

# eATA e-bulletin

TREATING ADDICTIONS  
TRANSFORMING LIVES

## Chief Executives' Update

I returned refreshed and relaxed from a welcome couple of weeks off at the beginning of September to a busy programme of Recovery Conferences, member visits and the first meeting of the eATA residential rehab working group at the beginning of September, all of which feature in more detail later in this e-bulletin.

What has really struck me at the conferences I have attended in the past few weeks is the very real emergence of a grass roots recovery movement in the UK, which is accompanied by a coming together across traditional divides to under the unifying banner of recovery.

During an extended trip to Scotland I visited Castle Craig, who have a long association with eATA and were one of its founding members, and also Lothian and Edinburgh Abstinence Programme, a very impressive NHS run community rehab run by Dr David McCartney – it really would be great to see more of this type of service being run by the NHS. I met with Scottish Government Drug Policy Officials who were keen to explore the potential to work more closely with eATA in future. What particularly struck me during my visit was the need to develop a tailored membership offer for services that operate in the devolved administrations, ideally supported by a membership officer based in the locality. I will be therefore giving close consideration in the coming months as to how such an offer could be developed and funding secured.

## IMPORTANT UPDATES

- ❖ **Welcome New Members**  
Thank you for joining the Association & being dedicated to the fight against addiction.
  - ODAAT
  - Rehab TLC
  - Chy-Colom Addaction
  - Acorn
  - Aly Mohamed
  - Green Apple Consulting Limited
- ❖ **New & Current Members:** Please fill out and/or update your info on our online directory form:  
<http://www.eata.org.uk/eata-directory/submit-entry/>
- ❖ On **Wednesday November 23d** eATA will be hosting a round-table discussion for providers and commissioners in the South West. For more information please contact [volunteer1@eata.org.uk](mailto:volunteer1@eata.org.uk)

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## eATA Residential Rehab Working Group

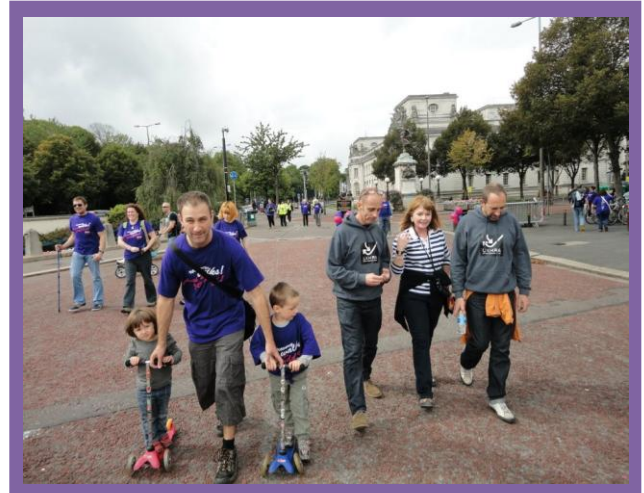
The first meeting of the eATA residential rehab group took place in London on 29<sup>th</sup> September, with many thanks to Phoenix Futures for letting us use their boardroom. The meeting was well attended, and the discussion constructive and wide ranging.

Members agreed that the key aims of the group would be to work together collectively to secure and sustain the future of the residential rehab sector. This would be done through clear, unified and constructive representation to Government, NTA and, primarily, service commissioners. Communications would emphasise the benefits of rehab, with added resonance being given through the empowering people in recovery to allow their voices to be heard both nationally and locally.

It was agreed that the group would develop a number of workstreams on: evidence, data and research; identification and understanding of good and poor practice in commissioning; communication and stakeholder engagement; and capacity building for small organisations through identification and sharing of best practice. The next meeting of the group will be in November, with new members welcome.

It should also be noted eATA are also engaged in discussions with the NTA about research they want to carry out into the effectiveness of residential rehab. Details on this will be coming round to members shortly, alongside a consultation as to what exactly the key research questions ought to be.

## UK Recovery Walk



Chief Executive Collin Wilkie-Jones at the UK Recovery Walk with his two children, Iris and Finlay.

A personal highlight for me in September was when my family and I, along with 1500 others, had the privilege of taking part in the 3<sup>rd</sup> annual UK Recovery Walk in Cardiff on Saturday 10<sup>th</sup> September. Led by a samba band, we paraded through the streets of Cardiff, united in a colourful celebration of recovery that was impossible to ignore. After the walk there were speeches, with the most powerful being the spontaneous sharing of personal recovery experiences during an open mic session.

