

Building bridges

Taking a Greater Manchester training course for would-be drug and alcohol workers has had a remarkable therapeutic effect on former users. Laurie Bullas explains how Bridging the Gap is growing from solid foundations.



An idea born during a meeting of a local drugs strategy group is transforming the lives of former users and has produced a string of new drug and alcohol workers.

The aptly-named Bridging the Gap training programme was introduced in Tameside, Greater Manchester, to help meet the national shortage of such workers. But an unexpected spin-off benefit is its therapeutic effect.

Some students are still in treatment when they start the six-month, part-time course, and some have criminal records. But of the first 55 graduates, a remarkable 34 went to work in the substance misuse field – 17 in paid jobs, 17 as volunteers – and eight others into further education.

This kind of success made Bridging the Gap best in its category and overall winner of the prestigious national Community Care Awards in 2004, in competition with 500 other quality entries. Last year it won a National

Training Award, and it was recently awarded a Certificate of Excellence by the Learning and Skills Council.

Alcohol and Drug Services (ADS) chief executive Elizabeth Smith says: 'This amazing project offers clients the chance to make their change in lifestyle permanent by delivering on two fronts.

'It is an extension of treatment or rehabilitation, and an opportunity for clients to turn their negative experience of addiction into something of value in the jobs market. The completion rate is remarkable. Three-quarters of our students finish the course, which is better than in drug treatment or higher education.'

After the North West regional training awards ceremony, one of the two judges who visited the programme told Smith: 'We were blown away with the project. When we got back into our car, it took us some time to speak to each other. The training is excellent and the students

are truly inspirational.'

ADS director Jon Royle, who had the initial idea, says: 'I've worked in this field for 16 years and seen a lot of different initiatives. You don't often get the feeling that you've got the X-factor, but I got that feeling with Bridging the Gap.

'What we underestimated was the beneficial therapeutic effect the course would have. Many of the students have been in treatment for years, and when they arrive for the first session have low self-esteem, poor health, and little in the way of expectations. Usually they've been written off by others, and have written themselves off.

'But when you see them at the course graduation ceremony, it's a completely different story. They're self-confident, articulate – bright-eyed, bushy-tailed, and raring to go. It's incredibly moving and inspirational.'

Students spend about half their time on placement in organisations working in the field. Jon Royle says: 'It seems that the opportunity they've been given and the real prospect of starting an interesting and fulfilling career is enormously motivating.'

The training consists of a one-week induction and a structured 15-hours-a-week training programme. It aims to give a broad foundation in drug work including communication skills, drug treatment and assessment options, harm reduction, diversity, and child protection. Six of the 15 hours are spent learning the core skills and up to seven hours in placements. There are also two hours of mentoring or supervision.

The pilot scheme was funded through the single regeneration budget, with matched funding from the European Commission. Initially, there was much scepticism about the prospect of training former users as

drug and alcohol workers. But Royle gained the support of a steering group with representatives from the drug action team, police, adult and young people's substance misuse services, Jobcentre Plus and the community.

With backing from Tameside DAT co-ordinator Lisa Lees, funding for 18 months was secured, and Royle was able to appoint project and training co-ordinator Michelle Ellis – since promoted to a management post – and a part-time administrator.

Ellis's appointment was crucial, says Royle: 'We were setting up a challenging scheme and realised it would be difficult to get someone who had training and teaching skills who was also an experienced drug and alcohol worker. In Michelle we found someone who had the necessary teaching skills, a passion to work with people who had experienced difficulties, and the ability to communicate that passion.'

Royle set a target of 60 applicants, of whom 40 would be interviewed. In the event, 250 people applied and 60 were interviewed. Ellis says: 'I was looking for people who were going to complete the course – they needed to be able to participate in and benefit from learning in a group, and to be stable.'

Of the 25 selected, 20 were current or former substance misuse service users, and the remaining five had experience as 'concerned others'.

ADS runs services and projects across Greater Manchester, In Lancashire, and across the Pennines in Leeds. The third Tameside Bridging the Gap course – held in community centres around the borough – is almost completed, and a new course in Wigan is well underway. 'I would like to see a project like this in every drug action team area in England,' says Royle.

Bridging the Gap was launched at just the right time to enable recovered user James Downie to train as a drug and alcohol worker.

With the help of detox and a treatment agency, Downie had overcome a 15-year drug habit and alcohol dependency, and had been a volunteer with the agency as well as working shifts at a supported housing scheme.

