Summer 2009 Issue 19

THE EXPERIENCE

Newsletter of The UK Drug Workers Forum

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Date for your Diary:

UKDWF ANNUAL NATIONAL CONFERENCE 2009

13-14 October 2009 York

From the UKDWF Board …..

Hi All,

We hope you are all enjoying the sunny weather inbetween the usual flooding and showers. A ray of sunshine always helps to make us feel more positive and that the future may just be brighter than we thought.

And we have news for you – the future is brighter, the UKDWF Board have been working hard to compile this year's Annual Conference Programme which will be packed with policy updates, opinions, research and professional practice to support you in your professional development and your everyday work. The event will again be held in **York** and the dates are **13-14 October.**

The theme is '**Policy in Practice: Achieving Positive Client Outcomes**' and will focus on successes and overcoming barriers to achieve the best result for our drug using clients. This year we are also including '**Debate**' sessions to encourage interactive discussion, feedback and opinion on hot topics in this field. Further details about the programme are included on Page 7 of this Newsletter and booking forms will shortly be downloadable from the website (www.ukdrugworkersforum.org).

In response to the many financial cutbacks being experienced by services this year, we are endeavouring to keep the conference fees as low as possible make it affordable for those on limited budgets. Discounts are available for block bookings, early payment and we are offering '**one year's free Forum membership**' to non-members as a bonus.

News from the UKDWF Board:

- We are very pleased to welcome Nadeem Mirza to the Forum Board who will bring a range of skills and expertise to complement existing board members and help us to take the Forum forward.

We look forward to seeing you in York in October.

Best regards,

The UKDWF Management Team

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Cost of Methadone Prescriptions Up

THE cost of prescribing methadone to drug addicts has soared by 84 per cent over the last five years, it has emerged. According to the Scottish Government's official statistics, the cost of providing the heroine substitute to addicts has risen from £9,049,792 in 2003-4 to £16,637,636 in 2008-09. The revelation led to Scottish Conservative calls for the SNP Government to wean addicts off methadone by ensuring that it is no longer the treatment of "first resort".

Scottish Conservative leader Annabel Goldie said: "These are bone-chilling figures. Even in the past year alone the cost of prescribing methadone has risen by over 10 per cent." Her calculation on methadone spending under the SNP administration was done by comparing the 2008-9 figure with the £14,924,067 spent in 2007-8. She said: "Under eight years of Labour and the Lib Dems, Scotland's drug dependency became a methadone dependency. The SNP must not make the same mistake."

There are now 22,000 addicts in Scotland on a methadone programme, but Scottish Conservatives have been sceptical of the widespread use of methadone as a drug treatment.

A study by Glasgow University's Centre for Drug Misuse Research late last year found that people on methadone programmes still take heroin, and still commit crimes to help pay for their habit. There is also concern the programme replaces one addictive drug with another, and that people are "parked" on methadone for years with little hope of giving it up. Recent research found only 3 per cent of those treated with methadone were drug-free after three years.

A Scottish Government spokesman said: "Increases in methadone prescribing costs are largely because the costs of production have risen – not because the number of those receiving treatment have similarly increased. Just over one year ago we published Scotland's first drug strategy since devolution. It was widely welcomed by experts, Cosla and approved unanimously by parliament. Central to the strategy is the concept of recovery from problem drug use. We want to see more people move on from their drug use, towards drug-free lives as an active and contributing member of society.

"We want a much wider range of services for drug users and that is what the new Delivery Framework will help local partners deliver. We are transforming the delivery of drug services to ensure that help is available when people need it most."

By Tom Peterkin, Scottish Political Editor
In NEWS.Scotsman.com

From Over the Pond:

PRINCIPLES OF HIV PREVENTION IN DRUG-USING POPULATIONS

Reducing the risk of HIV/AIDS in drug users is an achievable goal. To prevent the spread of HIV and other blood-borne infections, drug users must reduce or eliminate those behaviours that place them and others at risk. Research has shown that appropriately designed prevention programs can reduce transmission of not only HIV but of other bloodborne diseases (e.g., hepatitis B [HBV], hepatitits C [HCV], and other sexually transmitted diseases [STDs]) as well.