What was striking about this year's event was that during September, the National Walk was, for the first time, complimented by quite a number of smaller events celebrating recovery across the country, from Bournemouth, to Oxford, Barnsley, Blackburn and beyond. Wouldn't it be great, as these events grow in number each year, if we reach a point where, in every town and city in the UK each September, there is a visible and contagious celebration of recovery?

## UK Recovery Federation Summit



Chief Executive Collin Wilkie-Jones

The day before the walk, I attended the UKRF summit in Cardiff, where I gave a [presentation](#) looking at the key components of a Recovery Orientated System, and how these might be implemented. The key message from the conference was the need to be accepting of the fact there are many pathways to recovery, with the trick to be united by the things they have in common, and to celebrate their differences, as opposed to being divided by them.

I was particularly struck by a presentation given by Professor Keith Humphreys in which he extrapolated some lessons from the US experience for the development of fledging UK recovery movement. Two quotes that resonated with me were a tendency for recovery activists 'to circle their wagons when they feel threatened, in a manner reminiscent of early American settlers, and then turn their guns inwards on themselves, as opposed to facing them outwards to confront the enemy', in so doing, demonstrating an uncanny ability to 'snatch defeat from the jaws of victory'. We will do well to learn from the pitfalls that befell the US movement, as it would seem to me that we are in danger of succumbing to many of them. I will write more on this once I have been able to get a copy of Keith's presentation and digest it fully.

Carol McDaid, the outgoing president of Faces and Voices of Recovery in the US spoke about the work they do. She gave a particular example of lobbying by recovery activists in the state that had resulted in a clause being inserted into President Obama's healthcare bill that gave the right to people without health insurance to get access to addiction treatment for the first time. Listening to Carol made me realise the potential to use activism by people in recovery to advocate for change both locally and nationally in the UK, something we don't do enough of in any co-ordinated way at the moment. I would strongly recommend that you check out FAVORs website if you are not already familiar with them <http://www.facesandvoicesofrecovery.org/>, as they do some great things in terms of grass roots recovery advocacy and sharing the message that 'recovery is a reality

Neil Hunt from the UK Harm Reduction Alliance spoke about the fact that the principles of harm reduction and those that underpin recovery are almost entirely aligned and complimentary, with harm reduction having a key role to play in any recovery oriented system. On sharing his presentation I really began to get a sense that the tectonic plates are beginning to shift in the sector. John Strang also spoke, giving his support and commitment to the recovery movement and sharing his thoughts on how medication could and should play its part. It was really nice to see John engaging with what will be quite a different audience to the ones he is used to, and sharing something of himself and his reasons for being involved in the addictions field.

## Addiction Debates

During an extended trip to Scotland this month I attended the addiction debates that were held in Glasgow and Edinburgh between our own Prof. Neil McKegany and Dr Stanton Peele from the US, who came together to discuss "The Future of Harm Reduction and Drug Prevention in the UK".

Neil took what I would regard as a very classical approach to the debate, using the well rehearsed argument that there was too much harm reduction and methadone maintenance in the UK and not enough people leaving treatment drug free.

Stanton, in his own unique style, argued against the precept that addiction was a disease, but was instead a learned behaviour from which the majority of people recovered naturally over time and, in so doing, were able to continue drinking and using drugs in a controlled manner. As a consequence, he had a particular problem with 12 Step mutual aid/treatment being the dominant paradigm in the US.

However, at the same time, he agreed with Neil that maintenance as an end in itself was not an acceptable treatment outcome. Stanton was however a big advocate of using recovery capital as a basis for helping people beat their addictions, and recognised the need for interventions to be tailored to the needs of the individual, which in many instances might legitimately result in abstinence being the chosen pathway.

Whilst the event was interesting intellectual knockabout, I left wondering how relevant it actually was in the context of the current position in the UK. Not least because my feeling is that, not before time, we are finally moving on from what I regard to be a tired and sterile argument about harm reduction vs abstinence to an acceptance that both have mutually complimentary roles to play in the unifying paradigm that is 'recovery'.

What really struck me though was the need for moderation in all things, and a balanced system as, in essence, both parties were arguing against treatment cultures that were dominated by modalities at opposite ends of the harm reduction/abstinence spectrum. Had they both grown up with systems that respected the choices and needs of the individual, and accepted the existence of many recovery pathways, as we are aspiring to do in the UK, I think the discourse might have been very different.

## Recovery Academy Conference

The Recovery Academy is a coalition of individuals committed to demonstrating recovery from addiction and to mapping the resulting growth and transformation in individuals and communities. In late September, it held its second conference in Edinburgh.

George de Leon who shared with us his thoughts on the contribution therapeutic communities make to the wider recovery agenda, including a model that depicts recovery as a change process which I think is particularly useful – I will write more about this in a future newsletter.

