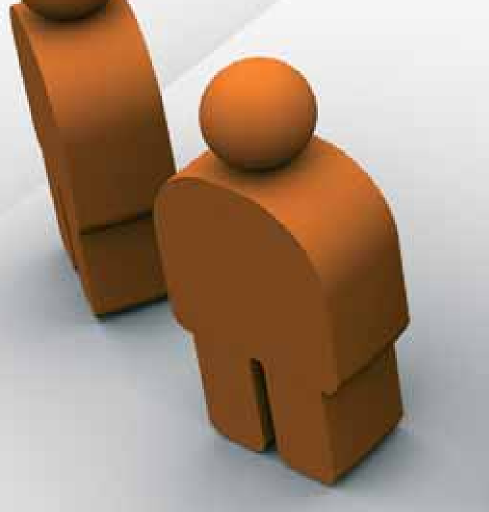
5 May 2008
www.drinkanddrugs.net

ART FOR HEALTH'S SAKE
A growing and successful therapeutic tool in west Suffolk

HARD TO REACH
Or easy to Ignore? GPs find the patients that slip from view

VEHICLE FOR CHANGE
Clinical governance – chance to reform drug treatment culture



CROSSING THE DIVIDE
Ex-users' vital first steps into the world of work

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Training for Drug & Alcohol Practitioners

Programmes from 2008/09

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

Certificate in Substance Misuse Management (Stage 1)

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

18 month programme from September 2008 or by negotiation

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

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

18 month programme from September 2008 or by negotiation

Diploma in Substance Misuse Management (Stage 2)

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

2 year programme from October 2008

BSc in Substance Misuse Management (Stage 3)

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

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

For further information and an application form, please contact:

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

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Drink and Drugs News

5 May 2008

Editor's letter

Talking to Tony in the warmth of the Brighton Conference Centre I asked him how he coped with homelessness, during his eight years on the streets. 'I just did', he said, 'you get used to it after a while. You hardly notice how cold you are – you get by.'

You could ask the same of some drug services and general practices: how do you deal with the homeless people that come to you? 'You just do – you get used to them after a while.' Does that mean they're being treated as people who need help like anyone else – or as someone to be hurried out of the waiting room before they cause offence?

Sharyn Smiles, addressing an audience of mainly GPs at the latest conference on managing drug users in primary care, was an exceptionally engaging speaker, and I found it very difficult to imaging her in the situation she described herself living with a few years ago, navigating the city by people's shoes (see page 12). How do people like Sharyn become so invisible? Some of the stories aired at the conference's Q and A sessions shed some light on the situation: some GPs were having to stop their receptionists from turning homeless people away – staff who were using bogus rules for why they couldn't join the practice, or making the conditions difficult by demanding proof of identity through a recent utility bill. 'We need to get tough on these practices and remind them what the law is,' GPs at the conference agreed.

The challenge is taking this action beyond this specialist group of sympathetic and highly committed GPs, who have a special interest in making it easier for those in most need to find them and get treatment.

Closed lists are a disgrace: GPs can register anyone at their practice, so there is no excuse for turning anyone away because they can't produce evidence of an address. No one should be at the mercy of chancing upon a good outreach worker.

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News in Brief

Marketing makeover?
The Portman Group is inviting drinks companies to support an initiative aimed at positively influencing the drinking habits of young people, including looking at how marketing could help make drunkenness 'socially unacceptable'. 'Companies recognise the level of public concern surrounding harms associated with some young adults' drinking,' said chief executive David Poley. 'There's been a growing movement among industry over recent months to use its marketing to promote responsible drinking, and a number of companies have developed their own campaigns. We hope to develop an initiative aimed at young adults that can be supported by producers, retailers and media owners. This will demonstrate our shared commitment to making drunkenness socially unacceptable.'
www.portman-group.org.uk

30 years of support
London-based residential crisis intervention service for chaotic drug users, City Roads, is celebrating its 30th anniversary with a series of events including a function at the Tate Modern this week. Those admitted to City Roads are both supported to recover from their immediate crisis and offered long term holistic care.
Part of Cranstoun Drug Services, City Roads admits people for up to 21 days. 'We help people to identify the motivations behind their drug use and look at the immediate and longer term consequences of continuing to use drugs,' said service manager Eileen Doyle. 'We support people to regain control of their lives and adopt a realistic achievable plan for a future without drugs. Peoples' lives have often reached gridlock when they arrive here.'

WHA focuses on alcohol
Health ministers from across the world will discuss alcohol-related public health problems at the World Health Assembly, the WHO's supreme decision making body, in Geneva later this month. The discussions follow on from the 2005 resolution Public health problems caused by harmful use of alcohol, the first WHA resolution on alcohol in more than 20 years.
http://www.who.int/mediacentre/events/2008/wha61/en/index.html

UN issues stark warnings on Afghan opium trade

The huge scale of opium cultivation in Afghanistan is creating unmanageable problems in the region and worldwide, according to a new series of 'illicit drug trend' reports issued by the United Nations Office on Drugs and Crime (UNODC). The reports focus on Afghanistan, central Asia, Pakistan and the Russian Federation and cover opium cultivation and opiate production as well as seizures, trafficking – including the trafficking of precursor chemicals – and health consequences. A report focusing on Iran will follow later in the year.

The reports are designed to feed into evidence-based policy and strengthen data collection and analysis. UNODC last year outlined its plans to tackle the health, social and security implications of the Afghan heroin trade with the so-called 'rainbow strategy'. This included measures to increase the number of opium-free provinces in Afghanistan, strengthen cross-border co-operation, reduce the smuggling of precursor chemicals and secure central Asia's borders through increased intelligence co-operation.

Last year's opium poppy cultivation in Afghanistan was on the largest scale ever, covering 193,000 hectares. In the past, most of the processing of opium into heroin took place in the neighbouring countries of Iran, Turkey and Pakistan, but the reports state that Afghanistan itself is now a major centre of heroin production, made possible by the smuggling of chemicals such as acetic anhydride into the country.

The bumper opium harvests are also creating large scale drug problems in the region itself, say the reports, as twice as much opium is produced in Afghanistan as is consumed worldwide. There are now thought to be around a million illicit drug users in Afghanistan, while as recently as 2005 there were fewer than 100 treatment centres in the whole country.

www.unodc.org/unodc/en/frontpage/illicit-drug-trends-of-afghan-opiates.html

CATS out of the bag: Action on Addiction's new Centre for Addiction Treatment Studies (CATS) has opened its door to students. Working in partnership with the University of Bath, the centre was the first in the country to offer foundation degree and B.Sc. (Hons) courses in addictions counselling. 'Helping committed and talented people gain knowledge and confidence so that they can go out and make a difference to the lives of people affected by addiction – that is what I most enjoy and value in my work and in the work of my colleagues,' said Tim Leighton of CATS (second from right). Also pictured l-r: Dave Mulvaney of RAPt, Annette Dale-Perera of NTA and Professor John Strang of the National Addiction Centre.

'50 of the best' from IHRA

The International Harm Reduction Agency (IHRA) has launched the latest of its '50 best' document collections, this time focusing on alcohol harm reduction. Designed as a resource for policymakers and researchers, the free archive draws together 50 high quality papers outlining the thinking behind – and evidence base for – different harm reduction interventions and initiatives.

It offers a 'one-stop resource for anyone who is interested in how practical, targeted harm reduction interventions can be applied to alcohol,' says IHRA. Effective alcohol policies will need to engage all relevant stakeholders, the agency maintains – 'including people who drink alcohol and the alcohol vendors and manufacturers.'

Document collection available at www.ihra.net/AlcoholHarmReduction.

IHRA's 19th international conference takes place in Barcelona from 11-15 May. Full reports to follow in DDN.

Swindon fly high

Alcohol Concern's first 'kitemark' has been awarded to the Swindon Community Safety Partnership in recognition of the quality of its alcohol strategy. The charity's Local Alcohol Strategies Kitemarking Initiative aims to champion good practice and help local authorities develop their strategies.

Strategies are reviewed based on criteria from the Local Alcohol Strategies Toolkit jointly developed by the Home Office and Alcohol Concern. The kitemark initiative focuses on health promotion, service user involvement, treatment and interventions as well as cutting levels of alcohol-related crime.

'This new kitemarking process is further demonstration of Alcohol Concern's commitment to helping alcohol leads in their drive for constant improvement at the local level,' said chief executive Don Shenker. 'The new PSA and LAA targets demand ambitious things of the alcohol sector and we expect that those who sign up to a kitemark review will find it a challenging but ultimately helpful experience.'

Showing the way: Wandsworth Drug Project staff helped raise awareness of drug and alcohol issues among local young people at a joint event by the Wandsworth Drug Project and the Khalsa Centre Panjabi Class in Tooting, south London. More than 700 people attended the event, the aim of which was raise awareness of substance misuse issues and of the services on offer to residents of the London borough of Wandsworth for substance misuse problems. Members of the project gave a presentation on drug and alcohol issues and distributed information as well as setting up a stand where members of the Sikh community could go for advice. Wandsworth Drug project is part of the Wesminster Drug Project (WDP) service. 'This was a magnificent achievement and a demonstration of the effectiveness of cooperation between different organisations within the community,' said Titania May, WDP community outreach practitioner. 'Hopefully this will be a long term relationship working to the benefit of both WDP and The Khalsa Centre Panjabi Class, as with many of the other relationships the community outreach team has forged in Wandsworth.'

Drugs and alcohol identified as today's 'social evils'

Drugs and alcohol were identified as among the main 'social evils' facing the UK today in a large scale consultation carried out by the Joseph Rowntree Foundation (JRF).

More than 3,500 people were surveyed for *What are today's social evils?* In addition to a web-based consultation, a number of discussion groups were organised across England and Scotland to involve potentially excluded groups such as BME populations, young people, ex-offenders, care leavers and people with learning difficulties. 'Although the contributions of the unheard voices stand out because of their personal experience of many of the social evils identified, it is striking how similar the social problems identified by each group were,' says the report.

Among the other social evils identified were individualism, consumerism, inequality, decline of community and decline of the family. Those taking part identified drug and alcohol misuse as a cause of ill health, poverty and family breakdown as well as a consequence of family breakdown, weak communities, child abuse, poverty, unemployment and lack of opportunities. 'The misuse of drugs and alcohol stands out as a social evil that is both the cause and consequence of many other problems,' says the report. Some participants also criticised celebrity culture and the media for glamourising drugs and alcohol.

The consultation revisited the concept of social evils identified when Joseph Rowntree first set up the foundation in 1904. Then he identified 'poverty, war, slavery, intemperance, the opium trade, impurity and gambling' as the 'great scourges of humanity'.

www.socialevils.org.uk

Rehab delivery guidance issued

Guidance setting out the process for assuring delivery of the capital development programme for inpatient and residential rehabilitation drug and alcohol services has been issued by the Department of Health.

More than £54m was allocated to PCTs last April to improve substance misuse services through a strategic bidding process. The new document includes guidance on the reallocation of funds if a scheme is unable to complete within 'reasonable timescales', which will be managed by the NTA and regional forums.

