

THE EXPERIENCE

Newsletter of The UK Drug Workers Forum



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Advertise events, jobs,
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events, etc. in this
newsletter and on our
website. Contact:
info@ukdrugworkersforum.org
www.ukdrugworkersforum.org

Date for your Diary:

**UKDWF
ANNUAL NATIONAL
CONFERENCE
2009**

**13-14 October 2009
York**

From the UKDWF Board

✍ Hi All,

Spring is here at last and summer is on its way. A bit of sunshine and warmth will be most welcomed to brighten up these dark times of credit crunches, cutbacks and falling house prices.

The UKDWF staged its London and South Regional Event in London in March, themed around the 'Welfare to Work' agenda and its impact on service providers. The event was well attended and included presentations by Colin Bradbury, from the NTA, Peter Grime, from the Home Office, representatives from St Mungo's, Blenheim CDP and Nigel Atkin, from Compass (also UKDWF Treasurer). The presentations from this event have been posted to the UKDWF website for anyone to download.

You may recall that the UKDWF undertook a survey on the impact of the Welfare to Work Agenda on service providers and some of the findings from this survey are included in this issue. The full findings are also available on the website for anyone interested to see. The debate around this issue is ongoing and this will be reflected in this year's UKDWF annual conference, so make sure you attend to find out more.

Talking of the 2009 Annual Conference - the dates are **13-14 October**. A full programme should be available soon. Further details will be posted to the website as soon as available. In response to the many financial cutbacks being experienced by services this year, we are attempting to make it possible for you to tailor the event to your particular needs, which means you pay only for the sessions you need, or want to participate in, thus making the event more affordable to those on limited budgets. We invite anyone with a request for a particular topic to be included in this year's conference to contact us with the details and we will endeavour to provide the information via a presentation or workshop at the event.

News from the UKDWF Board:

- We are very pleased to welcome Viv Evans, Ranjeev Choudhry, Tony Mellor and Dave Pennington to the Forum Board. With their diversity of backgrounds, these individual will bring a further range of skills and expertise to complement existing board members and help us to take the Forum forward at a much more rapid pace.

Best regards,

The UKDWF Management Team

The UKDWF Board of Trustees (2008-09):

Mick Fowler (Chair), Loretta Johnson (Vice-Chair), Nigel Atkin (Treasurer), Viv Evans (Board Member), Ranjeev Choudhry (Board Member), Tony Mellor (Board Member), Dave Pennington (Board Member)

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Expansion of DIP

General stakeholder core script on DIP expansion

Multi-agency work to get a grip on drug-related offending and the harm it causes in local neighbourhoods will step up a gear from 1 April. The Home Office-led Drug Interventions Programme (DIP), which involves a range of partners, has grown in phases since it started in 2003. April sees a further significant expansion, introducing new areas of DIP “intensive” activity in Wales, Bedfordshire and Blackpool, with the aim of getting more people out of crime and into treatment and other support.

In the past six years, more than 172,000 drug-misusing offenders have been managed into treatment because of DIP and this expansion will help drive up the number even further as more are faced with tough choices about their drug misuse and tough consequences if they do not make changes. The impact has been significant: acquisitive crime – to which drug-related crime makes a substantial contribution – has fallen by 28 per cent. Restriction on Bail (RoB) that has applied to drug-misusing offenders in all English local justice areas for three years is extended across Wales from 1 April. This means that any adult who appears in court anywhere in England or Wales can be eligible for the provision if they have previously tested positive in police custody, in relation to the offence, for heroin or crack/cocaine.

Restriction on Bail provides an incentive for defendants who have tested positive to address their drug misuse and engage in proposed treatment and support, or face a greater risk of being refused bail. It targets those whose offending is related to their Class A drug misuse – shown to be most closely linked to acquisitive crime – with the aim of reducing re-offending on bail.

The extension of RoB under the Drug Interventions Programme is just one of a set of new tools to strengthen offender management. April also sees measures to test and assess more people in police custody in Blackpool and Bedfordshire as a way to grip more drug misusers at an earlier stage in the criminal justice process. A move to Testing on Arrest rather than just on charge means that drug-misusing offenders can be identified earlier in the process and, in some cases, at an earlier stage of their offending behaviour. Already, more than 240,000 tests for Class A substances are conducted annually and this will risk further with the greater reach of Testing on Arrest in Wales, Bedfordshire and Blackpool.

