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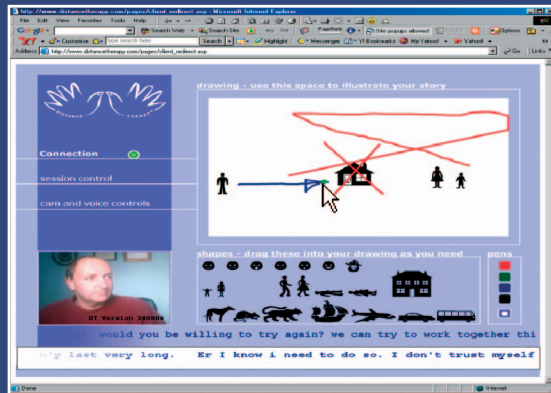
Drink and news Drugs

1 November 2004

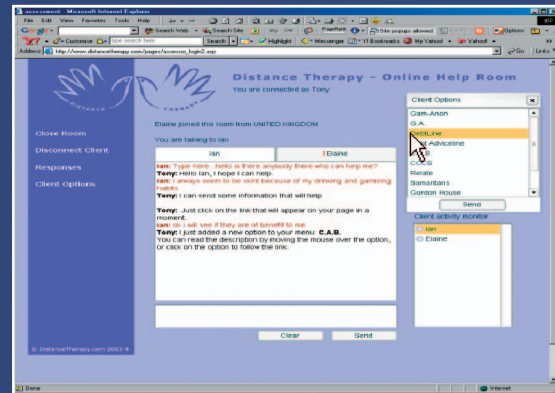
Caroline Flint –
how to get the drugs out of crime

FDAP – new code of practice

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Client's view (using drawpad) of screen in mid-session



Assessor choosing actions to place on caller's screen

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In association with FDAP and Distance Therapy Ltd

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For further information, please contact:

Professor David Clark
david@substanceuse.net
07967-006569

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Drink and Drugs News in
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Drugs and
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Drink and Drugs news

1 November 2004



Editor's letter

Welcome to our very first issue of Drink and Drugs News!

Brought to you by the Federation of Drug and Alcohol Professionals and Wired, the magazine will give you a round-up of what's going on, who's saying what, and the latest issues for debate, every fortnight.

You'll see that we've teamed up with the partner organisations listed on this page to bring news and features from very different perspectives. The other part of the equation, to make this magazine a successful communication tool, is you. The magazine will work best if you let us know what's happening in your workplace and region. Let us know your experiences with clients, and practical solutions that will help other readers.

This issue we catch up with Caroline Flint at the Home Office, who shares some interesting thoughts on drugs and crime. On the professional side, we summarise FDAP's revised code of practice, which gives some helpful advice on those less than clear

work situations. But we're not all about the official side of work. Natalie's story (*page 6*) and Dave's 'day in the life' (*page 12*) illustrate what we're all about: demonstrating that treatment and support services can, and most definitely do, make a real and lasting difference to people's lives.

We hope you enjoy this issue – but we'd be the first to recognise that we're not there yet. It'll take time to make sure the magazine's representative of your work and informative to those working in the fields linking yours, whether in a treatment agency, social services, a needle exchange, prison and probation services, health service or social housing.

It's been a hectic few months getting ready for our launch and there have been many late nights compiling the mailing list. If you work with someone who should be on it, please let us know and we'll add them for the next issue.

Last, but not least, please write! Your letters will make Drink and Drugs News a lively forum for debate.

Editor:

Claire Brown
t: 020 7463 2164
e: claire@cjwellings.com

Advertising Manager:

Ian Ralph
t: 020 7463 3581
e: ian@cjwellings.com

Designer:

Jez Tucker
e: jezt@cjwellings.com

Subscriptions:

e: subs@cjwellings.com

Events:

e: office@fdap.org.uk

Website:

www.drinkanddrugs.net
Website maintained by
Ash Whitney of Wired-up
Wales

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NTA treatment focus

A 'shorter and more focused' treatment plan template is now available from the National Treatment Agency. The documents are designed to help partnerships (between Crime and Disorder Reduction Partnerships and Drug Action Teams) develop their strategic planning and resource allocation. Visit www.nta.nhs.uk for full guidance.

Alcohol briefing

A briefing paper from Alcohol Concern advises on developing a coherent strategy for managing alcohol problems in communities. Aimed at primary care organisations, GPs and practice managers and alcohol treatment providers, the strategy document exploits the flexibility of the new GMS contract with GPs. Available from www.alcoholconcern.org

New chief for concern

Srabani Sen joins Alcohol Concern this month, as their new Chief Executive. Ms Sen comes from Diabetes UK and has a background of communications and public affairs for the social housing sector.

Clients stay the course

How to make clients return and stay the course, is discussed in an article 'Manners Matter' in Drug and Alcohol Findings. The article, by Mike Ashton and John Witton, shows how bonding with the client can help services to achieve a positive outcome. View at www.lifeline.org.uk

Parents need more quality attention

Parents need services that are responsive and 'give what's needed, when it's needed,' Anne Page from the National Family and Parenting told this week's Mentor UK International conference.

'Parents want to be acknowledged as experts in their own lives,' said Ms Page. 'They're more likely to report satisfaction with services if they've been listened to.'

The traditional profile of the family had changed. Families were smaller, most mothers worked and the parenting role was often filled by a grandparent, neighbour or family friend. More children were 'boomeranging back home' for

financial reasons, extending their transition to adulthood.

More than a third of parents in Scotland were worried about their children becoming involved with substance misuse. The survey figure was much lower for London, at 11 per cent.

Research identified age 13 as a watershed and Ms Page called for more support to plug the gap in services for families with teenagers.

There was a tendency to 'stereotype teenagers as Kevin and Perry, which teenagers can resent', she warned. Making sure that young people were equipped with

enough 'resilience factors' would make them less likely to turn to substance misuse.

Having strong family ties, being treated fairly at school and having a strong spiritual belief or connection with a sports team, were all ways to make teenagers more resilient, she advised.

The Mentor conference, chaired by Baroness Susan Greenfield, heard a call from Chief Executive Eric Carlin to make sure parents had a strong voice: 'At a time when the media are giving mixed messages about alcohol, parents need to be empowered and have a clear idea of that they need to say.'

Hepatitis C cases double

Cases of hepatitis C have doubled among drug users in the last three years among those who have recently started injecting, according to the Health Protection Agency.

Research in the HPA's latest annual report highlights a growing problem with injection sites becoming infected. Blood poisoning cases from methicillin resistant Staphylococcus aureus (MRSA) and severe group A streptococcus (GAS), linked to intravenous drug use, were on the increase. There were 160 cases of GAS reported in IDUs in 2003, compared to 10 per annum in the mid-1990s.

Poor hygiene was still to blame for many outbreaks and there were still incidents

where environmental contamination of heroin seemed likely.

An outbreak of tetanus that started with 11 cases in 2003 had continued into this year, and there had been 14 reported cases of wound botulism during 2003.

HIV infection, while rare in injecting drug users, had increased in recent years, and was becoming more evident in people who had begun injecting in the last three years.

Dr Fortune Ncube, who compiled the report for the HPA, blamed shared equipment and poor hygiene for the increase in infection.

Visit www.hpa.org.uk for the full annual report.

Extra funding to help Scottish addicts

A 23 per cent increase in funding has been announced by the Scottish Executive to help addicts reach treatment and rehabilitation.

An investment of £6m would bring 300 more people a week into treatment and improve quality and consistency of treatment, according to Justice Minister, Cathy Jamieson.

The minister also promised a stronger partnership between the criminal justice and health services that would 'loosen the dealers' grip on our communities'.

David Liddell, Director of Scottish Drugs Forum, welcomed the proposals as an end to the postcode lottery,

that meant many areas of Scotland were subjected to a long wait for treatment.

But he criticised the action plan for insufficient funding and a lack of detail. Treatment would be opened up to just 9000 more people over the next three years – which would mean still only half of drug users in Scotland would be likely to get help.

There was a lack of commitment to helping people move into the vital stages of education, training and jobs, said Mr Liddell. The SDF had already called on the Executive to £20 million a year into this funding, which could save the economy at least £40 a year in crime and social care costs.



Set up to help improve knowledge and understanding between different parts of the field, the Uniity Group's latest conference was a two-day event on board HMS President in Central London. Ten teams of experts ran a series of seminars to groups of 15-20 people at a time – covering topics such as care coordination, needle exchange, prescribing, residential rehab and structured day care. Deirdre Boyd editor of Addiction Today and leading member of Uniity told us, 'We were delighted with the quality of the presentations and the response of delegates - and look forward to our next event'.

News | FDAP conference – no more excuses



Young people a 'priority'

Young people are a priority for the government, home office minister Caroline Flint told delegates: 'It was right to reclassify cannabis. It's now important to focus on heroin, cocaine and crack.'

There was a real difference between those who try cannabis as a rite of passage, and those children for whom substance misuse becomes something to blot out their lives, she said. 'We need to bear this in mind when producing services and materials.'

The National Drug Strategy must meet the needs of the whole community, Ms Flint emphasised. Having an equal opportunities policy did not necessarily represent engagement. Organisations on the ground must 'change to practical actions that work,' she said.

Many of the government's priorities had been targeted on deprived

areas – 'but are we getting the outcomes we need to see?' she asked.

Mental illness, particularly among Afro Caribbean communities, was overlooked. 'How do we make sure that people who present themselves with depression or illness are being reached?' Ms Flint challenged.

Women could be similarly hard to reach, particularly if they were involved in prostitution, or worried about their children being taken off them.

A useful guide to promoting services was to think about what currently keeps different groups away and find better ways of communication, she suggested.

Partnership working and user groups were a practical way of targeting services. 'We cannot take academic tomes and fine words and say we've cracked it,' she said.

'Delivery is in many of your hands – in making it work, making it a reality.'

'It was right to reclassify cannabis. It's now important to focus on heroin, cocaine and crack.'

Responsiveness crucial to next stages of reform

More responsiveness is crucial to reshaping services – which is the crucial next stage of public service reform, according to Peter Martin, Chief Executive of Addaction.

'Getting it wrong in our field costs lives. We have to become more responsive,' he said. Flourishing communities were the holy grail – but many people weren't part of communities, he pointed out.

'The state must make sure the least powerful and most in need get help.'

Hard to reach communities required great commitment to conquer the experiences of stigma of which many users complained.

'I have come across outrageous arrogance... sometimes it doesn't take much to make the

atmosphere more welcoming,' said Mr Martin.

Agencies had a duty to make services more accessible – by having flexible opening hours, smarter commissioning and working with other agencies.