A community must start HIV/AIDS prevention programs as soon as possible. Even when HIV/AIDS is well established in a community, prevention programs can significantly limit the further spread of HIV/AIDS.

Effective prevention programs require a comprehensive range of coordinated services. Given the diversity of drug users and their sexual partners, no single prevention strategy will work for everyone. A comprehensive approach that can readily adapt to changing needs and circumstances is the most effective approach for preventing HIV/AIDS and other blood-borne infections in drug users, their sexual partners, and their communities. This approach should include such services as community outreach, HIV testing and counselling, drug abuse treatment, access to sterile syringes, and services delivered through community health and social service providers. Services must be carefully coordinated within a community.

Prevention programs should work with the community to plan and implement interventions and services. Involving the local community increases the likelihood of developing and implementing culturally appropriate HIV/AIDS prevention strategies that the community accepts and that can effectively reach drug users and their sexual partners in their natural environments.

Prevention programs must be based on a thorough, continuing assessment of local community needs, and the effectiveness and impact of these programs must be continually assessed. Because the nature and extent of drug abuse and the HIV/AIDS epidemic vary widely, prevention strategies must be adapted to local community needs and resources. Local drug use and HIV/AIDS risk-behaviour patterns must be tracked to refine program approaches over time and to evaluate program outcomes.

Prevention services can most effectively reach drug-using populations when they are available in a variety of locations and at a range of operating times. Drug users are dispersed throughout communities and have varying lifestyles. Thus, reaching them requires providing HIV/AIDS prevention services in a wide range of settings, including community health and social service agencies, hospitals and clinics, and drug abuse treatment and correctional facilities. Coordinating these services in various community settings and at a range of operating times enhances the impact of interventions and reduces the unnecessary duplication of services.

Prevention and treatment efforts should target drug users who already have the HIV infection, as well as their sex partners.
People who have the HIV infection may need help gaining access to services and adhering to treatments that can prevent HIV from progressing to AIDS. Research has demonstrated that HIV positive drug users are able to make major behavioural changes to protect their injecting and sex partners from contracting the infection.

Prevention efforts must target not only individuals, but also couples, social networks, and the broader community of drug users and their sex partners.
Risky behaviours typically occur in the context of social groups. Community-based outreach interventions that engage these groups can be highly effective in reducing risks and preventing the spread of infection. Behavioural norms that permit drug users to share injection equipment also need to be modified within the community. Relying on opinion leaders within these groups can be an effective strategy to influence the drug-using behaviours of individuals and their social networks.

Community-based outreach is an essential component of HIV/AIDS prevention and must be directed to drug users in their own neighbourhoods. Drug abuse is usually a covert activity, making it difficult to contact drug users and their sex partners through traditional health and social service agencies. Indigenous outreach workers who are familiar with the drug use subcultures and local neighbourhoods in their communities have been shown to be effective agents of behavioural change and referral sources to service agencies and drug abuse treatment facilities.

Prevention interventions must be personalized for each person at risk. Effective prevention entails discussing the many behavioural changes a drug user must make to reduce his or her risks for HIV/AIDS. It may require showing drug users and their sex partners how to assess their own risk behaviours. It may also require helping people identify barriers that keep them from changing their behaviour, informing them about available resources to help them make those changes, encouraging them to seek voluntary HIV testing and counselling, and teaching them how to develop specific, achievable strategies to protect themselves and others from contracting HIV and other infections.

Drug users and their sex partners must be treated with dignity and respect and with sensitivity to cultural, racial/ethnic, age, and gender-based characteristics. To successfully engage drug-using populations in interventions,

it is important that outreach workers and service providers show that their concern for drug users is genuine and that they believe that drug users are capable of changing their HIV-related risk behaviours. Outreach workers and service providers should use socially and culturally appropriate, nonjudgmental approaches to engage drug users and their sex partners.

As part of a comprehensive HIV prevention program, injection drug users should have ready access to sterile injection equipment to reduce their use of previously used injection equipment. Individuals who inject drugs are at high risk for HIV and other infections if they share or reuse someone else's syringe and other injection equipment, including cookers, cottons, and rinse water. Research has shown that access to sterile syringes, one component of a comprehensive HIV prevention approach, effectively reduces syringe sharing and prevents the spread of HIV.

