

THE EXPERIENCE

Newsletter of The UK Drug Workers Forum

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From the UKDWF Board



Hi All,

We hope you are enjoying the summer and have managed to have a break from your busy schedules.

The UKDWF Board has been busy producing the programme for this year's Annual National Conference. This year the event will move away from York to the Moorside Grange Hotel and Spa, located on the edge of the Peak District National Park. The hotel offers better rates which enables us to pass on savings to delegates and is situated with easy access by motorway, rail and air. It offers fabulous leisure facilities including pool, squash courts, fully equipped gym and of course fantastic access to the surrounding countryside.

The focus for this year's conference will be on changes to drug treatment delivery following the new government's revised strategy and how this will affect drug workers roles and working practices in collaboration with other agencies involved. The event also features two debate sessions with a panel of representatives from policy leaders, service users and service providers and allows the opportunity for workers to input their views, questions and discussion about the changes to be implemented.

An overview of the conference programme is contained in this issue. Booking forms can be downloaded from: www.ukdrugworkersforum.org.

We look forward to seeing you at the Annual Conference in October,
The UKDWF Board & Management Team

UKDWF SEEKING ADDITIONAL BOARD MEMBERS

Anyone interested in finding out more about the work of the Forum and how you can get involved as a Board Member should come along to the AGM or download a nomination pack from the website – www.ukdrugworkersforum.org

The UKDWF Board of Trustees (2009-10):

Mick Fowler (Chair), Loretta Johnson (Vice-Chair), Nigel Atkin (Treasurer), Nadeem Mirza (Board Member), Stephen Ryan (Board Member)

Office: Gill Kennedy - info@ukdrugworkersforum.org
Tel: 01904 898069 - Fax: 01904 898715

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

Date for your diary:

**UKDWF 2010
13-14 October**

(Moorside Grange Hotel, Stockport)

NTA –Business Plan 2010-2011

Over the course of the next year the NTA will be seeking to refocus the drug treatment system in England on delivering sustained recovery and demonstrating transparent outcomes, while consistently providing more for less. Ministers have approved an NTA business plan for 2010-11 that reflects the priorities of the government, the commitments in the coalition agreement, and the financial constraints facing the taxpayer. The new direction of travel follows the announcement that from April 2012 the NTA will cease to be a separate organisation and its functions will be transferred into the proposed new Public Health Service. Further details about how the Public Health Service will operate are expected to be set out in a White Paper on public health later this year. At the same time the government is reviewing the Drug Strategy, and is expected to set out its distinctive vision after the outcome of the comprehensive spending review in the autumn.

Meanwhile, the NTA has been given a clear mandate to ensure that successful completion and rehabilitation is an achievable aspiration for the majority of individuals in treatment, while continuing to provide the substantial crime reduction and health benefits that treatment currently brings to communities. Key themes of the Plan include: improving outcomes for those in treatment; providing better value for money from central investment; championing abstinence-focussed treatment; and rebalancing the system to ensure a consistent approach to commissioning community and residential rehabilitation. These objectives will be reflected in an explicitly recovery-oriented blueprint for the treatment system to replace the current framework, Models of Care for Treatment of Adult Drug Misusers, last updated in 2006.

The NTA will be consulting with clinicians, practitioners and providers to ensure that any changes are underpinned by the latest evidence and best practice. For example, to help make the treatment system more dynamic, Prof John Strang of the National Addiction Centre has kindly agreed to chair an expert group to develop new clinical protocols for substitute prescribing in the community. This is to ensure service users do not drift into long-term maintenance prescribing by default, without sufficient effort being made to promote beneficial change in their lives.

Dr David Best of the University of the West of Scotland will be working with the expert group to segment the treatment population in a way that enables commissioners and providers to signpost clients towards the right package of care-planned treatment to promote their recovery.

More Effective Treatments to Help Users Quit Drugs

Providers of drug treatment services must be clear from now on that the long-term ambition for addicts seeking help is successful rehabilitation, under plans set out by National Treatment Agency for Substance Misuse. The body charged by the government with delivering drug treatment in England has launched an ambitious new blueprint to move people as quickly and safely as possible through treatment to recovery and re-integration in their local community.