One-stop shops and mobile needle exchanges were 'reflections of a can-do approach', giving practical help where they were needed.

Hard to reach groups had notoriously low expectations, as they were used to looking down, not up, Mr Martin said. It was up to everyone involved in treatment to provide a welcoming service, he urged.

'We do need to get our own house in order. We have a moral duty of access to all.'

Service to 'difficult' clients blocked by blame culture

Getting services to hard to reach groups will be much more effective if we address the blame culture that exists, according to Darren Garrett, development manager at the Alliance.

'We tend to talk in terms of a "difficult client" and complain that we just can't get them to come to us,' he said. This led to a cycle of 'chaotic bureaucracy', as clients became 'hard to reach, hear, attract – and please.'

The key to reaching diverse groups was to ensure that you are accepted by the client and work on their terms.

Notions of shame and stigma often got in the way of people accessing the services they needed and it was vital to educate communities to ensure knee-jerk reactions didn't prosper.

'One-size fits all services are not appropriate. If clients are not given what they need, they come away with even bigger habits,' he warned. There

was no panacea, but treatment options were essential. 'Most users think that services won't be sympathetic to their needs,' said Mr Garrett. The challenge was ensuring you had the ability and wherewithal to retain users, and this meant being flexible to people's different circumstances and working hours. 'How inclusive are chemist schemes if they are not open to suit?' he pointed out.

Building trusting relationships was essential to getting people involved with drug services. There was often anxiety about working with young people, relating to child protection issues. Women users with children were often punished by society, for deviating from their role as carer. It was important to understand the prejudices these groups faced, to communicate effectively.

Above all, it was vital to make sure services were something users wanted to be involved in, he said.

No such thing as 'hard to reach' groups

'There's no such thing as hard to reach groups – only hard to reach services,' Victor Adebawale, Chief Executive at Turning Point, told Conference. Hard to reach was 'one of things that people invent as an excuse', he said.

Substance misuse masked a range of complex needs. Often there were mental health problems – the challenge for substance misuse was to find its place alongside other services.

Concentration on services for opiate users often meant lack of targeted provision for other drug users – including black and minority ethnic (BME) communities. Particular patterns of drug use (such as khat) in these communities

was very poorly understood, said Mr Adebawale. This was out of synch with a growing black population in many parts of the country.

Research from Turning Point showed that people from these communities were not presenting for treatment. Services tended to focus on single problems, instead of looking at the whole picture of unemployment, family demands and immigration status. One-stop advice should include training and education.

'The cost of not reaching hard to reach groups will come back on us tenfold,' Mr Adebawale warned. Those with greatest need were likely to cost the taxpayer more in the long run.

How I became | an ex-addict

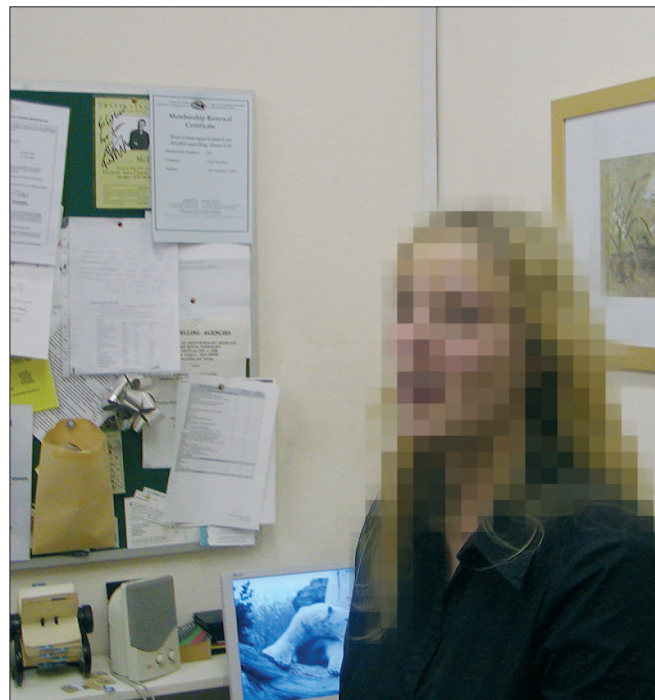
Aged 24 years, Natalie realised her heroin addiction was ruining her life and her family, and decided to do something about it. Drink and Drugs News follows her story.

Natalie started smoking cannabis when she was 14. This rapidly got out of hand and she also started taking acid and valium. She became pregnant when she was 15 and managed to stay away from drugs until she was 17, when she started taking ecstasy.

At 18, she was drinking a lot and taking speed, supplied by her dealer boyfriend. It gave her plenty of energy and helped her deal more effectively with being a mother. Her boyfriend returned from a spell in prison with a heroin habit. Natalie started to use the drug two or three days a week, then every day.

She stopped taking her son to and from school, stopped going to bed, washing and putting on clean clothes. Her son witnessed everything. Although Natalie had reached a stage where she hated her boyfriend, she could not leave because he was her supplier. At one time, her father, boyfriend and most of her friends were using heroin. She couldn't face a life without it. Finally, her mother gave her an ultimatum; Natalie decided she must quit.

She picked up the phone and called a local treatment agency which also offers harm reduction services



“I was sitting in my room one day, crying, withdrawing, and I'd had enough. I just got the phone. When I told the receptionist that I had a heroin problem, it was the first time I'd told anybody that I was a heroin addict.

I was assessed by a treatment agency worker three weeks later. He said to me, 'You'll do this. You're gonna do it.' I thought he was just saying it to make me feel better. When I started the pre-treatment programme the following Monday, I was so nervous. During the meeting, I met an ex-heroin user who had been clean for sixteen years. She talked to me and I was just in awe. I couldn't believe that she had done the same as me. So much sounded the same. From that moment, I didn't feel so alone.

I attended pre-treatment once a week for two months. During this time, I also started going to Narcotics Anonymous meetings. As my time with the agency and NA progressed, I felt a sense of belonging. I felt I had something in common with those around me. I also started to understand my addiction and realised that my behaviour was part of my illness.

I was horrified when the agency suggested to me the possibility of a detox at a local psychiatric hospital. I thought detox was for 'down and outs', not for me. But I thought about it more and finally decided that I did actually need to detox from heroin. The agency arranged an assessment appointment for me.

Meanwhile, my father helped establish a reduction program, weighing out a certain amount of heroin each day for me, each portion progressively decreasing in size. At the start I

was using one-and-a-half grams of heroin a day. I stopped using heroin two months later, three days before the detox assessment.

During the assessment, I was asked what I expected from the detox. I said, 'What I would like is just to be normal and have a happy life. Do you think that's too much to expect?' I really thought that it was, but he said 'no, not at all'. Four months later, I received a phone call from the hospital, informing me that they had a bed for me. I pointed out that I had been clean for four months.

The heroin withdrawal wasn't too bad initially, as I was cutting down slowly. I was also drinking a lot, which may have helped to mask some of the withdrawal. I was drinking at least three pints of lager every night. Every three or four days, I would binge drink, with anything from spirits to lager to wine, to the point where I would drink myself unconscious.

I had trouble sleeping and this lasted about two months. Sometimes I couldn't sleep at night, so had to sleep during the day. It was all so chaotic. I was disorientated, very shaky inside. I didn't know whether I was coming or going or what was happening. It was like being put back into the world after being locked up for a couple of years. I could deal with the physical withdrawal, but the mental was difficult.

My family supported me and took me to places whenever I said I couldn't handle things. I had so many things going on, I was scared, worried about messing up again. I had these feelings rushing around, but I didn't know what they were because I had suppressed them for so long. I couldn't distinguish between the feelings of hurt and

'I was horrified when the agency suggested to me the possibility of a detox at a local psychiatric hospital. I thought detox was for 'down and outs', not for me. But I thought about it more and finally decided that I did actually need to detox from heroin. The agency arranged an assessment appointment for me.'

anger and I had to relearn them and what they stood for with my counsellor's help.

The agency provided me with telephone numbers of people who had been through treatment and were willing to be contacted. They helped a lot. I did all sorts of things to try and stop thinking about heroin – ironing, cooking, washing the dishes. I read a lot of the literature I was given and kept thinking I want this, I want this, I really want this. I was tired a lot and bored, very bored. I didn't see anybody. I ate a lot. I was irritable and sensitive.

At the beginning it was difficult avoiding my drug using friends – they were phoning me and wanting to come back into my life. And that was hard because I wanted to be with them but at the same time I didn't. And I was jealous that they were still using and still doing it and I wasn't. My ex-boyfriend was very persistent and kept leaving letters. But I burnt them and did everything I needed to do to keep myself 'safe'.

It was strange trying to re-establish a 'normal' life. I was so used to gouching out every night in my clothes that I had forgotten the process of going to bed. I was thinking one night, 'well, what do you do? You must put your nighty on'. It'd been so long since I'd done that. I put my nighty on and I got in bed and I thought, 'well, what do you do now? Right, people set their alarms don't they?' So I did that. The feeling was so strange. It was also a strange feeling when I stopped using heroin and became aware again of simple things, like the taste of food, birds singing and springtime.

Next issue: Natalie wins her life back, with the agency's help.

World of



WIRED is becoming valued as a unique grassroots initiative to tackle drug and alcohol misuse that merges real world activities with a high profile web based communication system. We asked its creator, Professor David Clark, how WIRED developed.



The concept of WIRED was developed five years ago as a way of empowering people to tackle substance misuse. I felt that the internet was not being used innovatively to help the field. Its potential for supporting an integrated resource of information, support, education, training and research, as well as bringing together expertise from both within and outside the field, needed to be realised.

I also knew that WIRED has to be involved in both virtual and real world activities, fostering a strong grass roots initiative which has long-term continuity and stability. My vision was big – very naively so – but then what we are tackling is enormous. As far as I could see there are plenty of people who want to become involved in tackling substance misuse problems but don't know how to get involved. They need something to which they can belong and contribute.

Our first challenge was learning about the field and gaining an identity. We initially evaluated and supported all projects funded by the Drug and Alcohol Treatment Fund, the largest treatment fund in Wales. This two year project allowed us to work with a large number of high quality projects on the ground. It also emphasised to us the divide that can exist between community services and central government, and the need for a strong bottom-up approach which could be sustained.

Around this time, we also launched Daily Dose. This website is now the world's leading news portal on substance misuse, with over 2,500 daily subscribers and many other site visitors. Daily Dose is top of 2.7 million listings on Google. We later launched substancemisuse.net, the content of which

included our personal stories, project profiles and original articles, as well as the results of our research. Our personal stories provide important insights into the lives of people who have experienced and recovered from substance misuse problems.