Capital development programme for inpatient and residential rehabilitation substance misuse (drug and alcohol) services 2007/08 and 2008/09 addendum guidance has been sent to PCT and SHA chief executives, as well as mental health trusts and regional offender managers to provide additional guidance to the regional forums and DAATs.

If another bidding round is required, regional forums have been invited to attract bids from providers through local partnerships that meet previously published criteria including monitoring, consultation, care pathways, aftercare and a strategic approach.

Schools could be judged on drug use

The extent of drug use among pupils could become one of the targets used by Ofsted inspectors to judge a school's performance, according to a leaked discussion document from the Department for Children, Schools and Families.

According to the ideas set out in *Indicators of schools' performance in contributing to pupil wellbeing*, seen by *The Guardian* newspaper, a new range of measurements of things like drug use, teenage pregnancy and bullying could be added to existing criteria such as exam results and numbers of excluded pupils.

The document follows from last year's *Children's Plan*, in which the government set out its intentions to make child wellbeing a priority. Speaking at the time of the launch, secretary of state for children, schools and families Ed Balls said the government's job was to 'intervene early to prevent children engaging in risky behaviours like drug taking or binge drinking, disengaging from education or getting into crime' (*DDN*, 14 January, page 5). Teachers' associations have condemned the proposals as an ill-conceived extension of 'target culture.'

Third wave of prison treatment approved

The third wave of Department of Health funding for the integrated drug treatment system for prisons (IDTS) has been approved for treatment in 38 more prisons, following implementation in 53 prisons in the first and second waves.

IDTS aims to provide more integrated drug treatment, with a particular emphasis on clinical and CARATs services. It proposes to create multidisciplinary teams, as well as improved clinical management, better targeting of interventions to match individual need and strengthening links with PCTs, treatment providers and criminal justice integrated teams (CJITs).

The prisons selected for the third wave include Leeds, Whitemoor, Reading, Belmarsh, Lincoln and Dovegate. Prisons were selected on a range of criteria including priorities for clinical treatment in prisons not yet receiving additional funds and prisons serving areas with a prevalence of drug related deaths above 7 in 100,000 population. IDTS commissioning plans will be jointly agreed with local DATs.

Crossing the great divide

Getting former drug users into employment is an obvious goal, but the gulf between the old lifestyle and getting a paid job can seem vast. **DDN** visited a peer mentoring programme in Brighton to hear about those vital first steps into the world of work.

Journey guide: Matt Taylor, national project support officer, is first point of contact for new applicants. He guides mentors through their placements, projects and homework and is 'always there with a kind word of encouragement and calming influence'.

There's a pleasant buzz of activity in the peer mentor office, based at CRI's headquarters in Brighton. The office is crammed with desks and people, but no one seems to mind squeezing past one another to answer the phone.

In one corner, Louise and Peter compare folders of study notes. For both of them, this is a far cry from the lives they were living just a few years ago.

'I had a chaotic lifestyle,' says Peter. 'I was homeless, living on the street, and IV drug using.' Louise had missed out on education at school and had fallen easily into drug use. 'I suffered at school with low self-worth and lack of confidence. I wanted to do something for a long time, but was too fearful,' she says.

For both of these people, the peer mentoring service has opened doors – not just to their own life beyond recovery, but to the chance of education, training and a 'real' career.

The programme offers a first step into the world of work, says Jane Bailey, CRI national volunteer manager, who cheerfully steers the hubbub from her desk in one corner. It's a little known side of CRI, she explains. 'Most people think we're just about criminal justice work, but we are also about working with young people at risk, families and parents, people experiencing homelessness and victims of domestic violence. Volunteers, peer mentors and advocates work alongside these services to provide additional support to service users.'

Alongside her, Matt Taylor, the national project support officer, dives to answer the phone – part of a busy routine that includes encouraging people to get involved with the service and stay with it through every stage. Former service users engage with the programme by starting a 12-week training course in mentoring or advocacy skills and drugs and alcohol information, which is accredited to level 3 by the Open College Network. This essential first stage gives a thorough grounding in models of practice – it will teach someone who is only familiar with the fellowship model of recovery about cognitive behavioural therapy for example – as well as practical skills such as action planning and problem solving.

'Participants also learn how to keep themselves safe – it becomes a form of support,' adds Bailey. They are then matched to a placement for between four and 12 months as a peer mentor or advocate. The final stage is to progress into a volunteering role and take additional external training, such as an NVQ in health and social care, a City and Guilds Progression Award, a diploma in counselling skills – or maybe training in IT or administration.

'Some don't realise how much they're taking on,' says Bailey. But whether they complete the programme or not – and three quarters do – parts of it will still equip them to deal with life more easily. The expectation of the programme is that it will get them into formal education and training.

For those who stick with it, the value of their experience is obvious. Steven now has a paid job with a drug service in Leeds – a situation he couldn't have imagined just over a year ago, when he was a 'skinny and pasty 30-something shoplifter'. A run in with the police left him with a ROB (restrictions on bail) and he was introduced to Sally, his mentor, who helped him with housing and benefits and helped him 'gradually piece together [his] excuse for a life'. As he stabilised, he was encouraged to start on the 12-week peer mentoring course, as the first step to becoming a mentor – though at the time, he says, he didn't think this was important: 'I just wanted to be around people like myself who were trying to get some structure in their lives.' But completing the mentoring course gave Steven the confidence to do other qualifications, including delivered learning, and he now volunteers at ROB, where he first met Sally and began his journey.

'Perhaps for the first time I truly feel equal to my peers and

now feel that I am in a position to give something back,' he says. 'I am just about to start my NVQ 3 in health and social care, which may lead to full-time employment – something I never thought possible a year ago! As for the drugs, well I've been clear for a year now and am learning how to handle the troubles life throws at me.'

Of course it's not always plain sailing, and CRI are ready with a lapse policy from day one. 'We recognise people have problems,' says Jane Bailey. 'Some people decide they're not ready for it yet and we help them recognise what they need to put in place, whether it's a stint in rehab or steady one-to-one working.'

Dan is among those who took advantage of the lapse policy to continue with the programme. He had initially come into contact with CRI as a homeless drug user, when the Street Services Team found him a place in a hostel; then again through his CARAT worker, when he was sent to prison. On release, the DIP team got him engaged with the Foundation Programme, and he applied to do peer mentoring. He was told it would take at least two years to get the knowledge and experience to work in the field, so it was 'not a short cut into the field as [he] first thought'.

Along the way he 'reached a hard and painful place in [his] own recovery'. He was taken away from frontline working, in line with the lapse policy, but was able to continue with his training and was given administrative duties at West Sussex DAAT. After a period of stability, he was able to rejoin frontline work at the Family and Friends Project, where he became lead volunteer. He then returned to the peer mentoring programme, completed a 'train the trainers' course and delivered training to a group, and now – two years on from meeting his peer mentor co-ordinator – has just been appointed as a sessional drugs worker with Phoenix Futures, his first paid job in the field.

Since the first CRI peer advocacy service opened in Southwark (featured in *DDN*, 31 October 2005, page 6), schemes have opened across the country, from the south coast to York. The latest, Staffordshire's T3 Project, will introduce peer mentoring for young people, through a specially adapted version of the programme for 16 to 21-year-olds.

'A key feature of the entire programme is taking things at a steady pace, having lots of landmarks to achieve along the way, and getting people out of drug services and into college,' says Jane Bailey. 'It's about setting a realistic timeframe – but also about creating interesting and challenging opportunities that keep people coming back for more.'

The scheme is fully focused on getting people into employment. But, she adds, 'for many who have not had any long term experience of employment, this journey needs to be gradual – and we need to be encouraging and supporting people to maintain the changes they have made through treatment along the way.' Equally important, the support doesn't stop, and they are not left high and dry: 'We are committed to working with volunteers, mentors and advocates as this supports our aim to stay involved for longer,' she says. 'People who have come through services are then supported into further training and volunteering, which gives them continued support for a crucial 12-18 months beyond treatment.' **DDN**

Peter: From chaos to ambition

'I came from a chaotic lifestyle ... I hadn't really done anything like this before. I didn't know how to access it or which route to go down. But rather than being thrown in the deep end, it gave me the opportunity to learn from others.

'I've found it an enjoyable experience. It's a lot of information to take on board, but it's given me a broad knowledge. I want to work in this field and get a progression award and a diploma in substance misuse. Ultimately I would like to work with teenagers.'

Louise: Never too late to learn

'I wasn't educated. I suffered at school with low self-worth and a lack of confidence. This felt like taking a risk. I struggled with writing, but I did it. At college I had a placement and I have my own clients now. I can give them advice, and that makes me feel good. I will probably have to start at the bottom when I get a job, but that's OK. This is a stepping stone to anything.'

Dan: On the other side of the fence

'On my first street shift, I was teamed up with a police officer in the spirit of multi-agency working. I was blown away when I saw who it was: Sergeant S used to arrest me and send me to prison in my using days.

'What a turnaround – here we were working side by side to help people who were on the streets to access support and get into accommodation.'

Dan was a peer mentor with Street Services Team and is now employed in a substance misuse service

Laura: Giving others confidence

'Today I have agreed to help a group of peer mentors complete their evidence requirements for the OCN accreditation.

'Some people lack confidence in their own ability, while others have struggled to keep their work organised. I can relate to all of these anxieties. The atmosphere is relaxed and everyone is motivated and capable. We cover a lot of ground.'

Laura, former peer mentor, is now volunteering, doing the one-year Progression Award and volunteering with a needle exchange.

Miriam: Managing training alongside recovery

'Having been successful in my own recovery programme, I wanted to use my learning to help others through their treatment. The learning was realistic and practical for me to do as it was only one day a week at first, so I could combine it with my continued recovery needs. The other learners became friends with similar ambitions and we became our own peer support group. The placement opportunity meant I could put my learning into practice fairly quickly.

'I am also getting treatment for hep C, which has been very hard going. But I wanted others to see that it is still possible to develop and learn while going through this – and it has also helped me get through the rough patches.

'Eventually I aim to become a support worker within this field, preferably within a Drug Intervention Programme.'

Miriam is a CRI peer mentor, who has just learned she has won the Adult Learning of the Year Award 2008 from the Brighton and Hove Learning Partnership.

Alison: Essential practical help

'The other day I was able to support a chap whose flat had previously been vandalised and boarded up following a visit out of town. He previously had some rent arrears and believing he had been evicted, was sleeping rough for a few months.

'I met him in a Southwark substance misuse service and was able to contact the council, housing department, benefits agency and police, and he was re-established in this flat.'

Alison has been working as a peer Advocate for the Southwark Peer Advocacy Service. Last month she received a Southwark Stars Award for giving over 100 hours voluntary support and for her contributions to the local community.

Tom: Back on track

'I joined the ABC Project at a very low point in my life, having had to resign from a job I loved, due to alcohol problems spanning 15 years.

'My involvement with the project has helped me enormously to regain self-respect and confidence. I have made new friends and am now looking to return to paid employment, having been dry for 11 months.'

Tom is a volunteer mentor with Bromley Aftercare Service and doing an NVQ in Health and Social Care.

Some names have been changed at interviewees' request.