The NTA also announced the involvement of two leading addiction experts, Prof John Strang of the National Addiction Centre and Dr David Best of the University of the West of Scotland, who will be developing key strands of the new proposals.

Chief Executive of the NTA Paul Hayes said: "With the long-term future of drug treatment assured within the new Public Health Service after 2012, the NTA intends to get on with our core business. Working with partners in drug treatment, health, councils, police, prisons, probation and social services, our focus will be on sustained recovery, demonstrable outcomes and providing better services for less money. "We will consult widely with clinicians, practitioners and providers to identify improvements to be made to treatments which are underpinned by the latest evidence and best practice. The intention is to ensure service users do not drift into inappropriate, long-term maintenance prescribing by default without sufficient effort being made to promote positive change and long-term recovery in their lives."

Prof Strang, who will chair an expert group to develop new clinical protocols for substitute prescribing in the community, said: "I am pleased to be involved with creating a more dynamic treatment system so that those with addiction problems can be helped in the best ways possible for their individual circumstances and personal aspirations. For some individuals, the

best treatment will include the prescribing of substitute medications, while for others this may be inappropriate or unnecessary. In all instances, the objective is to enable the individual to achieve their full personal recovery, and the challenge for the expert group will be to develop clinical protocols to guide clinicians and agencies to help individuals make progress towards this objective.“ Dr Best’s contribution to the work of the expert group will focus on ways to segment the treatment population to enable commissioners and providers to direct users towards tailor made programmes which encourage them to take ownership of their own future to achieve independence and recovery from addiction. He said: “We aim to produce evidence-based guidance on typical pathways to recovery and the characteristics of the recovery journeys that are undertaken by clients in this country. That will enable us to match treatment and supporting services much more closely to the users who will benefit from them.” The key themes of the NTA 2010/11 Business Plan, which has been signed off by government ministers, are:

- Improving outcomes for those in treatment;
- Providing better value for money from central investment;
- Championing abstinence-focussed treatment;
- Re-balancing the system to ensure a consistent approach to commissioning community and residential rehabilitaton;
- A new recovery-oriented blueprint for the treatment system to replace the current framework, Models of Care for Treatment of Adult Drug Misusers, last updated in 2006.
- Consultation with clinicians, practitioners and providers to ensure that any changes are underpinned by the latest evidence and best practice.

The new direction of travel follows the announcement that the NTA will continue as a separate organisation until 2012 when its functions will be transferred into the proposed new Public Health Service.

Further details about how the Public Health Service will operate are expected to be set out in a White Paper on public health later this year. At the same time the government is reviewing the Drug Strategy, and is expected to set out its distinctive vision after the outcome of the comprehensive spending review in the autumn.

Source: www.nta-nhs.org.uk

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

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theseus CJ
Case load management for Criminal Justice workers.

theseus CC
Used where multiple agencies need to access information about clients and their case workers.

UKDWF ANNUAL NATIONAL CONFERENCE 2010

The 2010 Annual National Conference of the UK Drug Workers Forum will be held as follows:

13-14 October 2010
Best Western Moorside Grange Hotel, Stockport



Within easy reach of motorway, rail and air networks, this hotel is situated on the edge of the Peak District National Park with outstanding views over the Cheshire countryside, yet just a two-minute drive from the nearby village of Disley with rail links into Manchester city centre and 30 minutes drive from Manchester airport. The hotel has the benefit of free car parking and has also offered the UKDWF a very competitive rate allowing the UKDWF to **reduce delegate fees** for this year's event.

The Conference

Aimed at all practitioners involved in the frontline provision of drug services, this event will update workers on new initiatives, provide opportunity for discussion and information sharing, as well as support and promote personal development enabling improved performance and more effective partnerships within the diverse range of agencies operating in this field.