The research we undertake is focused on issues relevant to practice. I am excited that we are able to recruit top students from our university department who go on to love this field and want to contribute more. Our ongoing projects include work on recovery from addiction and the role of treatment processes; the impact of substance misuse on the family; prejudice towards substance misusers, and drug overdose.

One of the most exciting developments has been our link with the Federation of Drug and Alcohol Professionals (FDAP). We have jointly launched *Drink and Drugs News* magazine (with the publishers, CJ Wellings) and are working to bring a new secure and confidential communication tool (Virtual Outreach) into the field which can be used for assessment, counselling, aftercare and various other forms of support. This unique tool has been developed by Distance Therapy and it will be looked at in more detail in the next issue of *Drink and Drugs News*. Ultimately, we want Virtual Outreach to link into the web communities we are developing – the first will be for parents and carers of people with a substance misuse problem.

In the past week, Wired has launched a consultancy service to help organisations and communities tackle substance misuse, and linked up with the Beckley Foundation to provide them internet support and

'WIRED has to be involved in both virtual and real world activities, fostering a strong grass roots initiative which has long-term continuity and stability... There are plenty of people who want to become involved in tackling substance misuse problems but don't know how to get involved. They need something to which they can belong and contribute.'

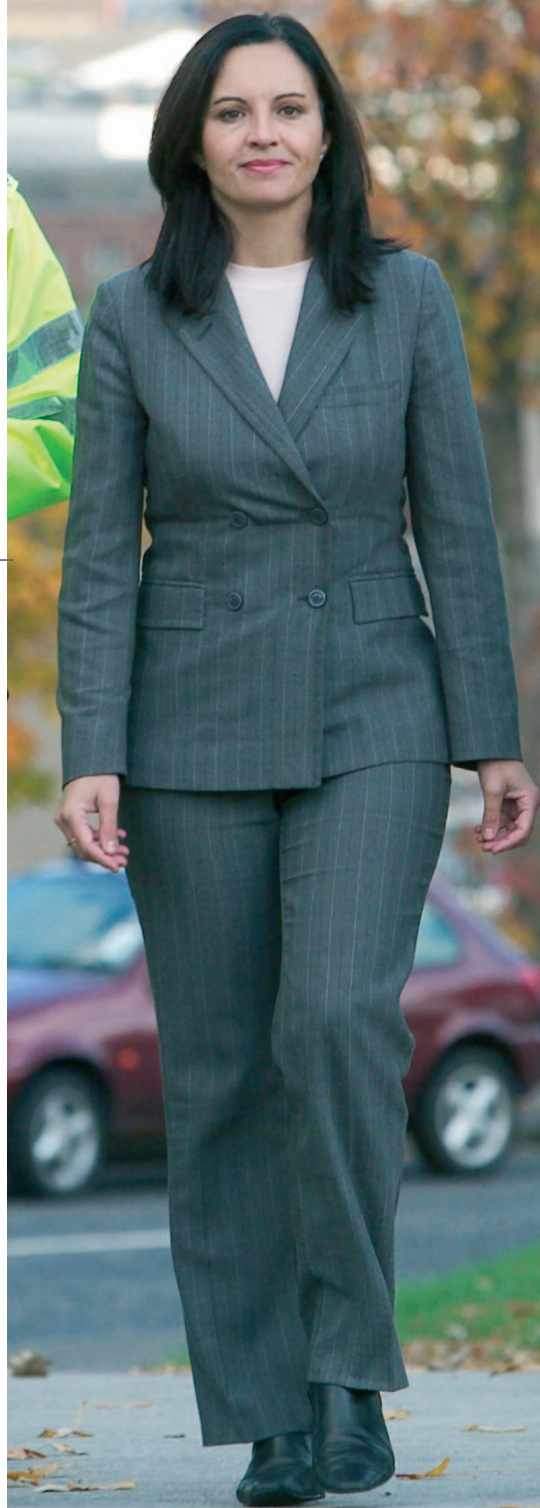
marketing for their international drug policy programme.

Who are WIRED? Well, we're a small group of people from around the country with different backgrounds, most of whom are carrying out this work in their spare time. To date, we have survived with very little funding. It's been tough at times combining my normal day-time job (university professor) with my role as director of Wired. But it has been exciting and very rewarding working in this field. We've had too many 'balls in the air', but sometimes you have to over-commit in order to keep a unique initiative going until it attracts funding. My colleagues and I have loved working with clients, families, practitioners and many others. We thank them all.

An important aim of the past five years has been to develop WIRED as a high quality, innovative organisation that is dedicated to best practice. In the coming years, we need a significant financial investment to take the initiative forward in the way that it deserves.

David Clark is a professor in psychology at the University of Wales Swansea. He spent 25 years as a neuroscientist working with the neurotransmitter dopamine, having trained with the Nobel Laureate Professor Arvid Carlsson, before changing career.

WIRED comprises a charitable company, Wired International Ltd and Wired Consultancy. If you would like further information, you can contact david@substancemisuse.net or visit www.wiredinitiative.com.



Caroline Flint, Parliamentary Under Secretary of State at the Home Office, talks to Drink and Drugs News about the government's thinking behind the drugs and alcohol strategies, both of which fall within her ministerial brief.

Photo by Andy Paraskos

How to get the **drugs** out of **crime**

CAROLINE FLINT'S EXPERIENCE AS MP

for Don Valley (centred on the town of Doncaster) leads her to the view that 'a person addicted to class A drugs is a mini crime wave'.

She argues that stealing and begging have become inextricably linked with feeding a drug habit, and points to the high positive drugs test rate among those arrested for acquisitive crime. A recent study of the link between drugs and gun crime, 66% of people arrested in her constituency for gun-related offences tested positive for drugs (the second highest figure in the country, just behind Hackney).

It was primarily to try to break the cycle between drugs and crime that led the Labour administration to develop the national drugs strategy, first published in 1998 and updated in 2002 – and which has fuelled a significant increase in funding for both treatment and prevention initiatives.

Central to the government's focus on drugs and alcohol abuse is their link to offending – and it is their belief that tackling drugs and alcohol abuse will help to bring down crime that is at the core of both national strategies.

Flint points out that effective treatment for people with drug problems requires not only more and better services – the initial focus of the government's approach to treatment – but also on a more joined up approach between agencies, a key element of the new Drug Intervention Programme (DIP) initiative (the renamed Criminal Justice Intervention Programme).

As well as crime and anti-social behaviour, Flint lists education, family policy and welfare to work, among her policy interests. It's a background that she believes has equipped her well to understand 'the chaotic lifestyles involving crime... lack of education, lack of employment, lack of housing, that these individuals face'.

Flint launched a DIP in her own constituency in September. She is a great believer in joined-up thinking and the programme brought

together expertise from local authorities, health services, police, probation services and the voluntary sector.

The key word seems to be 'engagement' – from all of the agencies, and from the client themselves.

'If they have a problem that is making them commit crime, we engage with them and get them into treatment,' explains Flint. 'Having done that, treatment and support to stay off drugs is ongoing.'

Crucially, in Flint's view, this support extends beyond the end of any prison sentence – convincing proof she believes of the commitment to keeping clients out of the drug crime loop for good.

Having worked closely with many people within and around the substance misuse field, Flint is keen to advocate the benefits of joint working with the rest of the social care field, to get the best, most integrated plan of care for each individual.

'It's important to develop these links because individuals don't operate in silos,' she says. 'What's going on outside treatment support can affect the success of treatment. If somebody is involved in a substitute subscribing programme, but they've got nowhere to live, or something else is going wrong in their personal lives, if there are children involved in the family... these are all things that can affect the success of any drug treatment.'

Working across agencies, to 'get as much common understanding about all the different issues that affect successful outcomes' can be a major step towards helping someone get over and deal with their drug addiction, she believes. '[We need to] identify how we can share information in the best interests of the individual concerned.'

Alongside all of the discussion about well-meaning initiatives, Caroline Flint realises that for any strategy to be considered effective, the

Cover story | Caroline Flint Interview

service users themselves must be impressed – or at the very least, interested that what's on offer might work for them.

There's an element of 'one last chance', which she's determined to prove.

'I've met drug users – and former drug users for that matter – who feel that they are passed from pillar to post. It's not that there's been a shortage of agencies and intervention in their lives... police, social services, treatment providers... it's just been very fragmented.

'They can be passed from one agency to another, information isn't shared, issues that are important aren't attended to, there's no follow-up. Is there any wonder that, at the end of the day, there isn't any successful conclusion to treatment?'

It's early days for the DIP, both in her own constituency and in the country as a whole, but Flint is convinced it's working.

'We're seeing early indications that crime levels are going down in intervention areas,' she says. 'Some of these people might have been in treatment before, but it hasn't been joined up... there haven't been the wraparound support services to sustain them,' she says.

Feedback from those in treatment has convinced the minister that efforts are worthwhile. 'I've met people in Doncaster and elsewhere, who have been through this process, and they say it's the best thing that's ever happened to them.'

A positive reaction from parents whose children had been involved in drugs was further encouragement: 'It was good to hear from them that this scheme is making a difference.'

From its early beginnings, the DIP has now reached phase two. Still plotted on the basis of levels of drug-related crime, it now covers 66 areas of the country. If it is still found to be effective – 'and it does seem to be working and having an effect, in terms of getting people into treatment and bringing crime levels down', according to Flint – the home office and partner agencies will be looking to expand the scheme elsewhere.

And 'we are also working upstream, on people who bring drugs into distribution,' she adds. But while it is crime which is the fundamental driver behind the drugs strategy, Flint also acknowledges the importance of wider health and social benefits of tackling drug use and of treating drug users as people, in spite of her comment about 'mini crime waves'.

When asked if there is sufficient emphasis on treatment for people with alcohol problems, Flint is quick to draw attention to the government's Alcohol Harm Reduction Strategy, launched in March this year – though again the main focus here is on crime.

Two pilot programmes are in the pipeline, recently given the green light by the Home

Secretary. 'We are looking at applying the intervention programme that we're currently doing for illegal drugs, and seeing if the programme could be adapted for people for whom alcohol abuse and substance misuse is a real problem and a factor behind their crime.'

And there is the audit of existing alcohol treatment services, results of which will be available early next year, which will be used to help ensure that there are sufficient services available to meet the needs of people with alcohol problems.

And as well as treatment, Flint points out that the alcohol strategy includes working with 'the licensing trade, local authorities and others, to try and tackle to problems that excessive drinking causes within our communities'.

Flint also sees sense in encouraging the Drug Action Teams (DATs) to develop as Drug and Alcohol Action Teams (DAATs).

'I think there is common ground on what the issues are – how drugs, legal and illegal, can sometimes take over your life,' she says.