Art for health's sake

Art is becoming increasingly recognised as an important therapeutic tool, but more often than not on a relatively modest scale. **David Gilliver** hears about a project in west Suffolk that has dramatically outgrown its humble beginnings.

'I was not long out of a treatment centre when I heard about Artheads,' says Chris, a service user. 'There were some posters at my after-care group, and then Sam came and made an announcement urging people to get involved, and I thought "why not?" It was really therapeutic.'

Sam is Sammy Manzaroli, substance misuse co-ordinator for West Suffolk's community safety partnership. He had established a substance misuse implementation team – which each year had a relatively modest pot of money to initiate small scale projects – and a member of the team suggested an art show where service users could display their work. Artheads grew from there.

The bulk of the money for the project has come from community safety partnership funds, but the team also applied for a grant from the East of England Regional Assembly (EERA). After a 'Dragon's Den' style presentation to a panel and audience, the team won the people's vote and was given enough money to pay for a large scale show.

A right bunch of Artheads, to give it its full title, has now evolved into something on a scale no one envisaged when it was first conceived. Two major annual shows have been held in Bury St Edmunds, featuring not only painting and sculpture but photography, film, animation, installations, interactive art, live music, poetry and drama, as well as smaller shows in outlying districts. It was decided very early on that the project be completely inclusive and a determined effort was made to bring in as wide a range of people as possible.

Alongside involvement from schools, colleges, youth services, professional artists and mental health teams, the local community has also played a very active role, and this mix of service users and members of the public is one of the ingredients that has made Artheads such a success.

'We've had local bands, which has brought in young people, and we've also had recovering addicts and alcoholics performing, which has brought in service users and people in recovery – the mix has been really interesting,' says Sammy Manzaroli. 'We've had lots of schoolkids, pensioners, all kinds of people. Those teenagers don't normally come into contact with people who have had problems and are now doing ok, so it's been a real learning experience for them – they've said they learned more about drugs and alcohol than they ever did at school.'

While performing and displaying their work in front of other service users is one thing, it's quite a step for some service users to do the same in front of the wider public. 'It's been a real exercise in them putting their necks on the line and saying it's not a case of 'once an addict always an addict' – that they can recover and become really productive people,' he continues. 'At one event, everyone was singing 'happy birthday' because it was someone's 'clean time' birthday. All these teenagers were singing along, thinking it was his birthday, and then the compere announced he was three years clean and the penny slowly dropped – they loved it.'

The two large scale events in Bury St Edmunds have seen the team take over the Athaneum ballroom for two days at a time, filling the main room with sculptures and paintings, with a separate performance room and non-alcoholic cocktail bar. Interactive displays allowed visitors to construct their own artworks, and films – ranging from tongue in cheek works by the service users about their experiences of treatment to animation and a serious documentary – played on a continuous loop. 'There was a whole range of stuff on display for the two days,' he says. 'That's a massive undertaking.'

The art does not have be themed around substance misuse if contributed by a service user or someone with a link to substance misuse, such as a partner or family member, but anyone without a direct link is asked that their work says something about the issue. There is no party line, however, and people can express anything they feel without fear of censure.

'There's a lot of celebration of recovery, but we've said we want real feelings, not just everyone falling in line and saying "drugs are bad and everyone has to get to get clean,"' he says. 'It's about understanding. We've had work from people who are abstinent, scripted or dabbling – it's totally inclusive. The main thing is to get people talking, to say that drugs and alcohol are here in our communities and always have been. It's about dispelling myths, because people

are bombarded with negative headlines all the time.'

The feedback from service users has been extremely positive. 'I submitted two pieces of work,' says Chris. 'They focused on both positive and negative experiences with drugs, and I got a lot more out of it than I expected. It made me discover a lot of things about myself. I was really, really impressed with the level of artwork on display – I'd love to carry on being involved, and maybe do some performance work.'

Ludovic is another service user who has had his work exhibited at the Athaeneum. 'I was in recovery and heard about the project through word of mouth,' he says. 'I experimented with some 3D pieces, and it was incredibly therapeutic – art is a very spiritual thing and I got a real feel for it. I also exhibited photographs I'd taken during my using when I'd got into an unmanageable situation at home. It was a complete mess and I took pictures of the worst of that and contrasted it with the purest thing I knew, my baby niece – from one extreme to the other. It brings awareness to people – whether it's the general public or people who are using – because it puts them into contact with people who are getting their lives together.'

Bury St Edmunds and surrounding districts is perhaps not the sort of area most people would associate with substance misuse issues, but it is certainly not without its problems. Like many market towns, Bury and Newmarket have very strong night time economies, with all the attendant problems of alcohol misuse, and anecdotal evidence suggests cocaine use is on the rise. There is also a growing heroin problem.

'It used to be that you couldn't get heroin in Bury, but that's certainly not the case now,' says Sammy Manzaroli. 'More and more people are experimenting with it, and the treatment centre that has started in Bury has no shortage of clients. There are NA and AA meetings every day and they're all packed out.' Indeed, both Narcotics and Alcoholics Anonymous have now run open meetings at the Artheads shows, allowing visitors to sit in and observe as well as meet people in recovery and understand that recovery is achievable.

Family members have played a central role in Artheads, including parents who have lost their children to overdose. 'One woman who came to the show in January had lost her son that Christmas, so it was very raw,' he says. 'She said it was incredibly fortuitous that it should have been on at that time, and she's now involved in lots of different things to do with substance misuse work.'

Having outgrown its origins, the future shape of project takes remains to be seen, although the aim is for service users to take ownership and turn the project into something more autonomous, especially as art is seen more and more as a viable therapeutic tool. 'It's been massively successful, and the next step is to find volunteers and agencies to take control, because there's no reason why it shouldn't really grow,' he says.

While the project has been incredibly rewarding, doing something on this scale hasn't always been easy, he admits. 'Getting agencies on board can be a struggle. They're all burrowing away on a daily basis delivering treatment, and fitting this in is difficult because it takes time and effort. What we need is someone in each service to be a champion and take responsibility for it, because it's easy for it to get pushed to one side. You have to be prepared to really wade in there.'

The team now also visits schools and colleges, taking along people in recovery to share their experiences with the students. 'I think it's so important that young people are exposed to this and understand the risks they are taking – not trying to scare them, just giving them the information,' he says. 'Schools are now asking us if we could take the show to them as well – there are so many options and it's got to the point where we have to acknowledge that we can't do everything, and focus on what we'd really like to do – what would be achievable, and what would have the most impact. Where it goes from here is up for grabs.'

If you'd like to offer support or get involved contact Sammy Manzaroli on 01284 757601 or Sammy.Manzaroli@stedsbc.gov.uk

'I believe that some people do not know what they are capable of until they try. I am also aware that people need to be given the opportunity to express themselves. Creative writing is an excellent way to promote emotional wellbeing as it builds self-esteem and confidence.'

Let there be more light

In response to Neil McKeganey's plea for better education in the drugs field (*DDN*, 10 March, page 13): I must say that I am in total agreement with this idea.

I am in my first year of an addictions counselling degree with Bath University and Action on Addiction. The learning and teaching I am receiving are excellent and it is being delivered by committed and passionate professionals who have worked in the drug and alcohol field for many years.

Addiction is a complex subject and I believe it is important that drug workers are skilled and educated so they can deliver a more effective service. I come from a background of drug and alcohol abuse and I used to believe that my own life experience was enough – but I soon found out that it was not. I needed skills and training for me to work effectively with dependent people. We are dealing with people's lives every day, and I do not think this should be forgotten.

I am now learning the value of academic training in the drugs field. What the team at Action on Addiction have put together involves a one-year work placement in residential treatment centres. The learning and experience is already proving invaluable to me.

Let's hope in time more investment is put into this kind of professional education – after all, drug and alcohol abuse is one of the biggest problems we have in our society today.

Annmarie Clark,
foundation degree student

Caricatured view

I find it necessary to respond to Neil McKeganey's misreading of my letter in reply to his 'Up to the job?' article (*DDN*, 10 March, page 13). This is not because his original article has touched a raw nerve, as he implies last issue (*DDN*, 21 April, page 8). Rather, it is because he has failed to pay attention to the argument I made, and has instead conjured a simplistic and caricatured version of it from the recesses of his own imagination.

He claims that my letter 'laments the idea of a university' education. Nowhere in my letter did I express any such lamentations. Rather, I suggested that a mixture of skills and learning contexts would be likely to compose the best team of drugs workers; this has indeed been my experience. The academically trained benefit from working with those whose knowledge and skills derive from social and cultural experience, and vice versa. In the drugs field, the mere presence of a degree or other certification does no more to guarantee a good drugs worker than the absence of such. This, I think the 'fair witness' will agree, is rather different to simply denigrating the professional qualification.

For Professor McKeganey to claim, as he does, that my letter was motivated by a desire that 'things remain the same' demonstrates a wanton disregard for the evidence. I have worked for some years to change practice and theory in the drugs field, as he well knows.

The most serious misreading – one which approached the wilful and thereby the offensive – consists in his claim that my intervention was motivated by a feeling that my 'own position is threatened' by the changes proposed in his article. My letter contained a reasoned argument; the Professor either does not understand it, or can't be bothered to take the time to read it carefully. Whatever the case may be, it does not justify his resort to the attribution of base personal motives.

I paid his article the respect of engaging with it in reasoned argument, accepting it as the product of a different set of intellectual positions and beliefs. He should extend such elementary discursive courtesy unless there are strong grounds to act otherwise.

Sebastian Saville,
executive director, Release

Release the pressure

I was interested to read 'Chapter One', the article on creative writing (*DDN*, 21 April, page 12). I am a social worker/family support worker (and also a poet) within the community drug team in Inverclyde, and provide a service for families who are affected by another family member's drug use.

However, I recently facilitated a creative writing session for recovering drug users. I provided several writing exercise to the group, and as a result, myself and the group wrote three poems, which certain individuals thought they could not do. We took turns in discussing our poems, after which we all recited them. We explored feelings and emotions. We also laughed.

The group discussed how the whole process was therapeutic and somewhat cathartic. The creative writing session enabled certain individuals to express themselves in a way that they never thought they could. In effect, they were self-actualising.

As a result of that particular session, the group asked if I could run creative writing sessions for them. This service is now in the process of being established.

I believe that some people do not know what they are capable of until they try. I am also aware that people need to be given the opportunity to express themselves. Creative writing is an excellent way to promote emotional wellbeing as it builds self-esteem and confidence.

Gina Millar, Inverclyde

We welcome your letters

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

My great escape

In the third part of his story, Bri realises a change of scene is his only chance. Would he adapt to living on the south coast?

I remember the day I left London. London to me was as addictive as the drugs I was trying to escape from. It was so hard to actually make the break to leave a city that had been so instrumental in the negative parts of my life and even on the train down to the south coast, I got off three times. In a crazy way I was truly addicted to London itself.

The reason for leaving London was to go to my brother's wedding – and my plan was to never go back. I would find a place, anywhere that I could go, and just escape from my addiction. This was not going to be easy; I left London on the Friday and arrived in a south coast town to stay overnight with a family that my brother knew.