With emphasis on a **'coalition between all agencies involved in achieving recovery for the drug using client and the challenges and changes facing drug workers today'**, the event offers inspirational presentations from policy makers and leaders, motivating and thought-provoking workshops and debates, with the aim of educating, sharing knowledge and experience and encouraging discussion, debate and collaboration between those sectors providing treatment and support to the service user.

Who Should Attend?

Frontline drug workers from agencies, drug action teams, police, social workers, youth offending teams, youth justice teams, health services, prison workers, community safety, probation, voluntary sector, family services, education, employment, criminal justice agencies, treatment providers, service users in fact, anyone involved in the process of achieving recovery for our clients.

Why Should You Attend?

Following this year's General Election and the formation of the new government, a major shake-up is underway for the delivery of alcohol and drug treatment services. The NTA, destined to be transferred into the new Public Health Service will shortly embark upon an 'ambitious programme for change' to facilitate recovery from addiction by addressing all the issues and obstacles faced by drug using clients on their path to recovery. Drug treatment remains a high priority on the government's agenda, but change is inevitable and that means many new challenges for drug workers ahead.

This event will not only educate and inform delegates on proposed new policy, initiatives and practice but will also provide an opportunity to question, debate and contribute experience to the continuing debate about what makes an effective service and how we can make the challenges of today become the successes of tomorrow.

FEES LOWER THAN 2009!
Prize Draw for delegates!
Essential for updates on current practice and thinking!
Opportunity to have your say!
Discounts for early payment and Group Bookings!

DRAFT CONFERENCE PROGRAMME

Wednesday, 13 October

- 10.30-11.40 **Session 1**
 Opening and Welcome to the Conference by the Chair
Paths to Recovery - Changes and Challenges Ahead
What can be Learnt from our European Partners?
Service Modernisation and Impacts on Recovery
- 11.40-12.00 Coffee and Exhibition
- 12.10-13.00 **DEBATE - Measures of Success: What are They? How are they Achieved?**
 Questions, Debate and Discussion
- 13.00-14.00 Lunch and Exhibition
- 14.00-15.10 **WORKSHOP SESSION 1** (choose one of the following three options)
1 - Alcohol Services for Women
2 - Improving Services for Ethnic Minorities
3 - Safeguarding and Family Interventions
- 15.15-15.45 Tea and Exhibition
- 15.50-17.00 **WORKSHOP SESSION 2** (choose one of the following three options)
4 - Prevention Better than Cure: The Role of Community Support
5 - Young People: Party Drugs and Legal Highs
6 - The Changing Needs of Service Users
- 17.10-17.30 UK Drug Workers Forum Annual General Meeting

Thursday, 14 October

- 09.30-10.40 **Session 2**
 Welcome to Day 2 by the Chair
Family Interventions and Impact for Recovery
Essential Components of Drug Services and the Way Forward for Workers
The Recovery Agenda in Prison Service and Community
- 10.40-11.00 Coffee and Exhibition
- 11.10-12.00 **DEBATE - What Really Works for Recovery?**
 Questions, Debate and Discussion
- 12.00-13.00 Lunch and Exhibition
- 13.00-14.10 **WORKSHOP SESSION 3**
 Options - as Session 1
- 14.15-14.45 Tea and Exhibition
- 14.50-16.00 **WORKSHOP SESSION 4**
 Options - as Session 2
- 16.00-16.20 Questions, Closing Remarks and Prize Draw

FEES:	Members	Non-Members	Service Users
Full residential booking including 2 nights at hotel	£475	£525	£375
Full residential booking including 1 night at hotel	£400	£450	£300
One-Day Attendance	£160	£190	£110

Download booking form from: www.ukdrugworkersforum.org

'Legal high' Naphyrone to be a Class B drug

Naphyrone (often called 'NRG1') and its related compounds will become Class B drugs from Friday July 23, 2010. The drug, which has no known legitimate use, will be banned under the Misuse of Drugs Act 1971. The legislation includes a generic definition to prevent unscrupulous drug manufacturers tweaking the chemical structure in an attempt to get around the law.