David Best reminded us that recovery is contagious and that local recovery networks are very important in spreading it. He also shared some early findings from some work he has been doing on the development of a Recovery Outcomes Star, which looked quite promising in terms of helping us measure progress in embedding it in our systems. Rebecca Daddow from the RSA shared the service user-led work they have been doing on Whole Person Recovery in West Sussex. Of note was a film they have done to raise awareness of substance misuse issues amongst GPs, the piloting of personal budgets and a scheme called 'Small Sparks' which gives access

## Co-Design Group Update.

to small amounts of money to recovery groups or individuals to cover small items of recovery-related expenditure. It should be noted that 'Small Sparks' is not actually particular to the RSA pilot, but is a scheme run by many local authorities and is worth bearing in mind if you ever need to fund small items of expenditure (such as travel to interview costs or room hire) for service users or local recovery groups. Of particular interest was some work they have been doing to develop websites to enable people to share personal recovery stories and information about services and also the notion of 'Recovery Time Banking'.

Of interest in the afternoon, was a presentation by LEAP, the only NHS rehab in Great Britain, that shared early findings of an outcomes study that Figure 8 Consulting had done on their behalf. This work involved tracking and assessing individuals progress and various time points over a two year period, and clearly showed that the service had made positive changes in clients, in particular in terms of reducing drug using behaviour and criminal activity. I am going to follow this up with LEAP as I wonder if it has the potential to be replicated fairly easily for other services in England.

### Staff and Board Update

We welcome a new volunteer intern, Wendy Granados, who hails from Las Vegas where she has seen firsthand the devastating impact addiction can have on her friends and community. Wendy is with us until Christmas, and has already been out to visit a quite a few providers to learn how we do addiction treatment in the UK. We also welcome as our latest addition to the eATA board Angie Clarke, one of the Directors of Somewhere House, a small but perfectly formed rehab in Burnham on Sea in Somerset.

On Monday 12<sup>th</sup> September I travelled up to Leeds for the latest meeting of the co-design group for the recovery payment by results pilots. The meeting was again well attended and chaired by Sara Mason from the Department for Health.

The meeting included an update on the outcome criteria; further discussion on the role of LASARS and presentations from two of the pilot areas on the models they were using going forward. We then learnt the latest on the data modelling and the Work Programme.

### LASARS

We would be interested in hearing your thoughts on LASARS and whether you feel is practical to have a truly independent body to assess clients. In theory LASARS will be completely independent from the commissioner and the provider. This would mean only providers who aren't currently contracted to provide services can bid for the LASAR contract. The issue then lies with whether you could then restrict the LASAR provider from bidding for services going forward. Feedback from service users so far indicates that an independent LASAR is important for trust and confidence in the system. The various pilots are approaching the LASAR question from different angles and it will be interesting how these progress going forward.

## Work Programme

We heard further thoughts on the work programme and we are keen to hear members' thoughts on how treatment providers can link up with work programme providers to ensure employment outcomes are successful and partnership work can be advantageous for service users in their path to recovery.

The minutes from the August Co-Design meeting can now be found on the [DH website](#).

The next meeting of the Co-Design group is the 10<sup>th</sup> October and we will feed back in the November e-bulletin.

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For any questions please contact Katie Hill at [katieh@eata.org.uk](mailto:katieh@eata.org.uk) or give her a call 020 7820 8130.



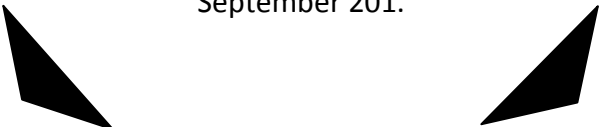
## *Member of the Month*

**Phoenix Futures**

Ending dependency, transforming lives



With grateful thanks for the use of their boardroom, and the provision of tea and coffees, for the first meeting of eATA's residential rehab working group on 29th September 201.



## Sins of Sin City

OCTOBER 2011  
WENDY GRANADOS

Imagine growing up in a city praised for its sinful nature.

A place where prostitution, violence, and drugs are a daily sight.

My name is

Wendy Granados and

I'm from Las Vegas. I was 10 years old the first time I saw a person sniffing glue on the street; 13 when I was exposed to prescription drug abuse; 14 when I was first offered to smoke weed; and 15 when my friends became addicted to methamphetamine (meth).



Imagine growing up in a city praised for its sinful nature. A place where prostitution, violence, and drugs are a daily sight. My name is Wendy Granados and I'm from Las Vegas. I was 10 years old the first time I saw a person sniffing glue on the street; 13 when I was exposed to prescription drug abuse; 14 when I was first offered to smoke weed; and 15 when my friends became addicted to methamphetamine (meth).

