shows you how.

Available on CD Rom. Introductory price £19.95 + P&P

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e: charlotte@cjewellings.com t: 020 7463 2085

Community Safety

Project Implementation Officer Job Ref C9211

Town Hall, The Esplanade, Rochdale OL16 1AB
Scale PO1 £27,573-£29,714. Pay award pending.
Subject to a pay and grading review the grade of this post may change.
36¼ hours – some evening and weekend will be required and compensated in accordance with the Service's Work Life Balance Scheme.

This is a fixed term contract linked to specific external funding by NHS, National Treatment Agency for Substance Misuse and the Home Office until March 2011 (may be extended subject to continued funding). The Rochdale Safer Communities Partnership is the responsible body for tackling crime and disorder, drug and alcohol misuse, and youth offending throughout the Borough of Rochdale. The Police, Council, Probation, Health Sector and Police Authority work in partnership with a wide range of other agencies and organisations in addressing the various issues associated with crime and drugs.

Are you enthusiastic and willing to work as part of a team to deliver an effective service? Can you help us reach the targets of the Rochdale Safer Communities Partnership to reduce drug and alcohol misuse and crime in Rochdale? If so, we want to hear from you.

What the Work Involves

The successful candidate will:

- Take a lead on the development and implementation of projects on behalf of RSCP (Drug and Alcohol Action Team section)
- Lead and contribute to local and national drug and alcohol strategies.
- Be involved in the implementation Commissioning Strategy, which will include reviewing existing service provision, researching substance misuse provision and the development of service specifications to meet local needs.
- Develop and implement the yearly action plans for drugs and alcohol.

Applicants should have experience of project implementation and the ability to develop strong multi-agency networks to assist in the identification of need across the Borough. The post holders will have excellent communication skills and be able to develop proposals and progress monitoring reports.

The posts will involve some training, both as a participant and as a trainer/assessor, there is a requirement that the post holder will represent the service at local, regional and national meetings.

Casual user car allowance is payable.

To apply www.rochdale.gov.uk/jobs
email jobs@rochdale.gov.uk or telephone 0845 121 2972
(24 hour service) quoting job reference

Closing date : 13 July 2009

Tender for the provision of a Housing Related Support service for people with Alcohol problems

The City of Westminster invites Expressions of Interest from suitably experienced organisations to provide a housing related support service for rough sleepers in Westminster who have alcohol problems.

The support service will provide accommodation and a high level support for clients who will have problems around alcohol mis-use and/or other vulnerabilities. The service includes providing support to enable clients to maintain their tenancies.

Interested organisations should request a pre-qualification questionnaire and information pack from Angela Swanson, Contracts Officer email: aswanson@westminster.gov.uk, telephone 020 7641-1908.

Completed questionnaires must be returned by 17.00 hours on Friday 24th July 2009.

Tenders will be invited on or about the 10th August 2009. The contract will commence on or about 1st April 2010 for a period of five years with annual break clauses.



City of Westminster

Blackburn with Darwen Borough Council has been rated as an "excellent" council by the independent audit commission. This is a real achievement not only for the council but also for our many partners and the local people who work with us to improve their communities. We are a modern, forward thinking council and work hard with our partners to provide good services which make a difference to the lives of everyone living in the Borough.



BLACKBURN
with
DARWEN
BOROUGH COUNCIL

Neighbourhoods, Housing and Customer Services Drug and alcohol strategy manager

Blackburn Town Hall, Blackburn BB1 7DY
Grade I SCP 40-44 £33,327 to £36,840 p.a.
Permanent, 37 hours per week

You will be the strategic lead officer on Alcohol issues, leading, managing and developing the local alcohol harm reduction strategy, and associated activity in the Community Safety Partnership and in Public Health. You will also play the lead role, developing and implementing the Partnership's strategies and plans, in particular through supervision of the Principal Strategy Officers.

You will be the single point of contact on alcohol issues within the remit of the DAAT for a range of local partners, as well as all regional and national bodies, such as the National Treatment Agency and Government Office North West, will be a key point of contact for those bodies on other DAAT issues, and will also be expected to deputise for the DAAT Coordinator where required. You will also be required to deputise for the Director of Public Health on issues pertaining to drugs and alcohol. You will be required to co-ordinate various standing and time-limited strategy development groups, as required by individual strands of work, will be responsible for the production of the Alcohol Harm Reduction Strategy and other DAAT strategies and plans.

You will be interviewed by a senior Council officer and senior representation from another partner agency. Ref No: BB4070.

Closing date: 10th July 2009.

Visit our website to find out more about Blackburn with Darwen.

For an application form call our Recruitment Hotline on 01254 585606.

Blackburn with Darwen Council is committed to equal opportunities. Selection, training and promotion of employees are based upon ability.

This post is exempt from the Rehabilitation of Offenders Act 1974. Any offer of employment will be subject to a satisfactory check supplied by the Criminal Records Bureau. The check will include any cautions, reprimands or final warnings as well as convictions.



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School Workforce



Services to tackle problem drug use

TACKLING DRUGS IN THE COMMUNITY

COMPASS COMMUNITY SERVICES

WOOLWICH, LONDON

Service Manager – Young People's Service

Compass Band C, Pts 1-7, £31,162-£36,683 pa (plus London weighting allowance £4,500), full-time 37hrs/week.

This post is responsible for managing and leading a new specialist substance misuse service for young people aged 18 and under. The service is located within the new Young People's One Stop Shop, and will participate in the development of integrated young people's service delivery. The Service Manager will work closely with partners to ensure that the service is embedded within the wider children's and young people's network.

A principle function of the post is to develop the team and implement the new model of service delivery. The Service Manager will ensure that staff receive management supervision and engage in clinical consultancy. The Service Manager has lead responsibility for service delivery against contracts and service level agreements, the implementation of the clinical governance framework, performance management systems and adherence to Compass Corporate Procedures.

The Service Manager will take the lead on fulfilling all of the operational requirements for delivering their service and implementing the service development plan, ensuring a balance of attention between contract management, staff management, clinical governance and budgetary controls.

The post may require some evening/weekend/bank holiday working.

For an application pack please contact Compass Recruitment on 01904 666370 or alternatively, email recruitment@compass-uk.org stating your name and address details and quoting REF o88.

Closing date: Friday, 10th July 2008.

THIS POSITION IS EXEMPT FROM THE REHABILITATION OF OFFENDERS ACT (1974), AS A RESULT ALL OFFERS OF EMPLOYMENT WILL BE SUBJECT TO A SATISFACTORY CRB DISCLOSURE CHECK. COMPASS IS COMMITTED TO DIVERSITY AND EQUALITY OF OPPORTUNITY.

Compass is a rapidly expanding independent sector organisation providing services to help communities cope with the impact of illicit drug use.

Since 1986, in an increasing range of locations in London, Northern and Central England, Compass has been at the forefront of service development in the drugs field. In seeking to provide an effective combination of health and social care interventions we have earned a national reputation for our innovative responses to problems of drug misuse and for the high standards of our work.

Charity Registration No. 518048

www.compass-uk.org

WORKING WITH PEOPLE IN LONDON