So what does the minister think of the Shadow Home Secretary, David Davis's recently declared 'hard line on drugs' and his pledged ten-fold increase in residential rehabilitation places, to justify the choice of rehabilitation or the criminal justice system?

'Well, there are a couple of things I'd say,' she answers in measured tones.

'I think you have to have a thought-out strategy on links between drugs and crime. We need to have an approach to strategy that understands the issues behind what causes people to commit those crimes.'

The present government, she points out, 'are putting record amounts of money into funding not only the treatment side, but also the criminal justice side, making these programmes work.'

Flint refers again to the DIP as evidence of breaking the links between drugs and crime, 'stopping the revolving doors for people who have been on drugs'.

'It's very easy to say "we're going to set up x number of residential rehabilitation places" and I would like to see treatment places grow,' she says. 'But at the same time, while residential treatment is very important for some people, and essential for some people, at the end of the day, people don't spend the whole of their life in residential treatment. They have to come out, have to come back into the community, and unless you have the support services in the community, residential treatment won't have the success that we want it to have. I think that's an important area that is missing from the Shadow Home Secretary's analysis of what is a very complex and difficult area.'

Flint obviously feels that her colleague is missing the point of joined-up thinking and the holistic approach, and she warns against alienating those involved.

'What's going on outside treatment support can affect the success of treatment. If somebody is involved in a substitute subscribing programme, but they've got nowhere to live, or something else is going wrong in their personal lives, if there are children involved in the family... these are all things that can affect the success of any drug treatment.'

'People working in agencies, working with people with drug problems want to know that there is a thought-out strategy and that there are real resources to sustain not only treatment, but the support services that are needed in our communities. And that's really important.'

While seeing some merit in random drug testing in schools, Flint is also cautious about taking this too far.

'It's down to schools to decide,' she says, suggesting that if the school thinks there is a serious problem they need to address, they should look at a range of options.

While acknowledging that 'we need to know where there are children who may be misusing drugs, and where there are young people who are actively dealing in drugs', she resists a diktat: 'I don't think that I as a minister can say you should do this... I think each school has to decide.

Flint is anxious too that schools know in advance what they plan to do with the results of such tests, and what the outcome will be for the child involved.

'If they do find someone has a substance misuse problem, how are schools going to tackle it? What is the outcome going to be of anything they might discover as a result of test? That's very important.'

Flint's approach is consultative: she told the FDAP conference last month, that to make progress the government needed to have feedback on whether new resources are making a difference. Whatever the Intervention Programme is named, there will certainly be plenty of people involved who are willing to comment. **DD**

Coming soon in Drink and Drugs News: David Davis on plans for Tory spending on drink and drugs issues.

**What's your view?
Write to the editor, or
email claire@cjwellings.com**

The Federation of Drug and Alcohol Professionals (FDAP) have just launched a new code of practice for workers in the substance misuse field.

What is the thinking behind it and what will it mean for practitioners and clients?

Making the code



Simon Shepherd: 'We need to acknowledge that former users often have a particular contribution to make... Can a person provide a good service to the client, and is it safe for their own wellbeing for them to do so? If the answer to both questions is yes, there's no reason why they shouldn't do the job.'

'FDAP IS ALL ABOUT HELPING to improve standards of practice across the field, and we see our new code of practice as one key element of this', says FDAP Chief Executive, Simon Shepherd. The code is intended to give clear guidance on issues of professional and ethical practice, and 'although we are only able to enforce it with our members (through our complaints and disciplinary procedures), we hope that it will also help to inform practice across the field,' he says.

The code is based on core values of fairness, dignity and respect – between practitioners and their clients, and between practitioners and their colleagues – and was drawn up in consultation with a wide range of practitioners and other agencies (including The Alliance, EATA, DrugScope, Alcohol Concern and the NTA).

According to Shepherd, one of the key aspects of the code, and the one which generating the greatest amount of debate during the consultation process, is the issue of 'fitness to practise' for people who have, or have had, problems with drugs or alcohol themselves.

'Traditionally there has been a view that people with on-going drug or alcohol problems should not work in this field. And many take the line that they should not do so for at least two years of having had a problem (the so-called 'two-year rule'). While some practitioners felt that this made sense, many more felt it unfair and short-sighted, and we ultimately concluded that a more flexible approach was needed.'

The code makes it clear that practitioners '...should never practise while their competence is impaired by the use of any mood altering substance'.

Yet there is no blanket ban here on people with recent or even on-going drug or alcohol related problems from working in the field.

'It is true that an ongoing drug or alcohol problem is likely to compromise a person's ability to practice, and that working in this field if you have had recent difficulties in this area may also be potentially problematic, not only for the client but also for the practitioner themselves', says Shepherd. 'Yet we need to acknowledge that former users often have a particular contribution to make'. He believes that the same can also often be true for people on an ongoing methadone script for example, pointing to the excellent work of service-user advocates working for The Alliance.

'There are two fundamental questions here,' according to Shepherd: 'Can a person provide a good service to the client, and is it safe for their own wellbeing for them to do so? If the answer to both questions is yes, there's no reason why they shouldn't do the job.'

The line taken in the code is that workers have a professional responsibility to acknowledge where their fitness to practise might be impaired (whether by a drug of alcohol problem or some other issue); to not practise where this is the case; and to seek professional guidance from a senior colleague where they are in any doubt about the matter.

Another potentially contentious area is that of relationships between practitioners and clients. Here, the code acknowledges that 'practitioners must recognise that they hold positions of responsibility and that their clients and those seeking their help will often be in a position of vulnerability' and makes it clear that they must not abuse their position in any way, including by '[engaging] in sexual relations, or

any other type of sexualised behaviour', with their clients.

But while acknowledging that considerable caution should be exercised before entering into any form of relationship (personal or business) with former clients, here too FDAP has opted against blanket bans – recognising that they are simply unworkable – pointing out that workers should 'exercise considerable caution and consult their supervisor before entering into... relationships with former clients' and making it clear that they 'should expect to be held professionally accountable if the relationship becomes detrimental to the client or to the standing of the profession'.

And there is also a strong emphasis on the need for client consent to any work and on respect for the individual – 'a particularly important consideration in a context of increasingly voluble calls for compulsory interventions and the tendency among politicians and commentators to forget about the people behind the problem'.

As well as placing ultimate responsibility for their practice on workers themselves, the code consistently emphasises the importance of regular supervision and the need to consult with a supervisor whenever they are in any doubt about how to handle a particular situation.

Much of this has come through the consultation process, according to Shepherd: 'The advice we got through consultation is that practitioners shouldn't keep things to themselves. They should be willing to be guided by a supervisor'.

'We also need to protect and support practitioners, who are working in often challenging and difficult situations – and the guidance and support that supervisors can give is important here too.'

As Shepherd said at FDAP's annual conference last month, 'Ultimately our code of practice is about protecting both clients and practitioners – and is a key component in our work to drive up standards in the field, along with our work on improving the dissemination of information to the field and on professional certification.'

Introducing the CoP alongside Drink and Drugs News, at FDAP's conference last month, Shepherd was swift to emphasise the connection between driving up standards and improving the flow of information to members.

'The magazine will enhance what we're doing on improving standards of practice – it's all about getting people the information they need to do their jobs.' And in the next issue of Drink and Drugs News we will look at another strand of their work, their new DANOS-based Drug and Alcohol Professional Certification.

Visit drinkanddrugs.net for a full version of FDAP's revised Code of Practice for Drug and Alcohol Professionals. **DD**

FDAP code of practice Key points

General

- Act responsibly and professionally at all times.
- Respect the client's rights and interests – being responsive to issues of diversity.
- Acknowledge the difference between fact and opinion.
- Cover your work by insurance.

Service provision

- Base services on assessment of individual need.
- Consult with the client to draw up a plan of action.
- Provide a service only when appropriate.
- Seek alternative services where your own is not appropriate.

Professional competence

- Keep knowledge and skills up to date.
- Present qualifications and experience accurately.
- Don't practise if your ability is compromised by any ongoing problem related to alcohol, drugs, stress, or illness.
- Never work when your fitness to practise is impaired by a mood-altering substance.

Consent

- Gain informed consent before providing any service.
- Take into account that some people's capacity to give consent may be diminished.
- Don't exaggerate the effectiveness of services you can provide.
- If you impose conditions on continuation of your service, get approval of a supervisor.
- Recognise the client's right to withdraw consent at any time.

Confidentiality

- Except under exceptional circumstances, don't disclose any information without your client's consent.

- If you believe a client poses serious risk of harm to themselves or others, consider disclosing information about the client without their consent, but seek consent first and consult a supervisor.
- Don't publish information about clients without written agreement.
- Keep client records secure and comply with the Data Protection Act.

Client relations

- Recognise that you hold a responsible position and your client is vulnerable.
- Don't abuse clients' trust for any sexual, emotional or financial advantage.
- Exercise caution and seek a supervisor's advice before entering into a personal or business relationship with a former client.
- Don't carry out an assessment or intervention with, or provide supervision to, anyone with whom you have an existing relationship.
- If you come into contact with an existing or former client through a self-help group, handle contact carefully and seek a supervisor's advice.

Professional supervision

- Have regular professional supervision to guide and support your practice.
- If you have any doubts on handling a situation seek guidance from your supervisor.

Professional standards

- Do not condone, support, conceal or enable unethical conduct of colleagues.
- Explain to your clients their rights in making a complaint about yourself or a colleague.

A day in the life of...



Dave Watkins treatment agency community support worker

Tuesday 09.00 I walk in. As usual I hear the shrieks of laughter from clients winding up staff members, waves and smiles, the timidity of a newcomer: eyes wide, panic concealed by the drinking of an offered coffee, but hanging in there, proof of the power of our 'open door'. Then there's Sian: sheepishly trying to get my attention, unsure of my reaction to see her back again, numerous detoxes and rehab attempts later. I mockingly shake my finger at her, sighing inside as I wonder what there is left to try with her. I know this much though – never give up, always go the extra mile, or the extra hundred miles as it sometimes turns out! People do get better. We have a quick chat and she tells me her woes of the last few weeks. She's only been using a little bit, just to get her through this difficult time... she's going to give treatment a real go this time... she means it. Let's wait and see I think, almost chuckling at this latest tale of excuses (she can be inventive I'll give her that!). But it's not funny, people die and we have to remember that. It's so important to be understanding, the illness is so devious and complicated she really believes she can't live without that hit – or drink, tab, rock, whatever, it's got her in its grip.