The next morning the guy who owned the house asked me to accompany him on a shopping trip; he was going to buy me a pair of shoes for the wedding. During the car journey we began arguing about his Christian faith. We talked about what had happened to me as a child – the way the church treated my foster parents and the way a particular member of the Church had threatened to throw me and my brother and sister out onto the street. I never forgot or forgave him for that, and it was a big, big hurdle to me about the Christian faith. I hated anything to do with God, Jesus and churches. As far as I was concerned, I had been hurt as a child and there was no way this phoney faith would ever convince me otherwise.

The journey seemed to go on forever, and all the time chat went back and forth – me telling him how much I hated God, and the driver saying how much God loved me. Then the driver said something that seemed to make so much sense I nearly missed the meaning: he said 'Bri, there is a rotten apple in every barrel,' and it was suddenly so darned clear I could not understand how I had missed it.

The next day I took my relatives to Church – under protest I may add. I found myself kicking the chairs in front of me, and little did I know that the chair I was kicking was the one that my future wife was sitting in. Not only did she become my best friend and constant companion, but I came to love her deeply. This was a whole new ball game for me: people seemed to care about me for the first time in my life and there were no conditions. All I needed to do was be me.

Back in that church, I grew more irate having to sit there and listen to the sermon. The minister started talking to the 300 people in the congregation about the keys to life. I thought to myself, 'New life? What's all this jive about? After the service I went to see the minister and he led me through the prayer to get to know this Jesus guy. Who was he, and how could an invisible being change my life? Well that Sunday did change life for me beyond all recognition. I never imagined how much I could believe something that is unseen. It was truly amazing discovering faith.

Next issue: Bri tests his new faith – and finds that old habits die hard.

Post-its from Practice

Patient defined recovery

Morphine sulphate can be a useful addition to the prescribing toolbox, says Dr Chris Ford.

I felt a bit proud when Stuart came to see me to show me his first pay packet. It wasn't enormous but it was more than the benefits he had been on for years, and as he said: 'It's mine and I earned it'. We also chatted about his health and his maintenance script of morphine sulphate.

We laughed about the journey he had taken to get to this point but it was far from funny in reality. He had registered with us about six years ago having moved into the area and had lost his private script due to his doctor going before the General Medical Council. At that time Stuart was confrontational and demanded that I gave him the same script of 4 x 50mg (200mg) ampoules of methadone, 20 x 5mg (100mg) of dexamfetamine tablets and 3 x 10mg (30mg) of diazepam. He was also quite unwell with swelling and ulcers on his legs.

We concentrated on improving his health and after a few months he settled on 150mg of injectable methadone and 30mg of diazepam. After two years his legs had improved and he decided he wanted to stop injecting as a first move to getting off all drugs, and he requested a move to methadone mixture. He kept trying but he didn't settle and for a time returned to street heroin. A few weeks later he represented and said he would like to try buprenorphine.

Again he really tried to settle but was unable to, so after a few weeks he asked to go back on his injectable script because his life had become so chaotic in such a short time. We agreed and he soon settled and decided to remain on maintenance again.

Stuart remained well for a further six months on injectable maintenance but unfortunately developed an acute deep vein thrombosis in his leg. Because of this he again decided he must stop injecting. He asked me if there was anything else he could try.

I explained I had some experience of using oral morphine sulphate, codeine and dihydrocodeine and had found all these drugs helpful in certain individuals. I explained that none of them were licensed in the UK for the treatment of opioid dependency but they had some evidence base. Morphine sulphate is used extensively in Europe for maintenance and dihydrocodeine has a small evidence base in the UK (Robertson R et al 2007).

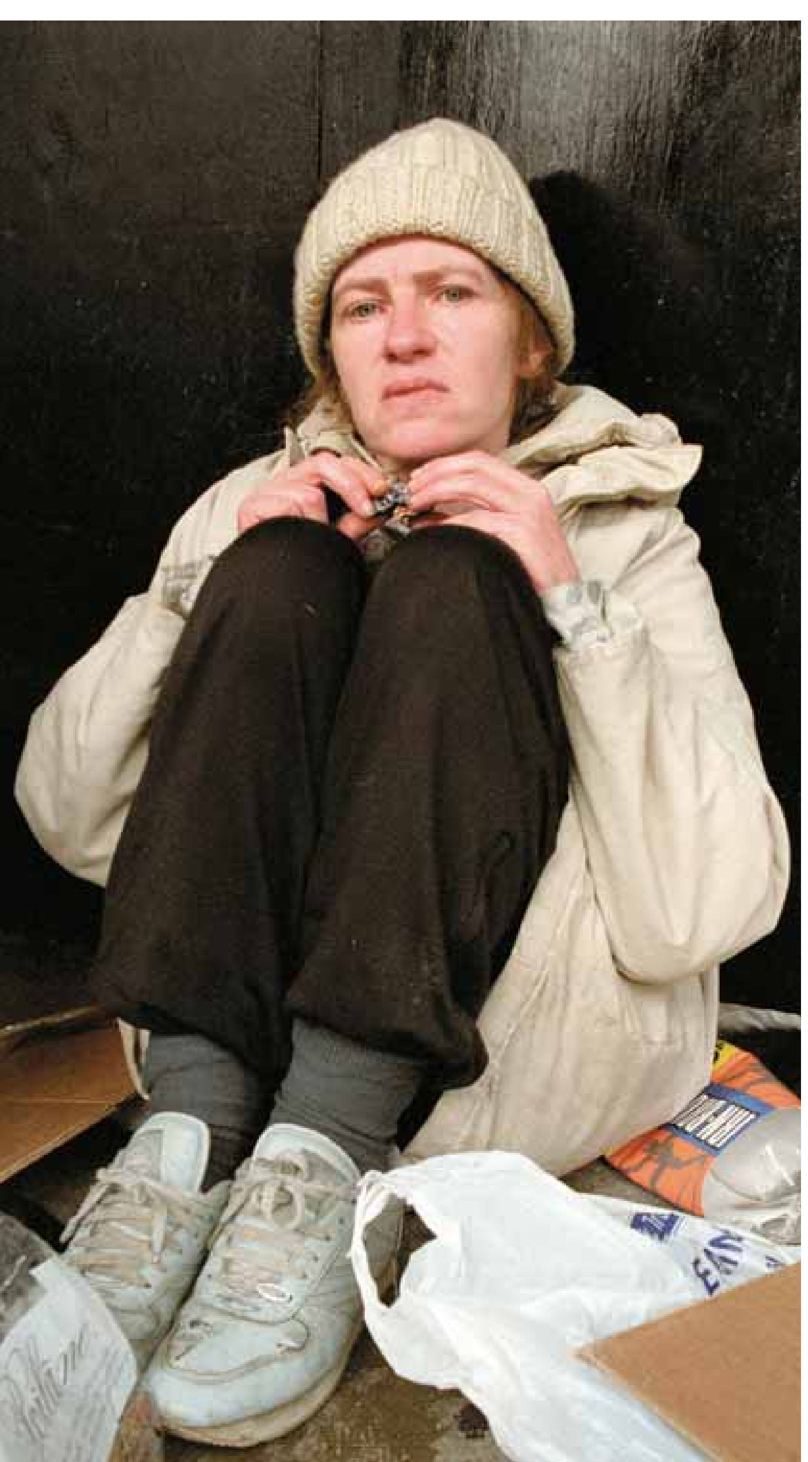
After hearing all the evidence, Stuart decided he would like to try morphine sulphate. When transferring people to it, I find each patient is different on the amount they need, but it is usually double the methadone (because of shorter half-life, which is about 12 hours) plus around a third more. We started him on MST 60mgx3 twice / day = 360mg and he settled on MST 2x100mg twice daily = 400mg.

He felt well on this and then began to talk about detoxification. But in his counselling sessions he identified how scared he was of going back to injecting and realised he wanted to work on developing skills and getting a job, and stay on maintenance. We did not have a problem with his plan and directed him to the local 'back to work' scheme and continued his script.

It is clear that morphine sulphate is not right for everybody and should only be used when other options have failed. But let's use them if necessary and not reduce our limited prescribing toolbox more than we have to. It is also clear that maintenance is not right for all, but a person's own choice about 'treatment' and recovery is fundamental, and 'recovery' needs to be self-defined. Stuart has defined his recovery as getting his first pay packet.

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

HARD TO REACH


Janine Wiedel Photolibrary / Alamy

'I can't tell you what it feels like to stand in a city centre and feel completely alone.' This, from a formerly homeless person, encapsulates what it's like to be one of life's 'easy to ignore'.

Drug users may be on society's unwanted list, but as a homeless drug user Sharyn Smiles experienced what it was like to be at the bottom of the heap – to experience stigma among other drug users and drug services, as well as society at large.

'If you smell when you're in the waiting room, you can see the look of distaste on people's faces. I was urinated on by a stag party and had to go to a drug service the next day,' she recalls. 'When I was on drugs I didn't want to be noticed. I used to recognise people by their shoes.'

Now director of Counted4, a support organisation for marginalised and socially excluded people in the North East, Smiles works to improve the lot of those living on the streets, or who find themselves in hostels that are often damp, full of fleas or home to shocking bouts of violence. She recalls an incident where police had to move residents out of a local hostel while they cleaned up, because two of the residents had been murdered, their heads cut off with a spade. Another of her clients was washed up on the beach the other day. He'd taken to living there in preference to the nearby hostel.

The stories she relays from clients are all marked by lack of hope. When she asked them where they saw themselves in two years' time, the answers revolved around being dead or in jail, if they couldn't find accommodation. Services did not seem to make many inroads to the chaos. Smiles would be met by a barrage of complaints like 'I shoplifted a pillow last week and someone pinched it!' but real progress could not seem to get beyond the routine of risky injecting practices and blocking everything out by drinking cheap White Lightning cider.

The bottom line, she reports, is that clients day and night experience terror, anxiety, depression, loneliness and the realisation that they can see no way out of their situation. Yet the network of professionals, including GPs, pharmacists, outreach workers, housing and social services, and the police can all play a vital part in finding people and re-engaging them with services.

Patrick Ireland, a GP at Birmingham Homeless Services Centre, believes good outreach work coupled with good local partnerships can hold the key – as long as participants are in it for the long haul. 'It's about persistence,' he says. 'We're dealing with people who have no reason to trust us – it can take 18 months.'

Building trust means listening to their stories and accepting that respect and understanding can work wonders. 'Look beyond their behaviours,' he advises. 'Ask yourself, why do they shout at the receptionist? These may be maladaptive behaviours, but they've enabled them to survive.'

Surveying his clients has highlighted inevitable patterns. The drug and homeless outreach services work with the common threads of rough sleeping, sexual and physical abuse, upbringing in a care home, mental health problems and regular spells in the criminal justice system – all woven into a drab carpet of low expectations.

He tells the anecdote of the man who broke into a pub, pulled himself a pint and sat waiting with the alarm bells ringing for the police to come and arrest him – because at least prison was warm and dry. With a physician's eye for what works to fix people, he laments: 'It costs an awful lot to keep people in prison. It revolts me.'

The 13th national conference on managing drug users in primary care shone a spotlight on clients that have slipped out of sight. **DDN** reports.