In a comprehensive program, interventions that target injection risk must address sharing other injection equipment in addition to syringes. Sharing other injection equipment, including cookers, cottons, and rinse water, and drug solutions that have been prepared for injection, presents another potential route of infection for HIV and other bloodborne diseases. Sharing drug solutions (drugs mixed with water in preparation for injection) is a significant, but frequently overlooked, HIV transmission risk. Targeted interventions can help drug users reduce these associated risks.

While necessary, risk reduction information alone cannot help drug users and their sex partners make lasting behavioural changes. In addition to offering accurate and up-to-date information on risky behaviours, effective HIV/AIDS prevention programs focus on enhancing individuals' motivation to change their behavioural patterns, teaching concrete strategies and behavioural skills to reduce risk, providing tools for risk reduction, and reinforcing positive behaviour change.

Prevention efforts must address the risks of transmitting HIV and other infections sexually as well as through drug injection. Drug and alcohol use may reduce inhibitions and increase the likelihood of engaging in unsafe sexual behaviours. Injecting and non-injecting drug users, their sexual partners, and people who exchange
Sex for drugs or money are at risk for sexually transmitting HIV, STDs, and other infections.

HIV/AIDS risk-reduction interventions must be sustained over time. Although research has shown that brief interventions have significantly reduced risks for HIV and other infections among substantial numbers of drug users and their sex partners, brief interventions are typically not sufficient. Sustained and repeated interventions are usually needed.

Community-based prevention is cost-effective. Sustained, well designed prevention programs are cost-effective and can substantially reduce health are and social service costs associated with treating and caring for people with HIV/AIDS and other infectious diseases.

National Institute of Drug Abuse (NIDA), USA
Full guide available from www.ukdrugworkersforum.org

A ROUTE BACK TO WORK

If we in business don't help recovering drug users or the homeless to find jobs, we are simply storing up future problems. With the backdrop of a recession and rising unemployment, it might seem like an unusual time to be asking ourselves how we in business can do more to engage with disadvantaged groups, such as recovering drug users or the homeless. But they should remain on our minds, because if, as employers, we turn our backs on these groups, we are storing up problems for the future, with implications for the long-term recovery of both the individuals themselves and of the economy. Of course, during any economic downturn (but, particularly, a severe one like this), there is a risk that we simply adopt a "charity begins at home" stance, and shift our focus away from those on the margins of society. Yet I have seen first hand the real benefits for those businesses that are prepared to hire suitable candidates from the widest possible pools of talent (including disadvantaged members of the communities in which we live and work).

Research from Business Action on Homelessness and the UK Drug Policy Commission shows that, despite common perceptions, many homeless people and those with a history of addiction are highly motivated to work (and most have worked). Their loyalty and commitment is typically very strong. That's because, for them, it is not just a job but a real indication that they are getting their lives back on track. A job can provide a new identity, a new social circle and increased self-esteem – in short, a fresh start.

But, as a recent report by the UK Drug Policy Commission showed, two-thirds of employers acknowledge that they would not recruit a reformed drug addict even if they were otherwise suitable for the job. And among those who were willing to consider employing from within this group, there was uncertainty about employing people on medications prescribed as part of drug treatment. Many employers operated an arbitrary "two years drug-free" rule.

I know from our own experience in Barclays that business often needs help to help those who've dropped out of society get back into it through work placements and, better still, through permanent employment. It needs practical support, such as access to training, job coaching and mentoring schemes. But help is available. I know from Barclays and other companies that programmes such as the Business Action on Homelessness "Ready for Work" scheme, and Addaction's work with recovering addicts, can help employers get over the anxiety threshold, and offer sustainable opportunities to people who need help. The "Changing Lives" programme, which is run by Crisis, found paid work for 60% of homeless job seekers on the scheme within one year. And what we've also found is that for our existing employees, there is both motivation and satisfaction in helping disadvantaged people back into work.

The current economic circumstances are tough, and they are distracting. But they will pass. Sustainable business and sustainable communities go hand in hand. It's very clear that business has an important role to play, and it's clear also that our customers expect this of us.