Those people testing positive will have to undergo a Required Assessment by a drug worker, so even people who do not go on to be charged can access help and treatment before their offending behaviour spirals further out of control. When the expansion happens in April, Testing on Arrest and Required Assessment will then be live in a total of 174 custody suites in 105 police basic command units across England and Wales.

For further information on the Programme, go to: www.drugs.homeoffice.gov.uk/drug-interventions-programme/

theseus

Systems for Drug Treatment

A range of browser based applications that support teams & organisations in the drug and alcohol treatment field.

"Users appreciate its ease of use; we can already see the benefits in our overall operation"

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Summary of Shelter's Response to the DWP Consultation

No-one Written Off: Reforming Welfare to Reward Responsibility

While we recognise that the Government's welfare reform proposals are trying to simplify the benefits system and provide more personalised support packages for those on benefits, we do not agree that welfare reform should be so heavily weighted towards punitive sanctions with work as a condition for the receipt of benefits. More change is needed to address the real barriers that exist for people moving back into employment, and to ensure that people are actually better off in work.

These changes should include responding to the problems with the current housing benefit system to genuinely tackle worklessness. We think that these issues should be addressed by the current DWP and HM Treasury internal review of the housing benefit and integrated with wider welfare reform proposals.

However, we are specifically concerned with the proposals put forward relating to drug users. While we welcome an integrated approach to drug treatment, we do not agree that this should be administered through conditional practices. It is important that drug users are able to engage with the benefit system to address their drug misuse issues in their own time if they are to have the prospect of achieving long-term stability in employment, training and housing options.

We also support the Government's commitment to improving access to full-time training and second chance learning for those people who have become trapped in the benefits system. But these proposals should be extended to address the needs of more people who currently face multiple disadvantage and exclusion from the labour market. This would help to ensure that more people could access and maintain sustainable employment in the future. This should include more personalised services for people trying to get back into work and proposals under the 'Right to Bid' scheme could provide this if managed and monitored in the right way.

Shelter Policy Unit October 2008

For further information please contact Francesca Albanese, Policy Officer, on 0844 515 2137 or at Francesca.Albanese@shelter.org.uk

Full document available to download in pdf format from: www.ukdrugworkersforum.org



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Drug Testing using oral fluid. The Drugalyser® is a non-intrusive point-of-care drug testing detection system that provides results within 10 minutes.

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UKDWF SURVEY FINDINGS

WELFARE TO WORK

The following contains a selection of the findings of this survey. A full copy may be downloaded from the Forum website (www.ukdrugworkersforum.org).

Results collated from 54 Questionnaires returned.

1. Does your service currently provide effective pathways into work?

Yes: 43, No: 11

1(a). Please describe briefly, the key elements of your service that provides effective pathways into work:

- We have a dedicated worker, who will support clients into employment through our scheme call progress to work. This works in partnership with the Job Centre. This will include job clubs and CV writing and support to fill in applications.
- We refer young people on to Connexions/ progress to work etc as appropriate but we are not responsible for assisting young people into work directly ourselves.
- There are good links with a Connexions worker who works specifically with people who may find it difficult to access employment. We refer clients to her and she comes into our centre to see people. Our support worker also supports people to obtain employment and housing. Supporting people to find employment is a target for the support worker. However, more support may be needed to work with employers to encourage them to employ people who may be in treatment or who have a criminal record.

1(b). Please describe any barriers you face in providing effective pathways into work:

- Employers giving drug users an opportunity, poor education due to long term drug use and lack of schooling or further education, lack of appropriate jobs, should a client be on a prescription or some non prescribed treatment, an understanding from employers that this treatment is essential to a client's recovery.
- Confidence of some young people in discussing their criminal convictions where relevant, employers willingness to take someone on with a history of drug/alcohol use/criminal background, Low aspirations of young people, although we do work around this.
- We hope that Jobcentre Plus will be able to help our clients, but my experience indicates that it takes much longer than 30 days for someone to regain confidence, attain the appropriate skills to re-enter the workplace and this is of great concern to me. Our Volunteers on the 'Certificate in Community Justice' experience personal growth and professional development – but only as a result of a programme lasting one academic year where they attend college one day per week and volunteer for a minimum of 4 hours per week. It is unlikely that our people's lives can be changed within 30 days; they need much longer to address their issues. Learn what is expected of them and become reliable, regain confidence and self-esteem, re-learn basic skills (substance misuse often arrests peoples development e.g. 30 year old adult substance misusers behaviour resembles that of a 15 year old teenager, if they have been misusing substances since the age of 15). Many of our clients have very damaged backgrounds and dropped out of formal education early and thus have no qualifications. Their substance misusing behaviour in many cases led to criminal convictions and employers will be deterred by this. The current rising unemployment means that there will be more people pursuing less jobs so unless employers are given incentives to employ our clients, they will forever remain 'at the bottom of the pile'. Employers will also need specialist advice, guidance and training on understanding and supporting individuals with a substance misuse problem/past. They will also need to ensure appropriate policies; procedures and support are in place.