OR EASY TO IGNORE?

Release's executive director, Sebastian Saville, becomes similarly angry when talking about the pointless waste of lives in prison for drug-related crime. He sees it as the beginning of the end for many; after the trauma of isolation comes the risk of being released without support – a critically hazardous time for those cast out into society without any transition arrangements.

Saville asks questions to which the answers ought to be straightforward: Why are prisoners released before the weekend when drug services aren't open? Can't we end the 'Friday syndrome' by releasing them on (say) Tuesdays, when they could be sure of somewhere to go? Why not introduce flexible prescribing, so they can pick up a prescription daily for two weeks from anywhere in the country, until they are linked into services? And why do we make it so difficult to get treatment for bloodborne viruses as a matter of course? The shocking truth, he says, is that 'there are too many areas where the GP won't start treating them until they've stopped drugs'. Once you've been cast out as a drug using criminal, it seems it's very hard to get back in.

The issue of stigma can stand in the way of drug users' treatment – whether they are young or old. Anna Millington sees it displayed in its most punitive form towards drug using parents, when too often the action is based on 'probability instead of evidence'.

'Are harms related to parents' drug use, or just circumstances in which they live? Too often we rely on personal judgements to affect professional practice,' she says.

She warns against the 'tick box exercise of Hidden Harm' making services over-reactive, instead of working for the benefit of the child. 'Is it any wonder that the parent can be hard to work with, when they know they could have their child taken away?,' she asks.

The sequence of events can too often turn destructive instead of supportive: 'Because it's emotive, people become very aggressive – so it then becomes easier to hand them over to social services,' says Millington.

At the opposite end of the scrutiny scale, older drug users can find themselves with precious little attention at all, says 56-year-old Beryl Poole.

'Taking drugs used to be a social thing. Now dealers come on bikes. You go home and you're on your own,' she says, drawing on her own experience. 'It can be lonely.'

When patients go to the chemist for methadone it's 'like after the Crimea – they're all on crutches. Pharmacists can't wait to get rid of them. All these theories about connecting with people in the chemist – it just doesn't happen.'

Since growing up as an Irish Catholic in a care home, Poole has lived with drugs long enough to believe she 'couldn't take a detox at [her] time of life'. Experience has left her wise to the attitudes she is likely to expect, and she has adapted to survive: 'Your medical records follow you – you're a junkie. If I go into hospital I'm OK because I know my stuff.' She deals with the stigma by zipping up her armour: 'We're a stubborn crew… Let us grow old disgracefully.'

Those that can adapt may well learn to survive – whatever their quality of life. But what of those whose survival depends on being drawn into the net of services?

GPs can play a central role in catching clients before they disappear, according to Stephen Pick, a GP in Reading, who chaired the final session of the conference. He commented: 'We've moved on from what should we do, to how do we do it, to how we do it better. It's about hearing and listening to people with their differences.' **DDN**

Drop the 'hard to reach' line!

Daren Garratt from the Alliance did not mince his words when addressing GPs at their final conference session. Here's an extract from his speech.

What do we do with these damned elusive and ungrateful 'hard to reach' communities that have avoided all attempts to be supported and treated by us?

Who ARE these hard to reach bleeders that skew our annual returns so much, and keep the unwanted spotlight of the NTA fixed on our practice? Are they anyone who's not a white, male, able-bodied heterosexual who's above the age to drink alcohol legally – and responsibly! – but with no police record and a penchant for street heroin, or do we mean any bugger that won't telephone us, book an appointment to be assessed and navigate a frankly unknown, mysterious, impenetrable and scary system of triage, dosing and stabilisation with a willingness, grace and dedication that acknowledges and honours our expertise, professionalism and knowledge?

I've come to the conclusion that the whole 'hard to reach' argument is a misnomer used to shift the focus from areas of professional under-achievement, to the inherent failings and 'difficulties' of our client group. Is it fair or appropriate that in this first decade of the 21st Century we continue to peddle the implication that because the majority of our client-base are white, male (presumably heterosexual) opiate users in the 18-35 age range, anyone who falls outside of this profile is somehow difficult?

Is this not – in essence – just a further extension of the blame culture that still underpins whole swathes of drug treatment provision in the UK; the 'problematic' drug user, the 'chaotic' lifestyle, the 'difficult' client, the 'hard to reach' group? Perhaps only when we begin to talk of the 'problematic' treatment regime, the 'chaotic' bureaucracy, the 'difficult' provider and the 'hard to access' service in equal measures will we be at a point where we can work effectively and constructively to redress this balance, and get a clearer understanding of what we mean. Certain people may be 'hard to reach', almost certainly 'hard to hear', clearly 'hard to attract', and invariably 'hard to please'. But are they really that 'hard to cater for'?

I don't believe we can continue to credibly peddle the 'hard to reach' line anymore, as any service that operates flexibly and sensitively responds to an individual's expressed, unique needs in an appropriate way will attract people whatever their background. Do you really have 'hard to reach groups' in wider general practice, or do you tend to find that your patient group reflects the diversity of the communities you serve? I would suggest the latter, so why does this suddenly become a problem when we discuss drug provision?

As healthcare professionals we have a duty of care to our fellow, exceptional human beings. They do not have a duty of compromise to our systems of working.

Using clinical governance can not only improve drug misuse treatment – it can drive an exciting opportunity to change services' culture. Grab the chance to be part of it, says **Dr Susi Harris**.

Vehicle for change

Clinical governance is a system for delivering – and demonstrating the quality and safety of – high standard services. It is a framework encompassing a wide range of established mechanisms, such as clinical audit, education and training, research and development, and risk management, but also requires a culture of openness between professionals and with the general public.

For most drug treatment services, implementation of clinical governance is already a statutory or contractual obligation. But there is now a new emphasis on the ability of clinical governance to improve drug treatment. This is because it is an effective mechanism for improving clinical practice in line with recent clinical guidance (*Drug Misuse and Dependence: UK Guidelines for Clinical Management* and the suite of NICE drug misuse guidance).

Clinical governance can be complex in the drug treatment sector, which crosses health, social care and criminal justice, and organisational boundaries. And, although it is well-established in much of the NHS and in other sectors, the National Treatment Agency and National Audit Office research found that it was sometimes inconsistently implemented, especially in drug treatment and in primary care. There is also evidence that primary care trusts are not always aware of their clinical governance responsibilities when acting as purchasers of drug treatment from the independent sector.

Clinical governance can bring a whole new culture to a caring organisation. It can promote the development of a 'learning organisation' – one that sees untoward events as spurs to necessary improvements. But it goes one step further, giving rise to the proactive 'self-regulating organisation' – one that systematically reviews all its people and processes, seeking out potential areas for improvement, before untoward events have a chance to occur. The whole ethos of clinical governance is about quality. Quality means safety and effectiveness: making sure that our clients, staff and communities are safe, and that we responsibly allocate finite resources towards evidence-based treatment that we know will make a difference. It's basically about making sure we do the caring that we all try to do in our jobs every day, as well as we possibly can.

But don't just take my word for it. The NTA published draft guidance on clinical governance in February (*www.nta.nhs.uk/areas/clinical_guidance/clinical_governance*) and the following quotes are adapted from the guidance:

'The more people grasp it the more they want to be involved. This is exciting – as chair of a big committee, it is akin to conducting an orchestra of accomplished players... The cardinal benefit has been the ability to form a culture that feels good. Staff [from all involved services] know that they belong to this Directorate. It has… allowed for the expression of local need as well as local qualities.'
Camden and North West London Mental Health Trust (William Shanahan, medical director and chair, Clinical Governance Committee)

'Now that staff are engaging with the process, teams will automatically come up with service improvement initiatives rather than these being imposed by managers… A massive vehicle for change, very exciting.'
Cygnet Healthcare (Malcolm Carr, director of clinical services)

'Benefits to the organisation include… involvement of all staff, which is empowering to more junior staff… allows a bottom-up approach.'
Addaction

Consultation on the draft guidance, which will end shortly, is your opportunity to shape and influence guidance that will ultimately affect you as a professional with a remit for drug misuse treatment, whether delivering health or social care, and whether independent or public sector. The principles of clinical governance – of systematic quality assurance and quality improvement – apply whether or not you consider your drug treatment interventions to be 'clinical'.

The consultation draft seeks responses in a number of key areas. Firstly, clinical governance has been around in the NHS for a few years now but, because drug misuse services are so widely distributed among different sectors, it is important to know if the briefing adequately covers primary and secondary care, non-statutory and criminal justice sectors (including prisons).

Secondly, how do we manage clinical governance interfaces, for example, between the clinical governance lead in a Trust and the clinical lead in a drug service, or between a local authority and its young people's drug and alcohol services?

Thirdly, what do you want to see in the guidance to ensure it is of practical benefit? Would you like more detail on how clinical governance can be made to be valued and to work in real situations? Should it tackle more practical aspects of implementation – almost making it a 'how to' manual? And should it go into detail on topics that are covered within clinical governance but important in their own right and perhaps needing greater guidance, such as clinical supervision?

The consultation closes on 14 May so – assuming you are reading this soon after *DDN*'s publication – there is still an opportunity for you to contribute. A diverse response from a wide range of those in the drug treatment sector will help ensure that the final guidance is a genuinely useful document that can support us all in getting the positive benefits of clinical governance embedded in our work, for the good of our clients.

Dr Susi Harris is clinical lead in substance misuse (Calderdale) and formerly NTA Clinical Team GP.

Nature of the problem: Addiction as a chronic disorder (part 2)

In this Briefing, Professor David Clark focuses on a major problem: while addiction resembles other chronic disorders, society uses an acute model of care for treatment.

In my last Briefing, I considered the difference between acute and chronic medical disorders and emphasised that they have to be managed and treated in very different ways. I focused on a paper by William L. White and A. Thomas McLellan, which is due to be published shortly by the journal *Counselor*.

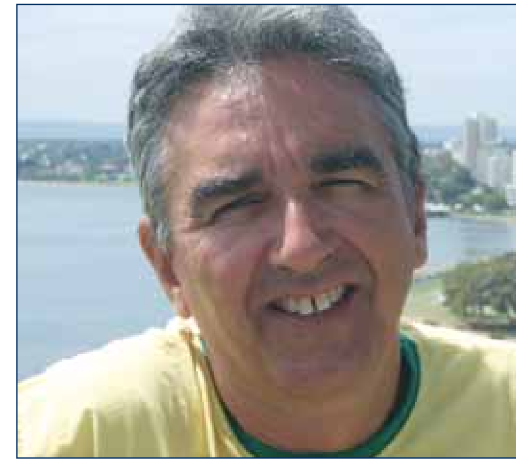
These American recovery experts point out that there are many similarities between severe drug and alcohol use problems (and addiction) and chronic disorders such as diabetes mellitus type 2, hypertension and asthma.