John Varley
Group Chief Executive of Barclays, Chairman of Business Action on Homelessness and President of the Employers' Forum on Disability and the UK Drug Policy Commission
In Guardian.co.uk (5 July 2009)

Comments:

- Because their drugs are illegal, most addicts are forced to spend much of their time finding ways to feed their habit. Most addicts would play an important role in society, holding down good jobs and paying their taxes if their drugs were available legally and from trusted sources. Drug addicts are not bad people. They are good people who are forced to do bad things by a society that criminalises them and forces them to commit crime and do business with criminals.
- As unemployment goes up there is, surely, a plethora of highly skilled, educated people with recent experience in the specific tasks and industries under discussion available to be hired. That availability of good candidates means that active junkies and crooks are a bit behind the curve during a recession. Not a nice thing, but a reality. Throw in the government insistence that everyone have a CRB check as often as possible and they and the homeless might as well not bother. If we wanted to do something about this legalisation (or at least decriminalisation) of drugs would, I agree, be a place to start. But its not going to happen under Gordon Brown, he's hardly a social progressive. Wrong time, wrong government
- I have a question for you Mr Varley! Would you take my criminal record into account if you were interviewing me? My last conviction was over 10 years ago, at the height of my using. I now live an honest life, no stealing, no using, no drinking. Do you believe me? My last conviction was a decade ago but I still have a big rap sheet. I was a full on smack/crack head, very light-fingered. Barclays is a bank. Banks are full of money, lots of temptation. Would you really give someone like me a chance?
- The article is right, once people get wind of someone being an addict the stereotypical prejudices run rife. I have considered myself as being unemployable for years now, being in recovery hasn't really changed the game on the employment front either. I would love to be given a chance doing a half-decent job, and yes I would be as loyal as they come if someone showed me a bit of that sort of love. Funding a crack/heroin habit isn't easy, it requires a lot of determination, the odds are stacked against you in a big way. Getting clean is even harder still, but only the addict knows what sort of a person you have to be to get off the gear. The problem is that prohibition forces the addict to live an underground existence which revolves around crime, scoring, and using. As the years roll by in the

world of the addict the social skills that were learned at school gradually go out of the window and 'normal life' becomes more and more alien to you. I started my using career really young and funded it for the most part through working in construction. As my addictions deepened, however, it became impossible to hold a job down. If, for example, your dealer gets arrested, and that happens quite frequently, the priority is finding an alternative, work pales into insignificance. In the end, the lifestyle that inevitably awaits the addict does not allow for 10 hour shifts at work, the scoring and using becomes the daily grind instead. Them's the breaks.

- I got off the gear a few years ago, but on the work front I am still at a total loss. I wouldn't know how to act in a job interview and don't really know where you go to learn shit like that? I know I would turn up on time every day and work hard if I got a job but every job I ever look at wants loads of experience. Saying 'look I am a recovering addict and that means I am one determined bleep bleep' is never going to wash with any boss. Once you get that label, the addict, it seems like that is your lot. And what really gets me is that half the bosses in this country are probably alcoholics. So who's going to give me a job then?
- Don't make me laugh please. If you have no address you CANNOT get a job. If you have no job you cannot afford drugs. I wonder what research has been done, or what statistics are available on homeless drug addicts who turn to crime to pay for their addiction? I suspect more drug related crime is perpetrated by those who have an address, but no job. First things first. If you wish to employ the homeless, abandon the condition of having an address. They remain unemployable whilst they are homeless.

IN THIS WAR THE DRUGS ARE WINNING

The damage drugs do to our young people grows by the day. We must follow the lead of Sweden and the Netherlands.

Kathy Gyngell's report, *The Phoney War on Drugs*, is long overdue. This comprehensive, pointed piece of work encapsulates in words what grassroots inner-city organisations deal with as an everyday reality. I am well aware of the pitfalls of seeking to compare two epochs of time; having said this, it is my experience that the prevalence and availability of drugs are greater now than ever before. They are also more than ever before eroding our quality of life and limiting the life choices of so many of our young people.