2. Do you believe that treatment providers SHOULD incorporate welfare to work in the care planning stages?

Yes: 43, No: 5, Undecided: 4

No – Reasons:

- This would depend on the length of the treatment programme that the client is engaged with. Our programme is for five months and within this time we believe that when a client is in treatment they need to focus on treating their internal condition. We feel that education and work experience is something the clients can focus on once they have left treatment and are stronger and more able to cope with the stresses that work and education often bring for people in early recovery. If the treatment programme was for twelve to eighteen months then I believe that helping a client back in to work would be more appropriate.

- In my role it would be unreasonable to include welfare to work, the clients are chaotic and unable to focus on this long term plan.
- 'You have to get people away from drugs and their problems before trying to get them to work.'
 - Enabling people with drug problems to access and sustain employment often requires a long term approach with opportunities for rehearsal and extended specialist support. This period of support and stabilisation will not be provided for by funding employment outcomes; some individuals will take years not months to move into work...
 - ...commissioning and contracting arrangements and the negotiation between multiple strategies, monitoring pathways and targets can be unmanageable...
 - ...If unemployment rises the least employable will find it increasingly difficult to find work in full time, long term jobs that pay sufficient wages to avoid in-work poverty. The majority of drug service users accessing employability support are seeking work in construction or jobs which are either in the service industries, or reliant on them (warehousing, retail, driving). These sectors will be the hardest hit by any economic downturn... (Sophie Johnson, Lifeline Project, August 2008).
 - The treatment programme currently offered by the Recovery Project is abstinence-based and requires residents to be focused on participating in the programme of support 5 days a week, throughout their stay. Welfare-to-work initiatives may, in some cases, be appropriate for the 4 residents we support in post-treatment move-on accommodation. Towards the end of the treatment program (normally 8-9 months), all residents are, via care planning, encouraged to think about and plan for further education, training and work/work-related opportunities.

Undecided – Reasons

- For CARAT services we do not have a remit for being directly involved in arranging/organising work for clients. We do refer to the agencies within the prison and as such we DO care plan to look at employment options for clients; however we do not do the work. In general treatment providers should be able to incorporate welfare to work into care plans and CARAT teams should have the ability to continue doing this.
- This is a one shirt fits all question in which for most of our residents who have crossed the line between substance abuse and addiction would be completely unsuitable. In some cases getting back to work is very important, in most that come into our centre, there is an awful lot of work to be done on them and surely we realise that care planning cannot be one shirt fits all!
- I think whoever thought of this scheme needs to think that maybe it would be better to invest in better treatment before insisting PDU's get straight back to work.

3. If your service does not currently provide pathways into work and you believe that treatment providers SHOULD, please answer (a) and (b) below:

3 (a). How do you intend to incorporate this into your service provision to meet the objectives of the welfare to Work Agenda?

- We are already committed to ensuring individuals get the maximum support and assistance. What we need is additional funding to allow us to give more individualised support to those involved and to ensure that employers respect and are sympathetic to people who have issues, but a genuine desire to work and contribute to society.
- Don't tinker around the edges be committed with real support. In this economic down turn all services are going to need each other more than ever. Our customers are going to be more disappointed with lack of work opportunity than at anytime before. Disillusionment can lead to use /increased or relapse. "Why Bother". I have customers saying that now. The Job Centre here is open 6 days a week just for new claims. New job losses everyday.
- Allocate resources to facilitate closer working with Employment, Training providers.

3 (b). Do you foresee any barriers to doing this, and if so, how might you overcome them?

- Barriers include: lack of confidence of service users to make a positive progression; unsympathetic employers; lack of opportunities.
- DWP must see treatment as an outcome. They are so in work targeted that nothing else matters.
- I have worked with F.Bloggs (October 08) who has drunk for 20 year and taken Phet everyday – On Incapacity Benefit, wanted work but was unready. We referred into Drug Alcohol services – not used for the whole of Xmas his family are chuffed with his improvements he's pleased with himself and self belief, determination. Now in an evening class (funded by Bursary) now wants to do voluntary work as a prelude to part time work.
- Funding
- Identify key people in appropriate agencies

UN High Level Meeting on Drugs - (Vienna, 11-20 March 2009) 'NO HARM REDUCTION'

IAS, the International Aids Society and other international organisations, are insisting that countries must reject the new draft 10 year UN drug policy, because it does not include harm reduction - the supply of clean needles and syringes to prevent the spread of HIV and hepatitis. And it lacks key human rights protections.