10.00 I moan to the others as I see my in-tray bulging. Funny really. When it's empty I worry what I've done wrong! Am I doing my job well enough? Grab a quick caffeine fix and up to the office. Phone calls: detox for John, rehab for Mary, Housing Options for

Gareth. First port of call when I meet a client... make sure they're warm, fed and have a place to go. Clients are usually very chaotic so we need to put some structure into their lives and make sure they receive the benefits they are entitled to before getting them into treatment. It's like a game of chess and the longer you do it the better you get. Next form-filling, the bane of my existence: DSS, DLA. Another phone call: the gas board. Poor Julie, £2k gas bill landed on her doormat. Enough to give anyone a panic, especially as she was on a meter! All sorted.

11.30 A call from my mate Larry in the cells, David was picked up again last night. Drunk and disorderly again. Out the door. In the car. Down to the cells. He's sorry, not sure what happened, won't happen again. Talk to Larry, another court appearance for both of us, but not today – I can take him home. The importance of networking. We're lucky here, we all seem to sing off the same hymn sheet – agency workers, social services, probation, courts, hospitals, mental hospitals, doctors, DSS, wet houses, dry houses, local health board. If your approach is right, people generally want to help not hinder you. It's so important to know that you've got back-up.

13.00 Quickly drop into the centre before starting house calls. Joanne's there, been kicked out of home and three months into recovery is looking vulnerable. I offer to take

her on my house calls and then to sort out some accommodation for the night. She obliges. It's good to take her mind off it. That's a lot of the job, dealing with clients' crises. How can we expect people to concentrate on recovery when they're on the streets or burdened with worry?

13.30 We visit Mike, James and Sylvia and take them to the allotments. I love the DOMINO projects, the allotments, cookery, guitar lessons. Clients in all stages of recovery can meet, talk and have a laugh – usually at my expense! This plays a huge part in motivating them to enter treatment, particularly when they're in the stage of 'I know I'm looking for something but what am I looking for?' They meet others in similar positions, make friends and encourage each other – recovery is infectious and a huge part of that is belonging. That's one of the most important parts of my job, just being here to talk to. I mingle until I reach Amy. A regular. 'Not right' lately. I'm worried. She doesn't want to talk. I don't push her but tell her to keep reminding herself why she started coming to WGCADA in the first place – she asked for help for a reason. It's often that reason that keeps people coming back and going to treatment. Sometimes this is all we can do, frustrating as it is, but I have comfort in the little seed – plant a seed now and it may germinate straight away or it may take months or even years. But it can and will germinate. We bundle into the car and I drop them home, spirits high.

16.00 Phone calls looking for a place for Joanne, best I can do is a B&B for the night so I wait and settle her in.

17.00 Rush to Cefn Coed, good to see Jenny more coherent after her psychosis. Detox going well, glad to see me, ready for treatment soon.

18.30 Back to the office, paperwork time. Another caffeine fix. Exhaustion! I start thinking about the day. Reliably chaotic, another to follow no doubt! What keeps me here? Madness! It's a privilege really, people enter your life and talk to you, you make brilliant friends both staff and clients, and it's wonderful being part of a good package... I'm only a small cog, but one of many small cogs that turn the big machine, and it does work.

Dave Watkins works at the West Glamorgan Council on Alcohol and Drug Abuse (WGCADA), an abstinence based (12-step) treatment centre in South Wales, that also offers harm reduction services.

'I mockingly shake my finger at her, sighing inside as I wonder what there is left to try with her. I know this much though – never give up, always go the extra mile, or the extra hundred miles as it sometimes turns out! People do get better.'

Events | up and coming

2 November

A new agenda: moving forward in the post-alcohol strategy

Annual conference includes updates and debate on the alcohol strategy. Speakers from DoH and NTA. Alcohol Concern, London.
t: 020 7928 7377,
e: swilton@alcoholconcern.org.uk

8-11 November

Putting the drugs business out of business

Three-day conference to examine current strategies, structures and practices to tackle the drugs business, including international dimensions. ACPD, Manchester.
t: 0800 542 9585,
w: www.acpodrugs2004.co.uk.

9 November

Symposium on addiction

Includes Dr Adrian Bonner on the role that diet plays in treatment and rehabilitation. Salvation Army, Arbroath. Contact Major James McCluskey.
t: 01307 469574,
e: james.mccluskey@salvationarmy.org.

10 November

Alcohol in 2004: why are we pulling in different directions?

The government approach to its strategy, debate on whether these measures will work, which key agencies will need to respond and how they will need to work together. Royal Institute of Public Health, London.
e: marketing@RIPH.org.uk,
t: 020 7580 2731.

15 November

Rural drug & alcohol prevention – a gap in the national strategy

National conference on the need for a robust approach to substance misuse in rural and semi-rural areas. Keynote speaker: Minister for Rural Affairs, RT Hon Alun Michael MP Mentor UK, Coventry.
e: admin@mentoruk.org.

17 November

Drug-related deaths: exploring issues & finding solutions

One-day conference on reducing drug-related deaths. Themes include: setting up confidential inquiry panels, working with injecting drug users to reduce risk of death, ambulance protocol/policy for responding to overdoses, needs of BME com-

munities and deaths in custody. Greater Manchester Ambulance Service NHS Trust, Manchester. Contact Salman Desai.
t: 01204 492419,
e: info@gmas.nhs.uk.

18-19 November

SSA annual symposium

'Examining legitimacy, competence and effectiveness in primary and secondary care'. Society lecture will be by Professor Griffith Edwards. Society for Study of Addiction, York. Contact Christine Weatherill.
t: 0113 295 1330,
e: training@lau.org.uk.

24 November

Tackling alcohol-related crime – an after-dark problem

One-day conference to discuss how different agencies can work together to tackle alcohol-related violence and anti-social behaviour in the night-time economy. Capita, London. Contact Jasmin Matharu.
t: 0207 808 5292,
e: jasmin.matharu@capita.co.uk.
w: www.capita-ld.co.uk

24 November

HIV and AIDS treatment

One-day event with presenters from both the HIV and drug and alcohol sectors. Keynote presentation by Dr Mike Youle, Director of HIV Clinical Research at the Royal Free Centre for HIV Medicine. Other speakers include Annette Dale-Perera (NTA), Kathryn Leafe (Cranstoun) and Dr Peter Miller (National Addiction Centre). EATA, London.
t: 020 7922 8753,
e: office@eata.org.uk.

26 November

Binge drinking: problems and responses

Topics cover binge drinking and school students, adults, economics, medical effects, Manchester City Centre Safe Project, reducing trouble in bars, a Canadian approach and harm minimisation. Addictions Forum, Bristol. Contact Addictions Forum at University of the West of England.
t: 0117 328 8800.

3 December

Dual diagnosis: mental health & drug addiction & alcoholism

A detailed look at how the gap between mental health problems and alcoholism and drug

addiction can be addressed, particularly issues arising from differences between health service and voluntary organisations. London.
w: www.conferencesandtraining.com
Reduced rate for FDAP members

7-8 December

NTA national conference

The NTA's second major conference will acknowledge significant improvements in drug treatment in England, identify challenges we still face, and set out the vision for the remaining three years of the current drugs strategy. NTA, London.
w: www.nta.nhs.uk

2005

28 January

Release drugs university IV

'Drugs – the politics, philosophy and economics' – the fourth Release Drugs University will examine the theme of drugs, the law and human rights. Speakers include: Professor Craig Reinerman, University of California; Shami Chakrabarti, Director, Liberty UK; Dr Peter Cohen, University of Amsterdam. Release, London.
w: www.release.org.uk

21-22 February

National drug treatment conference

Two-day annual event. Exchange Conference in association with The Alliance. London. w: www.exchangesupplies.org or contact Monique at Exchange Conferences.
t: 020 7928 9152,
e: moniquetomlinson@wdi.co.uk.

19-21 May

UK/European Symposium on Addictive Disorders

Speakers will include Prof Carlo DiClemente, author or world-renowned research on the impact of treatment for alcoholism. Contact Deirdre Boyd.
e: deirdre@addictiontoday.co.uk

Overseas events

31 October–5 November

47th annual conference of ICAA

'Visions for the Future' will focus on responsive policy making, the media, treatment victories and

challenges, alcohol – the forgotten addiction, and societal impact and accountability. Venice, Italy. International Council on Alcohol and Addiction (ICAA).
t: 0043 2630 33230,
e: icaa.Venice@gmx.at.
w: www.icaa.ch.

1-3 November

6th European conference of European Opiate Addiction Treatment Association

Three-day conference sharing views from European countries (East and West) and the rest of the world, share ideas with colleagues from many different countries and enjoy European culture. EUROPAD, Paris.
e: maremman@med.unipi.it,
w: www.europad.org.

11-14 November

5th Annual national harm reduction conference

Working under fire: drug user health and justice 2004. Housing, medical care, impact of drug use of families, needle exchange programs and new developments in the political and criminal justice arenas. Harm Reduction Coalition. New Orleans, USA. Contact Paul Santiago -
t: +1 212 213 6376 x 15,
e: santiago@harmreduction.org.
w: www.harmreduction.org

25-27 November

7th international symposium on substance abuse treatment

'21st century drug free treatment? Between evidence and belief'. Looking at whether treatment is more or less effective than in the early 1970s, and if not, what we should do. Centre for Alcohol and Drug Research. Denmark.
e: sat@crf.dk.

Weblinks

Alcohol Concern is the national voluntary agency on alcohol misuse. It works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.
www.alcoholconcern.org.uk

The **Alcohol Information Scotland** website provides a wide range of information on alcohol for Scotland. This includes statistics, research, publications, key policy documents and practice guidelines as well as links to useful websites. www.alcoholinformation.isdscotland.org

Danos.info provides information, advice and guidance on using the Drugs and Alcohol National Occupational Standards (DANOS) to improve services to substance users. www.danos.info

Drugsalcohol.info is the first regional drugs and alcohol website for professionals in Northern Ireland.
www.drugsalcohol.info

The **Drug Misuse Information Scotland** site provides information, statistics and research on drugs misuse in Scotland. Target users are policy makers, professionals, researchers, employers and the wider community. www.drugmisuse.isdscotland.org

DrugScope is the UK's leading independent centre of expertise on drugs. It aims to inform policy development and reduce drug-related risk. www.drugscope.org.uk

The **National Treatment Agency** (NTA) is a special health authority, created by the Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.
www.nta.nhs.uk

Tackling Drugs is the cross-government drug strategy website for drug professionals and others interested in the strategy. Content includes publications, events, Drug Action Team Directory, public drugs campaign resources, press releases and the national drug strategy. www.drugs.gov.uk

Please email details of your events to:
office@fdap.org.uk

Classified | reader offer



Drink and Drugs News Special Launch Offer from Euromed Free tests

The launch of Drink and Drugs News is an important milestone for anyone working in and everyone affected by drug and alcohol treatment. Its role as a recruitment vehicle will help co-ordinate the distribution of skills and talent across diverse treatment sectors.