I was recently on a trip with several of our young men and sat upstairs on a bus on our way from Ilford to Stratford in east London. During this 20-minute journey, between 4pm and 5pm on a weekday, I witnessed boys as young as 12 or 13 offering skunk cannabis for sale to all and sundry including myself.

Following this I did a survey of more than 100 boys aged 13-19. I discovered that 40% of them regularly use drugs, and of the remainder, 20% use drugs at least once a month. There were eight so-called dealers among this number, and of these five had serious thoughts of making it a career. I know of at least three schools in the London borough of Newham that are places of distribution. For many of our young people the only way they can get through the afternoon grind is with a spliff.

Boys from my community state that drug use (and abuse) is at the heart of violence and other forms of disorder. The use of drugs among those in their early teens (and sometimes younger) is a most alarming feature. Against this backdrop our overlords at Westminster claim to be making progress, that the war on drugs is one that "we are winning". While I accept that on occasions and in some places there is progress, that there are many battles that constitute a war – from my perspective we are certainly not winning. My staff team and I visited two pupil referral units earlier this year. These provide alternative education for disaffected and excluded students. I was able to sit down with a dozen or so young people in each establishment, and in each place there was a discussion on sex and drugs. In each of these groups there was not one person who did not regularly use cannabis, and sometimes worse.

Their stories of drug usage were harrowing. Testimonies of hallucinations and mental destabilisation were common. Several of them stated that cannabis was merely a starting point. In each case access to drugs was easy, and many were prepared to do anything to find the resources to continue their habit. I spoke to one young man, aged 13, who has made a lifestyle choice regarding his career and future ambitions. He has chosen to live on the edge. Each day is a game of Russian roulette. Selling drugs "for the olders" brings economic benefits and social status. One day he hopes to have his own distribution network.

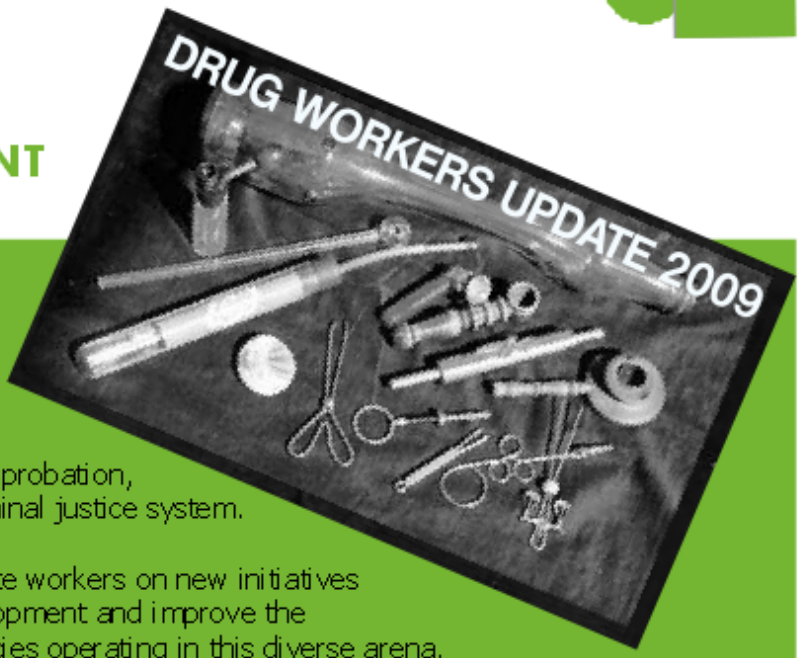
That things have got this bad is at least partly the fault of government policy. But something can be done, as Gyngell's report for the Centre for Policy Studies shows. The first step is to abandon the government's harm-reduction approach and to follow the example of Sweden and the Netherlands. In those two countries, a combination of strong enforcement and decent rehabilitation for addicts is showing remarkable success in reducing the damage down by the dreadful scourge of drugs. It is time for us to do the same.

Ray Lewis
Guardian.co.uk (18 May 2009)
'The Phoney War on Drugs' is downloadable from www.ukdrugworkersforum.org

UKDWF CONFERENCE

13-14 October 2009
Park Inn Hotel, York

POLICY IN PRACTICE: ACHIEVING POSITIVE CLIENT OUTCOMES



This event is aimed at all practitioners involved in drugs service provision including drug service agencies, drug action teams, police, social workers, youth offending teams, youth justice teams, health service workers, prison workers, community safety, probation, the voluntary sector, education and the criminal justice system.