Lacks critical HIV prevention points

The new UN Political Declaration on Drugs, designed to guide drug policy for the next 10 years, lacks critically important measures for treating and stemming the spread of HIV, Human Rights Watch, the International AIDS Society, and the International Harm Reduction Association said today.

The groups said that respect for human rights and HIV prevention should be at the heart of the policy, but that critical elements had been stripped from the final declaration. They called on member governments to refuse to support the declaration, which is being considered at the high-level segment of the Commission on Narcotic Drugs (CND) this week in Vienna .

Weak declaration "undermines fundamental health and human rights obligations"

"Government delegations could have used this process to take stock of what has failed in the last decade in drug-control efforts, and to craft a new international drug policy that reflects current realities and challenges," said Prof. Gerry Stimson, executive director of the International Harm Reduction Association. "Instead, they produced a declaration that is not only weak - it actually undermines fundamental health and human rights obligations."

Harm reduction services left out

What is at issue is a series of measures known collectively as "harm reduction services," which have been endorsed by UN health and drug-control agencies, including the UN Office on Drugs and Crime, UNAIDS and the World Health Organization. However the draft declaration excludes these. These measures include needle and syringe exchange and medication-assisted therapy (for example, with methadone), both inside and outside prisons, as essential to address HIV among people who use drugs. The groups noted that a wealth of evidence proves harm reduction is essential to HIV prevention for people who use drugs. The action was taken against the direct advice of UNAIDS, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the UN special rapporteurs on health and on torture.

Harm reduction omission is "unacceptable and unconscionable"

Up to 30 percent of all HIV infections outside of sub-Saharan Africa occur via unsafe injecting drug use. The groups said there is clear evidence that harm reduction interventions can halt or even reverse HIV epidemics among people who inject drugs.

"This political declaration fails public health," said Craig McClure, executive director of the International AIDS Society. "Coming less than 12 months after UN member states convened a high level meeting in New York to restate the international commitment to fight HIV, the denial of any reference in the declaration to life-saving harm reduction programs is unacceptable and unconscionable."

Human Rights failings

The political declaration also fails human rights. In country after country around the world, abusive law enforcement practices conducted under the banner of the 'war on drugs' result in extensive, and often horrific, human rights violations. In addition, overly restrictive interpretations of the international drug-control treaties at national level result in the denial of access to essential pain medications to tens of millions of people worldwide.

Both of these issues were raised by the UN special rapporteur on health and the UN special rapporteur on torture, who wrote to the CND to urge explicit support for human rights within the political declaration. All member states of the UN have ratified at least one of the core UN human rights treaties, and the UN General Assembly has consistently stated that drug enforcement must be carried out in a manner consistent with respect for human rights.

"Given the widespread human rights abuses around the world directly resulting from drug enforcement, human rights must be placed at the heart of UN drug policy," said Joseph Amon, director of Human Rights Watch's health and human rights division. "But the political declaration makes scant reference to the legal obligations of member states under international human rights treaties, nor does it insist on respect for human rights in drug policy."

Failure to be followed by Failure?

The past 10 years international drugs policy was under the banner of "a drug-free world." It's been a conspicuous failure. Continuing to exclude harm reduction from international drugs policy is not likely to reverse the failings of the past 10 years.

The international community should recognize that the current approach to international drug policy has failed, the organisations said. Concrete steps should be taken to set forth a drug policy framework incorporating evidence-based measures to address drug-related harm and the human rights obligations of states, and of the UN as an international organization, at its heart.

This means supporting harm reduction measures. It means acknowledging that punitive drug policies don't work, and have taken a serious toll on the lives and health of millions of people. It also means acknowledging that we need a new way forward.

The groups called on member states not to lend their names to a political declaration that does not sufficiently prioritise the centrality of harm reduction and human rights within the global response to drugs, and join the call from other civil society organizations for further efforts across the UN system to find a more effective, coherent, and relevant response to drugs.