- They have a prolonged course, that varies across individuals in terms of intensity and pattern, and there is the risk of pathophysiology, disability and premature death.
- They are influenced by behaviours that begin as voluntary choices, but evolve into deeply ingrained patterns of behaviour. The pattern of onset of the disorder can be gradual or sudden.
- They are influenced by genetic heritability, and other personal, family and environmental risk factors. They can be identified and diagnosed using validated screening and diagnostic tools.
- They have effective treatments, self-management protocols, peer support frameworks and similar remission rates, but no known cure.
- They often lead to psychological problems that include hopelessness, low self-esteem, depression and anxiety.

The striking similarities between severe substance use problems and chronic medical disorders do not imply that similar disease processes underlie these disorders. However, it does strongly suggest that we should be using chronic or continuing care strategies for substance addiction that resemble those used for other chronic medical disorders.

Despite the fact that addiction is a chronic disorder, it has been treated in an essentially acute care model of treatment. White and McLellan outlined the central elements of an acute treatment model as such:

- Services are delivered in a programme of activities – screening, admission, a single point-in-time assessment, treatment procedures, discharge, and brief 'aftercare' followed by termination of the service relationship.
- A practitioner directs and dominates the decision-making process during assessment, treatment planning and service delivery.
- Service delivery occurs over a relatively short period of time (*eg* 12 weeks).
- The individual/family/community is given the impression at discharge that 'cure has occurred'. It is implied that long-term recovery is now self-sustainable without ongoing professional assistance.
- Post-treatment relapse and re-admissions are viewed as the failure (non-compliance) of the individual, rather than potential flaws in the design or execution of the treatment protocol.



'Importantly, the acute care model sets the field (and individuals) up to fail. This erodes long-term societal confidence in addiction treatment as a social institution.'

In his fascinating book S*laying the Dragon: The History of Addiction Treatment and Recovery in America*, William L White points to a number of key factors that contributed to the acute care model seen in the US in the 1970s and 1980s, some of which I describe here.

The desire to legitimise addiction treatment led to the field trying to emulate primary care medicine. Treatment programmes were adapted from standards for acute care hospitals with little focus on service support for long-term recovery. Ironically, this occurred at the precise time that critics were documenting the ineffectiveness of this acute model for chronic primary health disorders.

The shift to an institution-focused business orientation in the 1980s diminished client advocacy and contributed to the development of an aggressive programme of managed care that shortened lengths of stay and eliminated continuing care. During this time, many treatment programmes were merged into larger organisational networks.

The nature of accountability shifted from long-term recovery outcomes to procedural efficiency and cost containment. There was an erosion in the impact of factors known to contribute to long-term recovery. Grassroots treatment programmes closely connected to local communities of recovery became professionalised, bureaucratised and disconnected from these communities over time.

In the late 1980s and early 1990s there was a massive slashing of federal funding to the treatment field, related in part to the system over-promising and under-delivering.

By the late 1990s, the assumptions of the acute care model began to be questioned. This criticism was accompanied by widespread calls to change the design of addiction treatment from an acute care model to a model of sustained recovery management.

Importantly, the acute care model sets the field (and individuals) up to fail. This erodes long-term societal confidence in addiction treatment as a social institution:

'One of the problems with the expectation of long-term change following a single episode of care is that it holds substance abuse treatment to a very high standard – one that is not imposed on treatments for most medical or behavioral disorders' (O'Brien & McLellan, 1996).

You may think what has this got to do with the situation in the UK?

We have an acute model of care. We have copied many (certainly not all) aspects of addiction treatment from the United States. We are focused on performance measures, cost effectiveness, improving the business 'efficiency' of treatment agencies, and we have larger organisations taking over programmes around the country. We do not understand recovery or recovery management.

Some people argue we are 15-20 years behind the US. Are we now facing the slashing of treatment funds in the near future?

We need to be seriously thinking about a chronic or continuing model of care.

Drink and Drugs News

DDN is a free independent publication, totally self-funded through advertising revenue.

Published fortnightly for the last three years by CJ Wellings Ltd with a circulation of over 11,000, the magazine provides an unbiased round-up of the latest news, features and research from the substance misuse field.

The magazine is not affiliated to, or funded by, any of the agencies working in the field, but works closely with them to ensure that all areas of the drug and alcohol field are represented.

We fiercely value our editorial independence and do not seek funding for the production of the publication. We provide a cost-effective targeted advertising service for the substance misuse field – if you would like to support the magazine, keeping it free of charge to all readers, please contact us the next time you need to advertise.

To find out more about Drink and Drugs News or working with CJ Wellings Ltd please contact info@cjwellings.com

BOMIC

Information Databases for Substance Misuse Agencies

We have over 10 years experience providing Drug & Alcohol Treatment Agencies with complete client management & reporting databases. Our software solutions are designed to meet your existing and future needs - we have different databases and modules to suit your requirements including Web, Needle Exchange, Family & Carers, DIP and Prescriptions. All of our software is 100% compliant with NTA and CDS reporting requirements and includes full support and maintenance for 12 months.

BOMIC V4 is the latest version of our original information database that is still going strong today. Our sites benefit from over 10 years of continuous development by using BOMIC V4.

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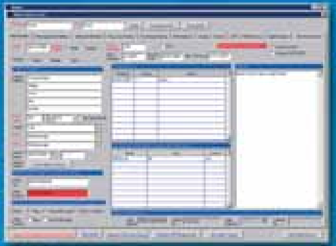

BOMIC V4 Main Details screen

- 100% NTA and CDS compliant with updates as required.
- Highly modifiable so we can add new features as required.
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- No upper limit to the number of concurrent users.
- Local GPs imported from NHS Directory.
- Integrated reporting facility with Microsoft Excel export feature.
- Integrated mail merge with Microsoft Word.
- Full support and maintenance included for the first 12 months with annual maintenance available.

Web BOMIC is our internet-based software that builds on BOMIC's core strengths. Using the power of the internet, working "anytime, anywhere" has never been easier.

Ever-growing online support resources mean that help is always available.

Web BOMIC has all of BOMIC V4's key features plus:

Web BOMIC Main Details screen

- Secure nationwide access using latest security technology.
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- Full support and maintenance included for the first 12 months with annual maintenance available.

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Get in touch with us to arrange a demonstration of any of our databases or visit our website for more information - we're looking forward to hearing from you

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e: ian@cjwellings.com

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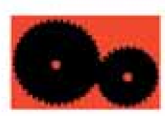

Line managers

OU/FDAP Professional Award for Managers of Drug & Alcohol Practitioners
Open University qualification based on assessment of competence against four units from DANOS, Management & Leadership and Education & Learning National Occupational Standards (NOS). [Assessment only]

ASET/FDAP Certificate in Supervisory Management & Leadership Techniques
ASET-accredited four day training course leading to a level 3 award for line managers . The course focuses on the same units covered by the OU/FDAP award for managers. [Training based qualification]

Performance Management + Supervision, Appraisal & DANOS
Two one-day workshops providing practical training on using DANOS and other national occupational standards in managing and developing front line workers. [Training only]

Front line workers

FDAP Drug & Alcohol Professional Certification
A competence-based certification, covering 10 units from DANOS and related NOS, and providing evidence of workplace competence in line with national targets. [Assessment only]

OU/FDAP Professional Awards for Drug & Alcohol Practitioners
Open University qualifications providing externally-validated evidence of competence against units from DANOS and other relevant NOS. [Assessment only]

FDAP National Counsellor Accreditation Certificate (NCAC)
A specialist certification for drug and alcohol counsellors - conferring eligibility to the United Kingdom Register of Counsellors (UKRC) . [Assessment only]

FDAP/AC Introductory Certificate for Drug & Alcohol Counsellors
A certification from FDAP and Alcohol Concern aimed at counsellors in training and volunteer counsellors working in alcohol and drugs services. [Assessment only]

Specialist workshops and short courses
We also run specialist workshops and courses on specific issues (such as working with stimulant users, ethical practice and more). [Training only]

For more information visit www.fdap.org.uk

International Treatment Effectiveness Project (ITEP) Training

Blenheim

Psychosocial Interventions for Drug Practitioners

What is ITEP?

ITEP builds on an internationally evaluated model of service improvement. Following its successful implementation across 12 services within Blenheim CDP this model of psychosocial interventions provides evidence based and easily evaluated tools for use by keyworkers across the drug treatment system.

Course Outline

Blenheim CDP are offering a 2 day training course (mapped to DANOS) focusing on the two approaches that are designed to be delivered by keyworkers as part of their client work sessions:

- Node-link mapping
- Brief interventions aimed at changing thinking patterns

Cost

The price for the 2 days training is **£200** per person (including lunch and workbook). Consultancy packages available on request.

Dates

The course will run on the following dates at Blenheim CDP's Training Centre, 68 Bolton Crescent, London, SE5 0SE

15th/16th May 2008
10th/11th July 2008
6th/7th November 2008
5th/6th June 2008
11th/12th September 2008
4th/5th December 2008

Contact Details

For further information concerning ITEP training please contact:
Claudia Nicolau T:020 7582 2200 :c.nicolau@blenheimcdp.org.uk

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UNIVERSITY OF BIRMINGHAM

Treatment of Substance Misuse – MSc/PG Dip/PG Cert

October 2008 start

This course is aimed at anyone working within a drug or alcohol treatment service. It is structured around the key elements of the National Treatment Agency's Treatment Effectiveness Strategy, and incorporates a range of evidence-based approaches. It will equip you with broad clinical skills and knowledge of the problems that you are managing, and will provide you with an innovative and comprehensive framework for delivering medical and psychological treatments.

The MSc is a three year part-time course, however shorter qualifications of postgraduate certificate or diploma are also available. The focus of the teaching will be on clinical practice, and the modules include: assessment and harm reduction, building motivation for treatment, changing addictive behaviours, rehabilitation and aftercare, treatment policy, management of co-morbid mental health and substance misuse problems, and research methodology.

Entry requirements

An undergraduate degree and experience of working with the relevant client group. Professional qualifications and work experience may also be taken into consideration.

Learn more

Contact Merce Morell, Programme Administrator, on 0121 678 2356 or 0121 301 2369, m.morell@bham.ac.uk or visit our website for full details **www.medicine.bham.ac.uk/treatment**

LOCAL OPPORTUNITIES

Winthrop Hall, part of Success in Recovery, is a new company formed for the purpose of delivering groundbreaking treatment of drug and alcohol addiction in the UK, for the individuals who can fund their own treatment. Our first residential treatment centre, providing discreet, private residential and follow-up treatment of addictions, is a unique, high quality, purpose-built facility, located south of Maidstone in Kent which opened in October 2007.

We are seeking to recruit a professional, flexible and motivated team for this exciting venture. Candidates must be articulate and enthusiastic and also believe they can match our mission statement of Undeniable Excellence. We wish to recruit the following positions:

Bank Staff – Senior and Junior Nurse

Preferably with experience in the addictions field or supportive areas you will play a key role in the client's medical detoxification. You will be involved in the assessment, planning, implementation and evaluation of client care.

Bank Staff – Support Workers

Healthcare experience within the addictions field or supportive areas preferred.

If you are interested in applying please send a copy of your CV with covering letter to Diane Jenner, the Director of Human Resources via e-mail: dianejenner@winthrophall.co.uk. Website: www.winthrophall.co.uk. Closing date for applications is 19th May 2008.