The purpose of this annual event is to update workers on new initiatives in this field, enhance worker personal development and improve the effectiveness of partnerships between agencies operating in this diverse arena.

With the emphasis on '**positive client outcomes**', this event offers inspirational presentations from policy makers and leaders, motivating and thought provoking workshops and debates based on current hot topics, all designed to educate, inform, share knowledge and experience and promote discussion and collaboration between the different sectors. There will also be an exhibition of products and services, film shows and ample networking opportunity to meet old friends and make new acquaintances.

Topics include (amongst others):

Drug Strategy Review, The Family Role in Recovery, Alcohol Arrest Referral, The Changing Role of the Drug Worker, Methamphetamine Use, 'Speed' in Sport Education to Employment, Harm Reduction and Abstinence, Diversity, Experiences from Europe, Bridging the Gaps Between Prison and Community, Sport as an Intervention, & others

Booking:

To register your interest and request a full programme, email us at:

info@ukdrugworkersforum.org.

Or telephone: **01904 898069.**

The full programme and booking form will be downloadable soon from our website (details below).

Discounts available for group bookings and early payment.

2009 Conference of the UK Drug Workers Forum
www.ukdrugworkersforum.org
Tel: 01904 898069
Email: info@ukdrugworkersforum.org

EVENTS

- **Alcohol and the Adolescent: Addressing the Binge Society**
  8 September 2009, London. Organised by the Royal Society of Medicine.
  Contact: 020 7290 2900, www.rsm.ac.uk/academ/alcohol09.php

- **Nacro's 9th Annual Mental Health and Crime Conference**
  9-10 September 2009, Loughborough University. Exploring the theme of ensuring effective and appropriate outcomes for offenders with mental health needs and how this can impact on re-offending and reducing social exclusion and providing examples of practical initiatives as well as setting out a policy and strategic framework. Organised by Nacro. **Contact:** events@nacro.org.uk, tel: 020 7840 7219, www.nacro.org.uk/about/diary.htm

- **UK Drug Workers Forum Annual National Conference 2009 'Policy in Practice: Achieving Positive Client Outcomes' - 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

- **Society for the Study of Addiction Annual Symposium 2009**
  Theme: Service-user involvement young people and families. What does the AERC do?
  12-13 November 2009, York. **Contact:** www.addiction-ssa.org

JOBS

- **COMPLIMENTARY THERAPIST COORDINATOR, £25,109 - £28,478**
  CRI, London Boroughs of Islington and Haringey, London
  New post to expand our complimentary therapy service delivery within a substance misuse setting. Preferably with experience of body acupuncture and shiatsu, however other therapies will be considered. Role includes recruitment and supervision of volunteer complimentary therapist and and the development of integrating these services into current services to ensure a holistic approach. **Closing date:** 18 July 2009. **Electronic application only:** http://www.cri.org.uk

- **CLIENT SERVICES MANAGER, £30,000 + PER ANNUM**
  Broadway Treatment Centre for Addiction, London
  To manage and further develop its non-medical treatment services including residential first, second and third stage stages and non-residential aftercare, outpatients, parenting classes, family and recovery renewal programmes. **Closing date:** 24 July 2009
  Application form and full job description: Tel: 01934 812319, Email: mailbox@broadwaylodge.org.uk

- **NDTMS DATA QUALITY OFFICERS (2 POSTS), £24,152 - £28,839**
  Liverpool John Moores University
  Responsible for ensuring the quality of structured drug treatment related information collected and submitted by prison based teams across England. Working with a wide range of stakeholders including CARAT and prison healthcare teams as well as regional and national Home Office and National Treatment Agency representatives. You will visit prison teams and deliver training sessions, should have completed a postgraduate degree in a criminal justice or health related topic or have relevant experience in a related criminal justice or public health field.
  Closing date: 27 July 2009. **Further details and application pack:** Tel: 0151 231 3166 or email: jobs@ljmu.ac.uk