Meth is the most commonly used drug in Las Vegas, it is responsible for approximately 90 percent of all drug related crime in the city<sup>1</sup>. Meth's popularity is mainly due to its stimulating properties. This is particularly appealing to those who do not want to sleep and in some cases those who wish to lose weight.



Dawn Gibbons, the Director of Community Relations in Nevada stated that Las Vegas is undergoing a meth addiction epidemic resulting in an influx of addiction treatment patients and criminals that the city may not be equipped to handle. In 2007, she founded the Crystal Darkness Campaign, a program dedicated to the fight against meth. This campaign includes: documentaries, posters, newspaper ads, commercials, and even anti-meth music videos. According to Gibbons, the program has revolutionized the way by which community drug education is delivered.

Although the program is expected to reduce the growing meth epidemic, it is not very effective amongst those already addicted. I have experienced the meth epidemic first hand. Most of my neighborhood friends are addicted to meth, or what they like to call *Tweak*.

This is a common scene in Las Vegas; whether it is a celebrity or a 12 year old school girl, someone is always desperate for another 'hit'. I have watched as the lives of my friends became consumed by meth. Although I constantly encouraged them to seek help, treatment is not always affordable nor easily accessible.

Government funded treatment providers hold a dollar cap and a limit on the number and extent of treatments they can provide. Patients could wait months until an empty bed is made available to them, even then they may not receive the quality of treatment they require.

Although governmental efforts to enforce a standard quality of care regardless of the patient's form of payment have been implemented, whether the policy is adhered to is often questioned.

Realistically, the amount of funding needed for proper rehabilitation is unlikely to be provided. Therefore, educators and policy-makers should place a higher emphasis on drug education. Most schools have taken a blanket approach and simply argue "drugs are bad!" however, increasing drug abuse suggests the way we currently approach drug education lacks efficiency. Proper government funding and innovative methods are needed to keep up with the constantly changing drug world.

The challenge, however, is constructing a program that will present the facts and address the myths, while capturing young people's attention. In Las Vegas, schools are adopting new methods to educate students. For example, educators are bringing in volunteer treatment providers and recovered addicts into the classroom.

The volunteers share their personal stories, providing students an "experienced" voice able to answer any questions they may have. When growing up in an environment like Las Vegas, where drug use is often seen as a requirement for fun and where drugs can be more easily obtained than alcohol, a good education can make a difference.

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<sup>1</sup> The Sordid Secrets of Las Vegas: Over 500 Seedy, Sleazy, and Scandalous ... By Quentin Parker, Paula Munier, Susan Reynold

For any questions please contact Wendy Granados at [volunteer1@eata.org.uk](mailto:volunteer1@eata.org.uk)

## TOP TWEETS

- 🐦 KCA (eATA member) and Blenheim CDP announce new drug & alcohol services in NHS Wandsworth.
- 🐦 Useful chat w Scottish gvt drug policy officials today. Conclusion of scottish trip that eATA could usefully do more work with devolveds.
- 🐦 eATA responds to Paul Hayes letter to The Independent regarding 'Rehab Needs a Fix' article'  
<http://www.eata.org.uk/news/167/78/>

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### *The difference*

*the difference* is an e-magazine for commissioners. The latest issue regarding employment and employability can be found on the eATA website.

[http://www.eata.org.uk/uploads/File/The%20Difference\\_employment%20and%20employability1.pdf](http://www.eata.org.uk/uploads/File/The%20Difference_employment%20and%20employability1.pdf)

## Employment Opportunity

### Stabilisation Services (WDP)

Service Manager - Permanent Location: Hertford and Harlow **£37, 250 - £41, 634 (37.5 hpw)**

Seeking an experienced Service Manager with responsibility over inpatient detoxification units and 2 residential rehabilitation units across two of our sites. Strong communication skills are critical and the ability to liaise with employees at all levels is essential. As well as experience with managing a diverse and multi disciplined team is required.

Closing Date: 14th October 5pm  
Interview Date: TBD

Download the job application form: [www.wdp-drugs.org.uk/jobs](http://www.wdp-drugs.org.uk/jobs)

Please send your completed application form to [jobs@wdp-drugs.org.uk](mailto:jobs@wdp-drugs.org.uk)



The monthly e-bulletin from the European Association for the Treatment of Addiction (eATA) to keep our members up to date on the latest developments and news in the drug and alcohol treatment and aftercare sector. If you have any comments or questions about our articles, don't hesitate to get in touch.

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