Euromed has a long history of supporting ventures that contribute to drug and alcohol awareness and to improved treatment provision. Euromed believes Drink and Drugs News will have a positive impact upon both these areas by acting as a channel for the distribution of talent and by providing up-to-the-minute news and features.

To mark the occasion of the magazine's launch, Euromed is offering a free box of drug tests to the first 150 treatment providers who send in their details. One box of tests will be made available to each of the first 150 organisations* that apply within two weeks of Drink and Drugs News' launch date.

This is the first such offer made by the company. Fiona Webster, a marketing manager at Euromed says, 'We do not normally hand out boxes for free – our tests are far too valuable for that! However, the launch of Drink and Drugs News is an exceptional event – one we are steadfastly behind and very pleased to support.'

Branded under Euromed's FirstStep label, the tests for this offer are manufactured by Applied Biotech Inc, makers of Euromed's exclusive SureStep range, which is used by HM Prison Service.

The FirstStep Multi-Drug Screen Cup is a CE marked, rapid in vitro urine test. It detects the following drugs at the following cut off levels:

- THC (Cannabis) 50 ng/ml
- OPI (Opiates) 300 ng/ml
- COC (Cocaine) 300 ng/ml
- AMP (Amphetamine) 300 ng/ml
- BZO (Benzodiazepines) 200 ng/ml
- MTD (Methadone) 300 ng/ml

The tests produce results within three to eight minutes. In a treatment context this means that immediate negative results provide on-the-spot, independent confirmation of abstinence. Positive results give an indicator around which treatment issues can be discussed there and then.

Support

The launch offer is open to Euromed's existing customers and non-customers alike. As with every user of its product, Euromed will provide free BSI ISO 9001 accredited technical support for the FirstStep Multi-Drug Screen Cup to all 150 successful applicants. Euromed's Technical Help Desk is available from 8.00am to 8.00pm, seven days a week.

To submit your request for a free box of FirstStep Multi-Drug Screen Cup, please email or fax your details to Drink and Drugs News, adding 'Euromed Offer' in the email or fax header. You will need to include the following details:

- a Your name
- b Your position
- c Your organisation's name
- d Your organisation's field of activity
- e Your organisation's address
- f A contact telephone number
- g A contact email address

The fax or email address to which you should send your request are:

Fax: 020 74632139
Email: ian@cjwellings.com

The first 150 applicants within the two-week deadline will be sent one box of 25 FirstStep Multi-Drug Screen Cup tests. All applicants will be sent details of Euromed's services and products, including its latest rapid buprenorphine test, recently launched under its FirstStep brand.

**Please note the offer is only open to treatment providers. Euromed only ever serves professional organisations and is wholly against the supply of tests to members of the public. We reserve the right to decide which applications are suitable for the offer.*

Classified | education and learning



HIT, Hanover House
Hanover Street
Liverpool L1 3DZ

Tel: 0870 990 9704 Fax: 0870 990 9705
Email: training@hit.org.uk Website: www.hit.org.uk

To book a place on the training below, you can book online, by email or contact HIT on the above telephone or fax number.

Training in Liverpool:

*All Liverpool courses are held at:
 HIT, Hanover House, Hanover Street,
 Liverpool L1 3DZ*

NOVEMBER 2004

TUE 2 & WED 3: Motivational Interviewing, 2 day, £165.00 plus VAT (£193.88 incl VAT)

TUE 9: Gone to Pot: Young People and Cannabis, 1 day, £90.00 plus VAT (£105.75 inc VAT)

WED 10 & THU 11: Implementing Models of Care: Assessment, Treatment and Care Planning, 2 day, £165.00 plus VAT (£193.88 incl VAT)

WED 17: Young People, Drinking and Drug Use: Insights, Assessments and Brief Interventions, 1 day, £90.00 plus VAT (£105.75 inc VAT)

THU 18: Using Structured Interventions: Meeting Clients' Diverse Vocational Needs, 1 day, £90.00 plus VAT (£105.75 inc VAT)

TUE 23: Drugs and Mental Health: Responding to Individuals with Complex Needs, 1 day, £90.00 plus VAT (£105.75 inc VAT)

WED 24: Parental Drug Use and Childcare, 1 day, £90.00 plus VAT (£105.75 inc VAT)

THU 25: Reducing Overdose Deaths amongst Heroin Users, 1 day, £90.00 plus VAT (£105.75 inc VAT)

FRI 26: Alcohol Awareness, 1 day, £90.00 plus VAT (£105.75 inc VAT)

TUE 30: Brief Interventions: Principles, Concepts and Techniques, 1 day, £90.00 plus VAT (£105.75 inc VAT)

DECEMBER 2004

WED 1: Working with Parents of Young Drug Users, 1 day, £90.00 plus VAT (£105.75 inc VAT)

THU 2: What's the Script? An Introduction to Working with Drug Users in Treatment, 1 day, £90.00 plus VAT (£105.75 inc VAT)

TUE 7 & WED 8: Cognitive Behavioural Therapy (CBT) and Drug Users, 2 day, £165.00 plus VAT (£193.88 incl VAT)

THU 9 DEC: Drugs, Alcohol and Women's Health: Fact'n'Fiction, 1 day, £90.00 plus VAT (£105.75 inc VAT)

THU 16 DEC: Young People and Drugs: Guidance and Interventions, 1 day, £90.00 plus VAT (£105.75 inc VAT)

Training in London

*All London courses will be held at:
 The Resource Centre, 356 Holloway Road, London N7 6PA*

NOVEMBER 2004

MON 22 & TUE 23: Drugs Awareness, 2 day, £170.00 plus VAT (£199.75 incl VAT)

DECEMBER 2004

TUE 7: Drugs, Crime and Treatment: Challenges and Risks of Drugs Interventions with Offenders, 1day, £95.00 plus VAT (£111.62 inc VAT)

THU 9 & FRI 10: A Rocky Road to Travel. Crack Cocaine: Harm Reduction, Self-Control and Treatment, 2 day, £170.00 plus VAT (£199.75 incl VAT)

TUE 14 & WED 15: Safer Injecting, 1day, £95.00 plus VAT (£111.62 inc VAT)

CDP Training and Learning Centre

Opens November 1st 2004
This new venue is available to hire for:

- . Training
- . Meetings

The Training and Learning Centre is a newly refurbished venue near the Oval and Kennington Park in South London.

The centre offers:

- . A light, spacious ground floor room for up to 20 people
- . Additional room / break-out space
- . New, high quality training equipment
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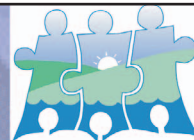
To hire from £100 per day for voluntary organisations (£150 for others)

If you would like to find out more or make a booking please call:

020 7582 2200 or email training@communitydrugproject.org.uk

west sussex drug & alcohol team

Drug & Alcohol



WEST SUSSEX
 DRUG & ALCOHOL Action Team

workplace policies

a free online training course for employers & employees
www.westsussexdaat.co.uk

25% of the people receiving treatment for serious drug dependency across Brighton, Hove and West Sussex are employees

35% of the people receiving treatment in West Sussex for serious alcohol dependency are employed

That's over 430 people in employment who have a serious dependency or significant substance misuse problem - how many others might be in employment and perhaps working for your organisation?

contact
Elizabeth Flegg
 HR Project Manager
 West Sussex DAAT
 1st Floor City Gates,
 2 - 3 Southgate,
 Chichester,
 PO19 2DJ

is this having on
YOUR
 workplace?

Tackling drugs to build a better Britain

T.: 01243-382935 F: 01243-283930
 elizabeth.flegg@westsussex.gov.uk



INVESTOR IN PEOPLE

CLOUDS

Residential Training courses 2005 "Working with families & Substance Misuse"

Monday 24-Friday 28 January
 Monday 18-Friday 22 July
 Monday 31 October-Friday 4 November

- Increase insight into family dynamics
- Develop therapeutic relationships with families
- Improve techniques and interventions

01722 340 325 admin.familiesplus@clouds.org.uk

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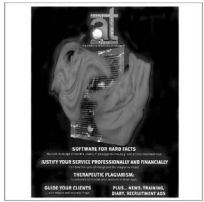
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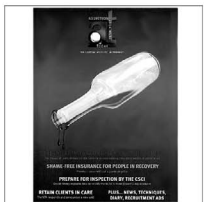
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addaction

**Helping individuals and communities
to manage the effects
of drug and alcohol misuse**

“Addaction, the national drug and alcohol treatment charity, would like to congratulate Drink and Drug News on their publication of their first edition, and also congratulates David Clark of *Daily Dose* and the *Federation of Drug and Alcohol Professionals* (FDAP) for all their work in supporting its development and launch.”

www.addaction.org.uk



Bear with us.....

Some of you are probably wondering why you have received multiple copies of Drink and Drugs News, while others are busy peering over a colleague's shoulder wondering why they have been missed out! Please help us to rectify this:

If you have received multiple copies please pass your spare magazines on and send an email entitled **UNSUBSCRIBE** to subs@cjwellings.com. Please put the name and full address of the extra copies and we will amend our circulation.

The magazine is **FREE** for all practitioners working in substance misuse and related fields. If you haven't received a copy and would like to, please email entitled **SUBSCRIBE** to subs@cjwellings.com with the name and address that you would like the magazine sent to and you will be added to the circulation in time for the second issue. (A PDF of the launch issue is available on www.drinkanddrugs.net)

We apologise for any inconvenience this may have caused.

Classified | recruitment

HAGAM

(Hillingdon Action Group for Addiction Management)

Old Bank House,
64 High Street, Uxbridge,
Middlesex, UB8 1JP

Consultant Counselling Supervisor Required

We currently have a vacancy for an experienced consultant supervisor to provide client work supervision for our senior counselling staff. The time commitment will be around 4.5 hours per month

Please contact Kate Henderson, Director on 01895 207788 for further details and an application pack.

Birkenhead and Wallasey 
Primary Care Trust

*Half of all violent crime is alcohol related
30% of men and 15% of women on Wirral
drink above recommended levels*

This is your opportunity to make a difference!

ALCOHOL STRATEGY PROJECT MANAGER

Fixed term contract (1 year in first instance)
Secondment Opportunity

Wirral Drug & Alcohol Action Team (DAAT) is seeking to appoint a self-motivated enthusiastic professional to manage the development and implementation of National and local alcohol strategy targets focussing initially on Neighbourhood Renewal wards. The post holder will work and be managed within the highly successful Wirral Drug and Alcohol Action Team.

Offered as fixed term post or secondment in the first instance we expect the post to be funded for a further 3 years from the end of this initial contract.