This post requires an Enhanced Disclosure under the Care Standards Act 2000

"The trainer worked at our pace, which helped us to learn in a relaxed environment"

"Well presented and interactive"

Essential workshops

Supervision, appraisal and DANOS
2 June 2008 – central London
This one-day workshop for line managers and HR directors covers supervision, appraisal and development of front-line staff against DANOS and other national occupational standards. It is run by Iain Armstrong – a leading expert in DANOS and workforce development

Performance management
9 June 2008 – central London
This one-day workshop for line managers and HR directors builds on the "Supervision, appraisal and DANOS" workshop (outlined above), and focuses on managing and developing practitioners' performance against DANOS and other national occupational standards. It is run by Iain Armstrong – a leading expert in DANOS and workforce development.

Cost: £110 + VAT per head (15% reduction for FDAP members/affiliates).
Rates for groups on application. Contact Tracy Aphra.
e: tracy@cjwellings.com, t: 020 7463 2085.

A skilled, professional and motivated workforce

Solutions Action Management was founded in 2001 to meet the ever-growing demands and changes required by the delivery of the National Drug Strategy. With the emergence of Drug Action Teams and greater funding specifically targeting young people, communities and criminal justice we provide trained substance misuse personnel in response to a growing demand for highly skilled individuals.

"I have been extremely happy with the services provided by Solutions Action Management. I have used them a number of times to provide a range of staff, from DAAT Commissioning Support posts to Qualified Social Worker and Drug Worker posts. I am consistently impressed with the level of skill and experience of the candidates put forward by SAM Recruitment, and SAM remains my preferred first option when seeking to fill existing vacancies or looking for staff for one-off short pieces of work. It is extremely important to me to be able to talk to an agency that really understands the field and the issues involved and can work with me to think up creative staffing solutions to some of the needs of the substance misuse field in the 21st Century.
Drug & Alcohol Action Team, Joint Commissioning Manager

At Solutions Action Management we use our vast amount of experience within the drug and alcohol sector. As a truly specialist substance misuse recruitment and consultancy agency we have in-depth knowledge and expertise in this field that more general recruitment agencies aren't able to offer. Whether you are a voluntary sector agency, local authority or private sector client, we find the solution to your staffing requirements. Our clients come back to us again and again.

"Solutions Action Management work hard on behalf of their consultants to ensure a perfect match between project and personnel and I have always found all the positions and work that I have been offered have been suited to my skills set and interesting to be involved with. I have been working with SAM for over four years now and, as well as being very busy, have found the support and range of work offered to be excellent."
Consultant in Mental Health, DAT Co-ordination, Joint Commissioning & Strategic Project Work

We provide skilled and motivated drug and alcohol professionals in all areas of the substance misuse field. If you are an organisation with positions to fill or a professional looking for your next role contact us now.

We provide:
- **DAAT co-ordinators**
- **Joint commissioning managers**
- **Consultants/managers**
- **Needs Assessments/bespoke one-off pieces of work**
- **Nurses**
- **Drug/criminal justice workers**
- **Counsellors 12-step, BST, CBT**

"Solutions Action Management have been very supportive, approachable and efficient. I have never experienced any problems whilst working through them. I feel confident to advise anyone to approach them for work/placements."
Qualified Social Worker – Substance Misuse

Solutions Action Management are now CSCI Registered and able to supply nurses. We are also starting to supply to treatment centres internationally.

See our latest vacancies at www.samrecruitment.org.uk

St. Thomas Fund
Brighton and Hove

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

The St.Thomas Fund is a high quality community based Structured Day Programme and Phased Residential Treatment Programme (including residential detoxification) for substance misusers who have a history of rough sleeping and/or are residing in local Band 2 (hostel) accommodation in Brighton and Hove. This service works as part of a multi-agency integrated treatment system alongside other voluntary and statutory providers. We are looking to recruit the following new post to join our team.

Complex Cases Co-ordinator

(Ref MP385)

£27,473 – £28,843 per annum, 37.5 hours per week

The successful candidate must have experience of direct work with substance misusers with dual diagnosis and complex needs. You will need experience of CBT, solution focused and MI models of intervention. Experience of designing and delivering training, line managing staff, partnership working and liaison with other agencies is also essential, as is the confidence to work on your own initiative as well as part of a team. Computer literacy and excellent written and verbal communication skills are essential. A professional qualification in counselling, nursing, social work or equivalent would also be desirable.

Closing date: 19th May 2008 at midday

Interviews to be held: 22nd and 23rd May 2008

For an application pack and further information visit: www.cri.org.uk or call our recruitment line on 01273 523611 (24 hour answer phone) quoting the relevant reference number.

The successful candidate will be subject to a Criminal Records Bureau check at enhanced level.

In return for your commitment and enthusiasm CRI offer excellent terms and conditions and comprehensive training and development opportunities.

Committed to anti-discriminatory practice, CRI aims to be an equal opportunities employer.

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BROADREACH HOUSE
DRUG AND ALCOHOL TREATMENT SERVICES
Supporting You in Rebuilding Your Life

Chief Executive

c. £58k – £65k

A highly respected Charity well known for its drug and alcohol treatment provision, seeks a Chief Executive to lead its multi-disciplinary Senior Management team.

The successful candidate, who will report to the Charity's Board of Trustees, will be self-motivating, commercially astute and will possess a wide working knowledge of the Drug and Alcohol sector. They will need to evidence skills in strategic planning, service development and budget management and must have the capacity to provide strong and inspirational leadership. Also essential is a strong commitment to continuous improvement of services for those affected by drug and alcohol use and an awareness of the need to address all aspects of social exclusion when working with this client group.

The position will be based in Plymouth; Devon and management responsibilities will include staff working in three residential and two non-residential centres in the city.

For a job description and person specification, please contact:
Jude Wallace – 01752 500003
Closing date – 9th May 2008

Social Care & Health

Services Commissioning Officer

£32,436 - £35,852 pa (Pay Award Pending)
SC DAAT, Officer's Mess, 24 Gaol Road, Stafford, Staffs, ST16 3AN

Staffordshire Drug and Alcohol Action Team (DAAT) is seeking to recruit a Services Commissioning Officer to the team. The unit has undergone considerable changes over the last year and the future is both exciting and challenging.

The Services Commissioning Officer will work closely with the Commissioning Team within the DAAT Secretariat as well as with the wider DAAT Partnership and will hold responsibility for key areas of work across the County of Staffordshire. You will need excellent communication skills, project management skills and knowledge of Drug and Alcohol services with the ability to work within a partnership arrangement. Previous commissioning experience is a key requirement.

The DAAT is a multi agency partnership that is currently hosted by the County Council.

We are looking for an individual who can bring partnership working expertise to the team. The role will be demanding and exciting.

If you think you can rise to the challenge and would like to discuss this role further please contact Louise Stone, Head of Service on 01785 223176.

You can view and download an application pack by visiting our website at www.staffordshire.gov.uk/SCH639 or request a postal pack by ringing 0845 452 0539 (24 hour answerphone) quoting job reference number SCH639.

Closing date for applications: 16th May 2008.

This position is subject to a "disclosure" check under the "Rehabilitation of Offenders Act 1974". Further details regarding this check and Staffordshire County Council's employment policy will be found within the application pack.

This Authority is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expect all staff and volunteers to share this commitment.

Working towards equality for all

www.staffordshire.gov.uk

Staffordshire County Council

Joint Commissioning Officer
Community Safety and Drug Action Team

£34,991–£38,404 p.a. Ref: DJCO607DDN

You will be responsible for commissioning all drug misuse services in North Somerset. You will need experience of budget management, contracting and commissioning and complex multi-agency working.

37 hours per week • Based in Weston-super-Mare
Closing date: noon Friday 9 May 2008

for information on these and all council jobs visit: **www.n-somerset.gov.uk/jobs**

West Sussex Drug & Alcohol Action Team

Data & Information Officer
Drug and Alcohol Action Team
West Worthing
£25,320 - £27,594 (pay award pending)

Be part of an exciting new project to implement our new client information system (HALO) across West Sussex. You will need to work creatively and efficiently to ensure that the collection, processing and analysis of data meet the needs of our diverse client group and agencies. With your expertise in the use of Microsoft packages, including Excel, you will deliver training and need to demonstrate that you are self-motivated to produce tangible results.

Post requires a Criminal Records check.
Closing Date 26th May 2008
Interviews will be held early June.

For further information please contact Jane Williams, Public Health Specialist on 01903 708683. For an application pack, please go to www.westsussex.gov.uk/jobs or e-mail jobs@westsussex.gov.uk or telephone 01243 642140 (24 hour).

Care, Innovation and Delivery

Swanswell is an established and expanding addictions agency providing quality Alcohol & Drug Services in Coventry, Warwickshire & Birmingham. We provide services that respect, inform, motivate and support individuals to make positive life choices and find creative solutions to their difficulties.

DRUG SOLUTIONS BIRMINGHAM

SHARED CARE/CRIMINAL JUSTICE DRUG WORKERS

Salary NJC Scale 26-31, £21,412 - £25,320 p.a.

Drug Workers within Drugs Solutions Birmingham (DSB) work with service users in a variety of settings including GP practices and probation. We work to the assessment and care management model and use the Birmingham Treatment Effectiveness Initiative to engage and support service users through their treatment journey. We are looking for workers who are motivated to work as a member of a team and have experience of working within the substance misuse field.

For an informal discussion please contact either Laura Shepherd or Colette Turner on 0121 233 7400.

Applicants with a disability who meet the essential criteria for the posts will be guaranteed an interview.
Closing date for applications for the above posts is 12 May 2008.
Interviews to be held on 21 or 22 May 2008.
Strictly no agencies

For a job application pack please contact:
SWANSWELL CHARITABLE TRUST
Tel: 01788 559418 Fax: 01788 559419
Email: jobs@swanswelltrust.org

Or visit our website
www.swanswelltrust.org

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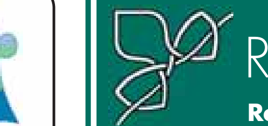

RHOSERCHAN

Required: Counsellors

Rhoserchan seeks full time counsellor and part time weekend/ relief counsellor. Details on www.rhoserchan.org.uk
For both posts a diploma in counselling will be necessary.

Barton Hill Settlement is a community managed multi-purpose centre providing a range of services in inner city East Bristol

Join our 'Community Action Around Alcohol and Drugs' team in an exciting new phase of development. We need a full time

SYSTEMS & DEVELOPMENT MANAGER

to manage the development and administration of the CAAAD Project and the relationships with internal and external stakeholders. You must have 2 years experience of project management including budget mgt, fundraising, reporting and monitoring.