Home Office minister's statement

Minister for Crime Prevention James Brokenshire said: 'The government is deeply concerned about the use of "legal highs" which is why we took swift action to ban this new drug. 'There is also clear evidence that just because a substance advertised as a "legal" high does not mean this is the case. Anyone buying a legal high is putting their health at risk and could be committing a criminal offence.'

Penalties and rules on importing naphyrone

Class B drugs carry a maximum penalty of five years in prison for possession and 14 years in prison for supply, alongside an unlimited fine. The import of naphyrone and its related compounds have already been banned and UKBA have detained 3.5 kg of the suspected substances since the ban came into force on 7 July. The control of these substances follows advice from the Advisory Council on the Misuse of Drugs (ACMD) on 7 July 2010. The ACMD continue to look at the use of so called 'legal highs' as a priority. Following receipt of ACMD advice on naphyrone on 7 July it was subjected to an immediate importation ban. This allowed the UK Border Agency to seize and destroy naphyrone and certain related compounds under the Open General Import Licence where it is imported without a licence. The legislation will include generic compounds to prevent suppliers easily switching to new versions of the substance. The substances will be banned under the Misuse of Drugs Act 1971 as Class B drugs.

Source: www.drugs.gov.uk

Call for Drugs Decriminalisation

Leading doctor, Professor Sir Ian Gilmore has advised the Government to consider decriminalising drugs as he thinks the blanket ban has failed to cut crime or improve health. The call comes as chief police officers report a doubling in cases of homegrown cannabis. A report by the Association of Chief Police Officers (Acpo) said the amount of cannabis being grown in the UK is at its highest ever level. Commander Allan Gibson, Acpo's lead on tackling cannabis cultivation, told Sky News pressure must remain on drug growers. "This is organised crime, it's getting involved in what they see is lucrative business," he said.

"We need to make sure the risks to them are great - that they're being found out and they're crops are being taken away from them, but also the risk of going to prison and having their assets taken away from them." But Professor Sir Ian Gilmore, a former president of the Royal College of Physicians, said drug laws should be "reconsidered with a view to decriminalising illicit drugs use". He said: "The problem is that this policy we have had for 40 years of saying that we do not want drugs in society just isn't working.

"We cannot stop production from overseas and we cannot stop importation, but we can start treating heroin addiction as a medical condition." "We see people in hospitals every day who are suffering not from heroin but from dirty needles, from impure supplies of the drug". "There has been some really successful projects providing, not every addict, but the hard end of the spectrum - so to speak - with clean heroin under controlled conditions. It improves health, it gets them off of heroin and it stops the crime, it stops them stealing to feed the habit." Sir Ian conceded decriminalisation was a "difficult word" but added he was in favour of looking at a regulatory framework for illicit drugs rather than blanket prohibition.

Similar calls for reform of the UK's drugs laws last month were criticised by some politicians and campaigners. Keith Vaz, chairman of the House of Commons Home Affairs Select Committee, said the legalisation of drugs "would simply create the mistaken impression that these substances are not harmful, when in fact this is far from the truth".

Sir Ian said: "I don't think anybody thinks heroin is not harmful - far from it." The doctor added that evidence showed decriminalising heroin or other drugs "doesn't increase the number of drug users". The aim was one of "helping people with addiction problems, rather than putting them in prison".

Nicholas Green QC, chairman of the UK Bar Council, said: "A growing body of comparative evidence suggests that decriminalising personal use can have positive consequences. "It can free up huge amounts of police resources, reduce crime and recidivism and improve public health. "All this can be achieved without any overall increase in drug usage. If this is so, then it would be rational to follow suit."

The Acpo report found in just two years, the number of homegrown cannabis production bases has doubled. They were most common in urban areas such as Manchester, Birmingham and London - but West Yorkshire is where the most factories have been found. Figures for 2009/10 showed 896 illegal commercial growing sites were found in the West Yorkshire Police area, compared to 368 in 2007/08. The Acpo report suggests the reasons behind the surge are twofold. Firstly, more organised gangs are opening up new premises and secondly, there is better police detection. Ordinary-looking homes are used by criminals, but research also shows industrial and commercial premises along with farm buildings are now being used to grow cannabis.