Applicants must have experience of working within a health and social care, business, community or criminal justice services for a minimum of three years and demonstrate knowledge of alcohol related harm and service development.

The hours of work are: 37 per week.

Salary subject to job evaluation: circa £30,553k

**For further information/informal discussion please contact:
Andy Mills (0151-651 0011 x 255) or
Mindy Rutherford (0151-651 3884).**

The Primary Care Trust recognises diversity and is committed to Equal Opportunities in employment.

Application pack and job description can be obtained from the Human Resources Department, Birkenhead and Wallasey PCT, St Catherine's Hospital, Church Road, Tranmere CH42 0LQ (0151-488 7759).

Closing date: 17 November 2004



KCA (UK) is an expanding and vibrant organisation providing a wide range of high quality and innovative specialist services. Founded in 1975 and currently employing over 200 paid and unpaid staff, it has an annual income of £5 million and is becoming established as one of the leading service providers in the South East Region. Our aim is to deliver individually tailored care packages which are effective in reducing drug and alcohol related harm and are based on cost-efficient structures, processes and delivery mechanisms.



OPERATIONS DIRECTOR (ADULT COMMUNITY SERVICES)

£36,147 - £45,198 (SCP 48- 59) Based in Kent

Essential Car User Allowance, Pension Scheme & Relocation Costs

This pivotal change-management role encompasses both leading KCA's Adult Drug and Alcohol Services operations and influencing the overall direction of the organization as part of the Senior Management Team. Reporting to the Chief Executive, you will:

- Ensure the efficient management of Adult Services and lead a team of skilled and experienced managers.
- Contribute to the development of strategic and business plans to complement the national drug & alcohol agenda and the continued growth of the organization.
- Oversee service delivery to meet contractual targets and recognized quality assurance standards, such as QuADS.
- Ensure the efficient deployment and professional development of operational staff to meet changing needs.
- In tandem with the Director of Development, set-up new teams and services as contracts are won.
- Ensure the highest possible standards of care for service users

You are guaranteed a wide array of professional challenges and opportunities and will be supported by a cohesive and committed group of senior managers with a wealth of experience.

To meet the demands of this post, you should have considerable operational management experience. You may already work in the drug and alcohol sector, but equally your background may be in related sectors, such as social welfare, education or the NHS.

Should you wish to discuss this role informally, please contact Peter Gallagher, Director of Human Resources & Estates, or Anton Derkacz, Chief Executive, on 01795 590635.

For application forms contact:

**KCA (UK), Dan House, 44 East Street, Faversham, Kent ME13 8AT.
Telephone 01795 590635, Fax 01795 539351,
Email admin@kca.org.uk, www.kca.org.uk. Please quote Ref: 253.**

**Closing date: 10th November 2004
Interview date: 26th November 2004**

*KCA is committed to the principles of equality of opportunity for all
Charity No: 292824*



Adfam

Families, drugs and alcohol

Adfam, the leading national organisation for families affected by drugs and alcohol, is seeking to recruit a:

PA TO CHIEF EXECUTIVE AND SENIOR MANAGEMENT TEAM

£21,500 - £23,000 p.a. pro rata (incl. LW) + 5% contributory pension scheme for a 25 hour week

Based in Southwark, this post requires an enthusiastic team player with a 'can do' approach, excellent communication and IT skills, plus experience of office administration and minute taking. The person appointed will be expected to service meetings, organise diaries and liaise with the Board of Trustees and other key stakeholders.

ADMINISTRATION ASSISTANT

£20,000 - £21,500 p.a. (incl. LW) + 5% contributory pension scheme for a 35 hour week

Based in Southwark, this post requires an enthusiastic team player with a 'can do' approach, excellent communication and IT skills, plus experience of office administration. The person appointed will work with the Finance and Administration Manager, and will be expected to work across all Adfam's services and projects to provide administrative support and to act as receptionist for visitors and telephone calls. This post will suit someone who wishes to gain experience of working in a busy office on a range of tasks.

Closing dates for receipt of all applications is 5pm on 15TH November 2004 and interviews will be held on 18th & 19th November 2004.

For an application pack phone: 0207 928 8898 or email admin@adfam.org.uk. Packs can also be downloaded from our website on www.adfam.org.uk.

Charity No 1067428
Adfam actively welcomes applications from all sections of society.

Calderdale Council

Calderdale Drug Action Team

Community Services

DAT Young Person's Strategy Co-ordinator

SO2 £24,000 - £25,407

Full time (37 hours per week)

(Fixed term until March 2006, expected to extend beyond that date)

Based at School House, Hopwood Lane

This post has been established through the Drug Action Team's (DAT) Young Person's Partnership Grant arrangements. In order to deliver the national strategy at a local level, the DAT needs to ensure that all partners working with young people in Calderdale are included in the strategic planning process to ensure our services and initiatives are fully inclusive. Calderdale also been selected to pilot one of ten young person's arrest referral schemes and we will also be piloting young person's mandatory drug testing, these are expected to have stringent monitoring protocols. This post will work in close co-operation with the Children's Trust Pathfinder Co-ordinator,

Further to this you will need to demonstrate a sound knowledge of drug use, treatment interventions and the National Treatment Agencies requirements for implementing 'Models of Care'.

You will need to have a degree of professional qualification e.g. HND/HNC or 3 years relevant experience. Experience of strategic planning for Young People's service. Excellent IT skills e.g. Microsoft Office Software applications, e.g. Excel, Access and Word. Excellent verbal and written communications skills and Knowledge of the National Strategy. You must hold a full driving licence, for which a casual car user allowance will be paid.

It is essential that applicants can show evidence of understanding substance use as it relates to young people and experience of strategic planning for young people's services.

For informal discussions regarding the post please feel free to 'phone Andy Fox DAT manager on 01422 397379 or 07801 861 817

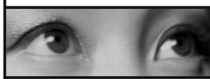
For an application pack please contact Glenda.swallow@calderdale.gov.uk or telephone 01422 393125. Or Fax No. 01422 252167

The closing date for applications is Monday 15th November, 2004. Interviews will be held on Tuesday 23rd November, 2004

Applicants to posts that are exempted from the Rehabilitation of Offenders Act will require a Criminal Record Check (Disclosure) from the Criminal Records Bureau before the appointment is confirmed.

Applicants with a disability who satisfy all the essential criteria specified for the post will be automatically offered an interview.

This council is an equal opportunities employer and service provider.



Creating change

Phoenix House is one of the UK's leading providers of social care services to drug and alcohol misusers. We are holistic in our approach, innovative in our thinking and effective in our response to the complex needs of all our clients. So if you share our passion for making a difference to people's lives, we can promise you an exceptional career environment.

COMMUNITY SERVICES MANAGER Sheffield • £25,549

Reporting directly to the Regional Services Manager, you will be responsible for managing and developing non-residential services as well as assisting in the preparation of business plans for our community services. You will identify and develop community based opportunities, assisting in the negotiation of contracts and the securing of funding.

A relevant qualification and a knowledge of issues relating to substance misuse are essential, as is experience of directly supporting and supervising staff. With good communication skills and a highly organised and innovative approach to service delivery, you will be an adept budget manager who is comfortable working with external agencies. You must have a good knowledge of relevant legislation and, above all, a real commitment to the rights of drug users and to developing a service that meets their needs. **Ref: CSM/C/DDN. Closing date: 22nd November.**

ADMISSIONS OFFICERS Sheffield or Newcastle • From £19,233

Reporting to the Business & Development Manager, you will be part of a team responsible for the admission of residents to our Tyneside Rehabilitation project or Sheffield Adult and Sheffield Family Services. You will deal with enquiries, assess and interview applicants, negotiate with care purchasers – and support the provision of an efficient service to clients.

Confident, well organised and methodical, you should have a sound working knowledge of the issues, legislation and services relating to the residential care of substance misusers or similar client groups. First-rate assessment, interviewing and negotiating skills will also be important, as will a knowledge of the benefits system and community care funding. You will be an excellent presenter and report writer, who can work effectively with external agencies in promoting the services on offer. **Ref: SA02/DDN (Sheffield), Ref: AO/TAS/DDN (Newcastle). Closing date: 15th November.**

Innovation is not confined to the way we deliver our services: it extends to the way we reward our people. So, along with an attractive salary you can expect first-class training opportunities, ongoing professional development, ample scope for promotion and a range of benefits that include a final salary pension scheme.

For an application pack please visit our website www.phoenixhouse.org.uk, or email recruit@phoenixhouse.org.uk quoting the relevant reference number. Alternatively, telephone 0114 267 8094 (for the Sheffield vacancies) or 0191 425 5563 (Newcastle).



Committed to a policy that promotes equality and diversity
Charity registration number: 284880

East Sussex Drug and Alcohol Action Team

WORKING IN PARTNERSHIP TO TACKLE SUBSTANCE MISUSE

Alcohol Strategy Officer

Department	Chief Executive's Department
Category	Community Planning
Salary	£25,706 - £26,624 per annum Scale M1
Location	Eastbourne
Type	Fixed-term 2 years
Hours	18.5 hours per week
Closing date	Friday 5 November 2004
Interview date	Wednesday 24 November 2004
Reference	Q0202

Job description

East Sussex Drug & Alcohol Action Team wants to develop an exciting cross-county strategy that will have a real impact in reducing alcohol misuse in East Sussex. This will involve the commitment and creativity of a number of organisations including local authorities, voluntary sectors and the NHS. This post will play a pivotal role in developing an East Sussex Alcohol Strategy and co-ordinating the work of a range of partner organisations across the County. We are looking for an individual with the following skills and qualities:

- dynamic and motivated to work in partnership with a range of organisations
- ability to think about challenges strategically
- excellent communication and presentation skills

- excellent project management and negotiation skills
- two years' experience working in health or social care in either voluntary or statutory sectors
- knowledge of substance misuse and related issues.

For informal enquiries, please contact Marcus Gomm, Drug & Alcohol Action Team Co-ordinator on 01323 466549.

For an application form and information pack during office hours (8.30am - 5pm) please telephone 01273 482501. Or alternatively call 01273 482025 (answerphone) or email: personnel.central@eastsussex.gov.uk quoting ref: Q0202.

To find out about discounted advertising rates in
Drink and Drugs News
 call the advertising team on
020 7463 2081

addaction

The leading drug and alcohol charity.
 Helping individuals and communities
 to manage the effects of drug
 and alcohol misuse.

For an application pack, please
 contact People Media Response
 on 020 7420 2080 or email:
 addaction@peoplemedia.co.uk
 quoting the appropriate
 reference, and where you saw
 the advertisement.

Addaction is an
 equal opportunities employer.