Salary: £27,594 per annum
Closing Date for receipt of application: Friday 16th May at 10:00 am
Dairy date for Interview: Tuesday 27th May

For a job pack giving more detailed information please contact:
Central Services Office, Barton Hill Settlement, 43 Ducie Road, Barton Hill, Bristol, BS5 OAX Tel: 0117 9556971
or E-mail: debbiep@bartonhillsettlement.org.uk
For more information, look on our website:

www.bartonhillsettlement.org.uk

Barton Hill Settlement has a policy of promoting equal opportunities and diversity and therefore welcomes applicants from all sections of the community.
Limited Company Number 5031499 Registered Charity Number 1103139

SaferLambeth

Lambeth

Primary Care Trust

Closing date: Tuesday 3rd June

Invitation to tender

Lambeth Primary Care Trust on behalf of the Safer Lambeth Partnership would like to invite expressions of interest from suitably experienced organisations to provide a Vehicle Management Service in support of an open access Mobile Harm Reduction Service. The successful candidate will procure, modify and manage the operation of the vehicle. The Service delivered via the vehicle will operate on an 'out of hours' basis and is targeted at vulnerable adults that use drugs and alcohol. Operating within a multi-agency setting, the successful candidate should demonstrate a good track record of complex partnership & inter-agency working.

The contract will initially be for 2 years with an option to extend for a further year, subject to review. The Service will run a minimum of 25 hours a week.

Interested organisations should request an application pack or further information via:

Philip Hands
Business Manager, Adult Services Team
Service Strategy & Commissioning Directorate
Tel – 020 3049 4160
Fax – 020 3049 4357
Email – philip.hands@lambethpct.nhs.uk

Final tenders must be received by Tuesday 3rd June

www.drinkanddrugs.net

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Aquarius is a leading alcohol, drugs and gambling agency with services throughout the Midlands region.

Substance Use Practitioner

(Stimulant Service) – Wolverhampton

1 x post 37 hours per week Ref: W/08/9

1 x post 18.5 hours per week Ref: W/08/10

Salary £22,845.00 to £26,067 per annum pro rata.

Aquarius is looking for skilled and enthusiastic individuals to develop a new and innovative service in Wolverhampton for problematic stimulant drug users. The service will be delivered from outreach settings including primary care and the DIP team.

The closing date is Wednesday 21 May 2008
Interviews are scheduled for Friday 6 June 2008
An enhanced CRB check will be required for these posts

Application packs can be downloaded from our website www.aquarius.org.uk or email human.resources@aquarius.org.uk quoting the appropriate reference code. Alternatively write to: Rachel Stubbs, Aquarius, 2nd Floor, 16 Kent Street, Birmingham, B5 6RD

Overcoming the harm caused by alcohol, drugs and gambling

Aquarius – actively working towards equality in employment and service delivery. Aquarius Action Projects is a Registered Charity No 1014305.

INVESTOR IN PEOPLE

Luton NHS
Primary Care Trust
A teaching Primary Care Trust

LUTON DRUG & ALCOHOL PARTNERSHIP

Tier 2 Drug Service including DIP
1/04/2009 - 31/03/2012 (3 yrs + 2 x 1yr option)
Luton PCT & Luton Borough Council

Luton Drug and Alcohol Partnership are seeking written expressions of interest from providers with proven experience in delivering tier two services including the local intensive drugs intervention programme.

You will be required to provide harm reduction services (including needle exchange) drug related information and advice, assessments, referral to other services, brief psychosocial interventions, complementary care, relapse prevention, after care, required assessments, follow up assessments, restrictions on bail and outreach to clients and prisons.

The expected term of the contract will be for three years with a possible two-year extension in twelve-month increments, subject evidence of need, recurrent funding and satisfactory performance.

It is envisaged that the contract will be awarded in November 2008 with the service commencing 1 April 2009.

Expressions of interest and Pre-Qualification Questionnaire (PQQ) to be requested via e-mail to mike.squires@blpt.nhs.uk

The final date and time for receipt of completed PQQ's is 16th June 2008 1200hrs.

Mike Squires, Head of Procurement
(Acting for Luton PCT)
1st Floor, Charter House,
Alma Street, Luton, Beds LU1 2PJ.
Tel: 01582-709012

PUTTING YOU FIRST

Chief Executive's
Safer Merton Drug & Alcohol Action Team
Service User and Carer Co-ordinator

Temporary contract for 1 year **Ref: 3664**

£27,753 - £29,286 per annum inclusive, pro-rata for 21 hours per week

Safer Merton Drug & Alcohol Action Team are committed to Service User and Carer involvement and is recruiting a Service User and Carer Co-ordinator to continue it's excellent performance in this area.

In this role you will be responsible for co-ordination of the service user and carer involvement and consultation processes within the Borough of Merton to ensure service users and carers are involved in treatment planning and decision making, and are recognised as stakeholders in DAAT strategy, policy, procedures and practice. In addition, you will work to ensure that service users and carers are actively involved during development, change and evaluation of existing services.

Previous experience of the substance misuse field and demonstrable knowledge of National (NTA) guidance on Service User and Carer involvement are required.

A CRB check will be required for this post.

We encourage applications irrespective of age, disability, gender, race, religion & faith, sexual orientation and gender re-assignment. We are particularly keen to receive applications from the Asian community and from people with a disability, who are currently under-represented at all levels within the authority.

Closing date: Friday 23rd May 2008.

In the search for a rewarding career and an affordable and pleasant place to live, people increasingly come to Merton. Whatever you may be looking for, from a supportive, dedicated management team to a real commitment to your development and training opportunities, we're confident we'll have something to suit you. The benefits of working for Merton include membership of the local government pension scheme, 26 days' annual leave rising to 31, flexible working, excellent learning and development opportunities and access to subsidised leisure facilities.

www.merton.gov.uk/jobs

Further information about the above job can be found on our website at www.merton.gov.uk/jobs where you can apply for this job online. Alternatively, you may request a pack by telephoning 020 8545 4055 (24hour answerphone) quoting the reference number.

Creating Equal Opportunities for all

Kent Drug and Alcohol Action Team (DAAT) and Medway Community Safety Partnership invite expressions of interest to tender for the Drugs Intervention Programme and Integrated Drug Treatment Service.

Kent DAAT and the Medway Community Safety Partnership is seeking expressions of interest from suitably experienced and qualified organisations to deliver the following services in the County of Kent and Medway Unitary Authority.

1. The Drug Intervention Programme (DIP) across the Kent and Medway Areas.
2. The Integrated Drug Treatment Service (IDTS) Clinical Services in HMPS Elmley, Standford Hill and Swaleside.

The services will be delivered from the 1st October 2008 for a period of two and a half years until the 31st March 2011.

Prospective providers are invited to tender for the entire provision identified above. However the commissioners would also welcome consortium bids from interested providers.

Expressions of interest are sought from organisations that have proven experience of delivering the Drugs Intervention Programme and Clinical Services in the criminal justice environment. A proven track record of working successfully with other criminal justice agencies, including crime and disorder reduction partnerships, courts, police, probation and prison services, as well as other treatment providers, will be required. The organisation will also be expected to provide suitably qualified and experienced staff for the posts needed to fulfil the above services, including backup during absences.

Applicants should have a full knowledge and understanding of the Drug Interventions Programme, including the Tough Choices agenda, Prolific and Priority Offender and Drug Rehabilitation Requirement Programmes. Applicants will also be expected to show how they will fully align the two services identified above.

Expressions of interest should be made **only** by visiting https://www.businessportal.sece.gov.uk and following the link to the South East Business Portal. Closing date for expressions of interest is **20.00 on Thursday 22nd May 2008.** Tenders will be issued to applicants on Friday 23rd May 2008 and the closing date for receipt of tenders is Friday 13th June 2008.

Applicants are asked to note that interviews are likely to take place during the week commencing 30th June 2008. A presentation and question and answer session for applicants will be held at 10am on 29th May 2008 at Kent DAAT, Maidstone House, King Street, Maidstone, Kent ME15 6AW.

Our aim is that every service user is better placed to function independently of services and is armed with the knowledge and skills needed for living without the use of substances.

DIP INTERVENTIONS WORKERS

Location: Oxfordshire Starting Salary: £21,438 – £24,609

SMART CJS strives to develop individuals within the organisation in an environment that is conducive to progress by harnessing a team culture that is respectful, professional and open.

Working as part of a high performing, knowledgeable, energetic team, the post-holders will proactively engage drug users who have been identified by the Criminal Justice System as requiring intensive support to overcome the effects of their problematic drug use. Key tasks include:

- Assessment of need and risk, delivering harm reduction advice and information
- Formulation of care plan and making supported referrals to services
- Delivering brief interventions and motivational engagement
- Monitoring of client progress through key-working and information management
- Close working with local prisons acting as part of TCAC process and facilitating the individuals re-integration back into the community.

To meet the demands of this role you should have experience of working directly with problem drug users, and be able to demonstrate strong empathy with and commitment to this client group. Due to the nature of our work, all staff are CRB checked and vetted through local police, although each case is considered on individual merit.

SMART CJS is committed to the principles of diversity and equality of opportunity and is striving to ensure that its workforce is representative of the communities it serves. Individuals from minority ethnic groups and those who have personally experienced and overcome drug/alcohol related problems are encouraged to apply.

For an application pack please contact Terry Gilfoyle on t.gilfoyle@smartcjs.org.uk or call 01865 790384.

Closing date for all applications is Monday 19th May 2008. Interviews will be held week commencing 26th May 2008.

Registered charity number 1069087

www.**smartcjs**.org.uk

alcohol & drug services

Part-time Substance Misuse practitioners

£24,591 – £27,724 pro rata

Required for our facilities at Agar Grove & St. Augustine's (residential rehab) and Foulden Road (third stage scheme)

Rugby House Agar Grove & St. Augustine's offers a structured therapeutic and educational residential alcohol treatment programme for men and women who wish to maintain abstinence and tackle the underlying issues related to their drinking. Foulden Road is a third stage scheme which provides a safe, supportive environment for men and women who have completed second stage treatment for drug & alcohol rehabilitation.

You must have a minimum of two years experience working with alcohol and/or drug users, experience of running and facilitating groups and workshops and an understanding of addiction treatment.

To request an application pack, please email: jobs@rugbyhouse.org.uk
For further information on these positions see our website:

www.rugbyhouse.org.uk

Rugby House provides a range of community and residential services in London for people with alcohol and drug related problems.

Avon and Wiltshire

Mental Health Partnership NHS Trust

The outlook's great

If you're looking for a brighter future, the forecast's good at our Trust: one of the largest and most innovative in the UK.

Specialist Drug & Alcohol Services, HMP Erlestoke, Devizes

12 Step Treatment Worker

Job Ref: 342-DA332-0408

Salary: Band 6 £23,458 - £31,779 pa

Working with people –
Working with change
Do you like a challenge?

The Trust is a major provider of prison drug services in the South West. This includes CARATS (counselling, assessment, referral, advice and throughcare), rehabilitation programmes and community-based drug work within the criminal justice system. We are recruiting skilled and committed people to join our dynamic team and welcome applications from people who have a history of problematic substance misuse.

Joining a team providing a prison-based treatment programme within 12 Step philosophy, you will encourage prisoners to address offending behaviour and respect others using your good groupwork and 1:1 skills.

Applicants will attend an assessment centre and be asked to prepare a presentation.

For an informal chat about this post, please contact Juliet Fenne, Treatment Manager, HMP Erlestoke, on 01380 814483.

Closing date: 19 May 2008

Apply online at www.recruitment-awp.nhs.uk

The Trust is committed to improving working lives and there are opportunities for flexible working