The drug was reclassified from class C to class B in 2009, the publicity led to better awareness in communities and in turn led to police receiving more intelligence from the public. Commander Gibson said: "There's no complacency here. We recognise it's now spread to all force areas in the United Kingdom. "We're going to keep our foot on the pedal and we're going to make sure we gather the best intelligence. "We want to make sure we not just closing down the gardeners but the people behind them. "We're getting better at covert operations targetting them so they need to realise they are not safe in this business."

Last month, former drugs adviser Professor David Nutt said the UK needed a radical new approach to drugs laws, which may include the regulated sale of some substances. He added that he believed the criminal approach to drugs has failed spectacularly. However, there was a reluctance to change because most politicians were scared of losing votes if they were to tell the truth about the failed drug policy. Professor Nutt was fired by the Labour government after saying ecstasy was less harmful than alcohol.

A Home Office spokesman said: "Drugs such as heroin, cocaine and cannabis are extremely harmful and can cause misery to communities across the country. "The Government does not believe that decriminalisation is the right approach. "Our priorities are clear: we want to reduce drug use, crack down on drug-related crime and disorder and help addicts come off drugs for good."

Source: Sky News

Decriminalisation – the wrong approach

The Home Office has restated its position on drugs, after the outgoing president of the Royal College of Physicians called for a review of the law.

Drugs cause misery

Responding to Sir Ian's comments, a Home Office spokesperson said: 'Drugs such as heroin, cocaine and cannabis are extremely harmful and can cause misery to communities across the country. 'The government does not believe that decriminalisation is the right approach. Our priorities are clear; we want to reduce drug use, crack down on drug related crime and disorder and help addicts come off drugs for good.'

Source: www.drugs.gov.uk



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EVENTS

- **Social Work and Substance Misuse Conference**
23 September 2010, London
This collaborative event, organised by the Tilda Goldberg Centre for Research in Social Work and Social Care at the University of Bedfordshire, includes expert speakers from the fields of Social Work and Substance Use. There will be plenary presentations and interactive workshops including the following topics: what does the evidence say; working with children, parents and family members; Domestic violence; Mental health, Older alcohol users; Hep C and HIV; service user involvement; Adolescent substance use; Family drug and alcohol courts; Supervising social workers in drug and alcohol work, working partnership with specialist services.
Contact: Tel: 01582 743427, Fax: 01582 743918, Email: kerry.lapworth@beds.ac.uk
- **National Conference on Injecting Drug Use**
7-8 October, 2010, Newcastle
A packed and varied programme with over 30 parallel sessions, meetings, poster presentations and films to inform practice, disseminate research, explore policy and develop skills.
Contact: Tel 01305 262244, www.exchangesupplies.org
- **UKDWF 2010 – A Coalition for Recovery**
13-14 October 2010, Moorside Grange Hotel, Nr.Stockport
See Page 4 for further information

JOBS

- **ADDICTION COUNSELLOR, region of £24,000**
Castle Craig Hospital, Edinburgh
Located in the Scottish countryside close to Edinburgh an Addiction Counsellor is required to join the therapy team at Castle Craig Hospital, a leading 12 step addiction treatment centre.
Duties include providing individual, group and family therapy for patients with alcohol and drug dependence. Successful candidates will also be expected to act as case managers for patients, coordinating all aspects of care for each patient including developing individualised treatment plans and follow-up referral sources.
A degree or diploma in counselling, psychology or nursing is preferable. Experience in the 12 Step/Minnesota Model is required. Further training opportunities are provided. Temporary accommodation available if necessary. Applications by letter and full CV to: Mary McCann, Governance Assistant Manager, Castle Craig Hospital, West Linton, Peeblesshire, EH46 7DH. **Email to:** m.mccann@castlecraig.co.uk. www.castlecraig.co.uk
Closing date: 1 October 2010.
- **DRUG WORKER, £18,732 – 21,542, Part-Time**
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Closing date: 3 September 2010. Quote reference 10/08/999. Interviews: W/C 13th September 2010
Application form: www.phoenix-futures.org.uk