Charity no: 1001957

established
 1967



INVESTOR IN PEOPLE

www.addaction.org.uk

Being There

If people with substance misuse problems need help, where's the best place to provide it? As one of the country's leading deliverers of frontline treatment, offering advice, counselling and rehabilitation for drug dependency, where should we focus our efforts? The simple answer is: where it's needed most. And for the vast majority of the people we help, that means locally, in the community where it's easy to access.

Team Leader (Module One) Ref: 69849
 up to £24,500 dependent upon skills and experience
Crawley

Addaction Crawley comprises a town-centre 'open access' facility providing tier 2 services (needle exchange, advice and information, triage assessment and brief interventions) and an out-of-town 'structured day care' service providing tier 3 interventions (group work and skills training) for adults with substance misuse service needs. Addaction has managed the town-centre site since 1994. The structured day care service has been operational since April 2001.

You will lead a team of paid staff and volunteers to enable them to deliver high quality services in line with national and local strategies within the tier 2 part of the service, providing needle exchange, advice and information, assessment and care planning for those wishing to enter treatment.

Our continued commitment to Investor in People status demonstrates that we can provide comprehensive training and support in order that you will have opportunities for career development, personal growth and enhancing best practice.

Closing date for this position is 15 November 2004.

Project Worker (Module Two) Ref: 69850
 £16,800 - £21,350 dependent upon skills and experience
Brighton

Working alongside the rest of our team - including colleagues from other agencies - you'll deliver structured substance misuse group work programmes, and key-worker services within a cognitive behavioural framework. In particular, the post will initially involve working with offenders on our DTTO programme. We are working closely with other providers to deliver integrated care pathways, and you'll be working in a care-managed environment. Already experienced, you'll either hold a relevant qualification (for example in counselling, social work or nursing) or be able to demonstrate your competence and commitment to completing further study.

Closing date for this position is 15 November 2004.

Project Worker (p/t) Ref: 69888

Salary up to £20,300 pro rata
 (depending on skills and experience)
 18.75 hpw
Medway

Based in Gillingham, the project is delivering a service for people in the Medway Towns providing information and counselling to people using stimulant drugs such as amphetamines, cocaine and crack.

You'll be working with people who are seeking information and help with their drug problem, particularly around stimulant drug use. Already experienced, you'll either hold a relevant qualification (for example in counselling, social work or nursing) or be able to demonstrate your competence and be committed to completing further study. You'll be providing support directly to service users, working closely with other people involved in each person's care.

Closing date for this position is 22 November 2004.

THURROCK COUNCIL

Thurrock Drugs Interventions Programme / Community Care

This is an opportunity to join an exciting new programme that is currently being rolled out nationwide. The aim of the programme is to break the cycle of substance misuse, crime and prison. This will be achieved by intervening at various stages of the criminal justice process, thus providing opportunities for DIP clients to access help, treatment and support.

The programme will be delivered nationwide on a local level through the DIP teams. A case management system will be used in order to engage and retain clients with a variety of criminal justice and substance misuse services. It is an innovative scheme, which relies on the creativity of gifted professionals like you.

Drugs Intervention Programme (DIP), Senior Practitioner
 £24,492 - £25,899 pa inc, over time will be available
 N01003

You will lead a team of dedicated case carrying workers whilst managing a smaller load yourself. You will report to the DIP board that consists of local DAT, Police and Probation. You will be an excellent team worker and used to working with multi-disciplinary teams from the state and private sector.

Drugs Intervention Programme Worker / Community Care
 £22,359 - £23,805 pa inc, over time will be available
 N01004

You will part of a small team of dedicated case carrying workers. You will work closely with each offender to formulate a realistic care plan to meet the unique needs of individual clients. You will be an excellent team worker and used to working with multi-disciplinary teams from the state and private sector.

For both posts, you will come from a relevant background, either within a criminal justice, substance misuse or mental health setting. You will understand the principles of case management, preferably with some experience. The ability to think and work creatively is a definite plus for this challenging role along with ambition and drive.

You will be provided with a comprehensive training package and an individual training needs assessment.

The current contract period is until the end of March 2006, but this is strongly expected to be extended, subject to the current Government review.

Thurrock Council is committed to equal opportunities and welcome applications from all sections of the community. People with disabilities will be offered an interview where they meet all Essential Criteria on the Person Specification. Job share applications are also welcome.

To obtain an information and application pack, please call our recruitment line on 0870 787 1176 between 8am - 7pm, Monday - Friday and 9am-2pm Saturday, quoting job title/post number or email recruitment@thurrock.gov.uk. Alternatively, you can access our website on www.thurrock.gov.uk.

Closing Date: 17th November 2004
Interview Date: 25th & 26th November 2004



INVESTOR IN PEOPLE



TURNING LIVES AROUND. THAT'S THE POINT.

We turn lives around every day, by putting the individual at the heart of what we do. Inspired by those we work with, together we help people build a better life. Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

BROMLEY COMMUNITY DRUG PROJECT This innovative and developing project offers a variety of community based treatments and services. It has excellent facilities and client work environments and a growing reputation as a cohesive team delivering meaningful interventions to clients.

YOUNG PERSON'S TEAM LEADER • £24,225 - £27,900 Within newly refurbished facilities, you will lead a team of three in delivering a range of services targeting young drug users, including prevention and education workshops, training and consultancy to other professionals, Connexions interventions as well as group and one-to-one treatment programmes. You must have at least two years' experience of delivering treatment interventions to drug users and a proven track record of developing and implementing innovative services for young people. Closing date: 23 November. Interview date: 8 December. Ref: 930.21.

YOUNG PERSON'S PROFESSIONAL SUPPORT WORKER • £21,114 - £25,791 You will be the key member of the team, providing support to teachers and professionals working with young people to ensure the appropriate response is provided to young drug users. You will also be responsible for your own small caseload based in schools. With at least one year's experience of providing drug education or related experience in the educational pastoral field, you will be an excellent communicator with training and some counselling skills. Closing date: 23 November. Interview date: 9 December. Ref: 930.22.

WAKEFIELD & DISTRICT SERVICES The Wakefield Drug and Alcohol Service provides a wide range of services and interventions, including advice, support and counselling to drug and alcohol users.

YOUNG PERSONS' DRUG WORKER • £17,922 - £20,37 An opportunity has arisen to become part of a small dynamic team that is committed to providing high quality drug treatment and prevention services to the young people of Wakefield. We want to make a difference and are looking for people who will share our enthusiasm and dedication. You will have experience of working with young people, a sound knowledge of substance misuse and an understanding of the issues facing young people today. For an informal discussion, contact Dave Taylor, Team Leader on 01924 211121. Closing date: 11 November. Interview date: 18 November. Ref: N5673/1028.

CLINIC ADMINISTRATOR • £13,953 - £16,968 Providing administrative support to several busy teams within Wakefield and District Services, your responsibilities will include pharmacy liaison, monitoring statistical systems and providing reports and the printing of prescriptions. You will also deal with telephone enquiries and clinic policy and procedure development. An experienced administrator, you will need good interpersonal skills and the ability to respond to changing priorities. A thorough working, knowledge of word processing, Excel and database systems such as Access is essential. Previous experience of working in a social or health care setting is desirable. For an informal discussion, contact Bev Rankine, Team Leader on 01924 211113. Closing date: 11 November. Interview date: 19 November. Ref: N5670/538/2.

DUTY WORKER • £13,953 - £16,968 You will assist the Wakefield Drug & Alcohol Team based at our Hemsworth Project and also liaise with workers across the District. Providing assessment, advice and information to service users in both the drop in and the needle exchange, you will also be expected to maintain client case notes, record information and write reports. For an informal discussion, contact Suzanne Hook, Team Leader on 01977 617045. Closing date: 11 November. Interview date: 19 November. Ref: N5670/892.

BIRMINGHAM DRUGLINE, based in the city centre, provides a wide range of treatment interventions to drug users. These include advice and information, needle exchange, structured counselling and managing prescribing interventions.

PROJECT WORKER • £19,713 - £22,599 At the heart of delivering our core services, your duties will range from providing needle exchange and one off advice and information sessions to undertaking triage assessment and providing interim support to clients in a variety of ways. You will need to be flexible, responsive and able to work with newly presenting clients who may require immediate crisis intervention on such issues as accommodation and mental health. Closing date: 10 November. Interview date: 19 November and 2 December. Ref: N8160/103.

NEEDLE EXCHANGE WORKER • £19,713 - £22,59 In addition to managing a caseload, you will take responsibility for our needle exchange serving over 700 clients. Offering advice on issues such as harm reduction, safer injecting, blood borne viruses and safer sex, you will also be required to deliver both training and health promotion campaigns to service users and other professionals. Closing date: 10 November. Interview date: 19 November and 2 December. Ref: N8160/1032.

ROUGH SLEEPER OUTREACH WORKER • £19,713 - £22,599 Working in conjunction with the Focus Futures Homeless Service Team, you will engage, motivate and support drug using rough sleepers into accessing drug treatment, accommodation and a range of other support services. The ability to work with clients in informal street settings and experience of providing and coordinating a range of treatment interventions to clients with complex needs are essential. You must also be prepared to work flexible hours. Closing date: 10 November. Interview date: 19 November and 2 December. Ref: N8160/1013/2.

NORTH LEICESTERSHIRE SUBSTANCE MISUSE SERVICE Turning Point North Leicestershire works with anyone concerned about their own or someone else's substance use in the Loughborough area.

PROJECT WORKER • £17,922 - £20,370 pro rata • Fixed Term contract for 1 year As part of this highly committed Loughborough based team, you will provide information, support, needle exchange, counselling and referral for treatment to service users. With at least one year's relevant experience you should also have, or be willing to work towards a health, social work or counselling qualification. Closing date: 19 November. Ref: N8460/672.

OUR BENEFITS In return you can look forward to a final salary pension scheme, generous annual leave allowance, a season ticket loan and employee assistance programme – and some flexibility in working hours including the opportunity to jobshare if appropriate.

We don't just talk about equality and diversity. We make it happen at every level of our organisation – promoting fairness, encouraging participation and challenging every barrier to individual growth and development.

HOW TO APPLY For more information about these positions and to apply online, please visit www.turning-point.co.uk. For the Bromley posts you can call 020 7265 2019 (answerphone) or email se-recruitment@turning-point.co.uk. For all other posts, please call 0161 228 2053 (answerphone) or email jobs@turning-point.co.uk. Please quote the relevant reference number. The successful applicants will be subject to checks by the Criminal Records Bureau.

**TURNING
POINT**
turning lives around



INVESTOR IN PEOPLE

For more jobs at Turning Point and to apply online, visit:
www.turning-point.co.uk

Registered Charity No. 234887