George House Trust
(www.gh.t.org.uk)

NATIONAL TACKLING DRUGS WEEK

8-12 June 2009

This year's 'National Tackling Drugs Week' will be from 8-12 June. The Home Office have produced a handbook containing comprehensive information about NTDW which explains how local teams - DATs, community safety partnerships etc - can get involved and also provides helpful advice on how to publicise activities, as well as the names of contacts who can provide media support.

The Handbook which can be downloaded from: <http://drugs.homeoffice.gov.uk/publication-search/communications-campaigns/tacklingdrugsweekhandbook> or from the Forum website (www.ukdrugworkersforum.org) contains chapters on:

How to get involved
Key messages
Support available in local areas
Ideas for Tackling Drugs Changing Lives Week
Working with the media
What success looks like
Evaluation

The Home office are keen to hear about any events planned, or can be contacted for any queries about the week by contacting Amie.Shallcross@homeoffice.gsi.gov.uk .

Simple research tough audiences

My name is Steven Lacey. I'm a researcher at Leithal Thinking, with a unique specialism in working class, youth and 'hard to reach audiences. Those whom most, might be wary of interviewing. Some of the tough audiences I have conducted research with are: prisoners, drug dealers, Eastern Europeans, domestic abusers, travellers, sex workers, heroin users, transsexuals and youth gangs. Past clients have included BBC, CH4, Department of Health, Experience Corps and the Home Office. Should you need any help please feel free to contact me on 07772 587 204 .

I have written a blog containing insights, trends and thoughts in regard to so called 'hard to reach' audiences including drug users. The main thread of this blog is to chat about insights aimed at working class and hard to reach audiences. In terms of understanding how they live their lives and what this means for marketing and communications. However, occasionally I will also blog about wider marketing and communications issues.

Check it out at www.clarityinsight.blogspot.com/

EVENTS

- **6th UK International Symposium on Addictive Disorders**
14-16 May 2009, London, Contact: www.ukesad.org
- **Alcohol, Drugs & Anti-Social Behaviour in Rural Areas**
11 June 2009, Nottingham. Organised by Mentor. **Contact:** www.ccclimited.org.uk/mentor
- **Hidden Harm: Families, Drugs & Alcohol**
18 June 2009, London. Organised by KCA Training & Professional Development. **Contact:** tpd@kca.org.uk
- **Integrated Care Pathways 2009**
24-25 June 2009, London. **Contact:** www.healthcare-events.co.uk
- **Drugs, Alcohol & Criminal Justice: How Do We Make A Difference?**
25 June 2009, London. (One FREE service user place, with every 3 delegates places).
Cost: £145.00, plus VAT. **Contact:** michelle@conferenceconsortium.com
- **Ketamine Training Course**
8 July 2009, London. **Contact:** tonydaguk@gmail.com
- **UK Drug Workers Forum Annual National Conference 2009 - 13-14 October - York**
Annual National Conference of the UK Drug Workers Forum. Aimed at all workers in the drugs field, the event will address current issues, new developments and best practice relevant to professional practice.
Contact: UK Drug Workers Forum - Tel: 01904 898069, Fax: 01904 898715
Email: info@ukdrugworkersforum.org Web: www.ukdrugworkersforum.org

JOBS

- **PROJECT WORKER, YOUNG PEOPLE'S SERVICE, £20,392 - £31,622**
Turning Point, London
Providing a range of treatment interventions to targeted groups across the City of Westminster. The team provides services including keyworking, targeted group work, and training to other professionals. **Closing date:** 8 May 2009
Further details and to apply online: www.jobs-at-turning-point.co.uk
- **DUAL DIAGNOSIS SOCIAL WORKER, £24,402 - £31,439**
Salford Drug and Alcohol Service, NW
To provide assessment, care planning and social work support to service users who have substance misuse and mental health problems. Taking on a liaison role between substance misuse and mental health services, supporting and advising the staff teams. Working to promote the social care perspective within the team and work closely with health service colleagues in a multi-disciplinary team setting. **Closing date:** 15 May 2009
Further details and application pack: Tel: 0161 909 6503 (24 hours). www.salford.gov.uk/jobs
- **SUBSTANCE MISUSE WORKERS, £21,937 - £24,331**
Lighthouse Project, Liverpool
Working in partnership with Merseyside Police, Probation and other appropriate agencies, managing an identified caseload of clients embroiled within the Criminal Justice System, the candidate will also be responsible for a mixed caseload of opiate and stimulant users, some of whom will be subject to bail and other statutory orders. **Closing date:** 20 May 2009
Further details: email: recruitment@lighthouseproject.co.uk or tel: 0151 530 2566