Despite his long criminal record, he was accepted for the second course – and did so well that he was chosen by students and staff to receive one of three special awards for his ‘outstanding contribution’.

Downie now works as volunteers co-ordinator at Stockport’s Alcohol and Drugs Abstinence Service (ADAS), the 12-step treatment centre where he was a client. He is also taking a part-time counselling diploma course.

He says: ‘My experience shows that, with the right kind of support and help, people can turn their lives round. I’ve been clean for two-and-a-half years now. It’s great to have a job with the service which helped me do it, and I’m also rebuilding my relationship with my daughter. Bridging the Gap did wonders for my self-confidence, and set me up for the work I’m doing now.’



When David Wilson joined the first Bridging the Gap group he had a longstanding alcohol problem, had been off work with severe depression for six-and-a-half years, and had been through detox six times.

After working as an ADS volunteer he was appointed as a stimulant drug worker, and is really enjoying it. He does one-to-one work with clients and therapeutic interventions, including acupuncture and acu-stimulation (‘black box’) therapy.

‘It’s great,’ he says. ‘It’s interesting, and there’s always something new to learn, always something different. The course helped me with my mind-set, raised my self-esteem, and gave me confidence.’



Bernadette Shaw completed the first course as a ‘concerned other’, and then worked for ADS as a mentor for students taking the second course.

From that she moved to an ADS befriending and support project as volunteers co-ordinator, and is now employed by Greater Manchester Police as a screening and assessment worker in the DIP team. ‘Bridging the Gap had a huge impact on my life and opened many doors for me,’ says Shaw.



QA

**A question keeps coming up in our rehab about the drug naltrexone, which is prescribed to a lot of clients through the criminal justice system. Should rehabs accept people who are on naltrexone? While it is not a mood-altering chemical, do we know enough about the dangers – and if someone overdosed in rehab, would it be our responsibility?
Anna, Derbyshire**

Dear Anna

Naltrexone is an opioid blocking drug so if you take opioids there should be no effect. I have had two rehabs turn down patients – one who was on oral and the other had an implant. They were both 12 step, and their line was that it gave protection and the person wasn’t really doing it alone.

Personally I don’t really like it, and only prescribe it when requested – it can make you feel unwell but isn’t mood altering.

I personally think rehabs should accept people who are on naltrexone. It’s very difficult to overdose.

Dr Chris Ford, London

Dear Anna

We would accept clients on naltrexone but it would be our policy at Broadway Lodge to withdraw it as soon as possible after admission. We have the same approach to antabuse for alcoholic clients.

It is our belief that long-term recovery will be sustained through changes

achieved through a greater understanding of the factors triggering drug use and not by reliance on a chemical inhibitor. New coping mechanisms offer a safer way to stay safe!

As with any drug, naltrexone has its side effects, eg difficulty sleeping, anxiety, nervousness, abdominal pain/cramps, nausea and/or vomiting, low energy, joint and muscle pain, headache. Overdose is rare but can cause liver damage. We think that it is preferable to be as chemical free as possible.

Hope that this helps.

Pauline Bissett, chief executive, Broadway Lodge

Dear Anna

Naltrexone blocks the psychotropic effects of opiates and so prevents relapses.

The Detox 5 programme hinges on this medication; initially to achieve opiate-free status and then to maintain it.

There is one major concern: If an individual stops taking their naltrexone and loses their opiate block, they can go back on to heroin. If they decide to go back onto naltrexone without detoxing/withdrawing first, they will have a sudden and violent withdrawal period and this, of course, can be very dangerous.

The individual will be very ill if they have opiates and an opiate antagonist (naltrexone) in their system at the same time. Therefore, it is essential that the naltrexone be given under supervision. If the opiate block is maintained, there will not be the danger described above.

I would have thought that naltrexone could be used safely in a rehab because it could be used under supervision. At Detox 5 we administer the tablet crushed; the patient swallows it with clear water; and then someone stays with them for 15 minutes. This ensures that the naltrexone is absorbed.

If someone takes heroin on top of this, they will not have any psychotropic effects but are obviously still susceptible to the other dangers, ie overdoses, blood-borne viruses, etc.

I hope this helps.

Rebecca Burnet, Patient Services Manager, Detox 5 (www.detox5.co.uk).

Reader’s question

My son is a heroin addict who is injecting. He has taken subutex and I thought he was clear. I need help to support him onto another program, but where do I start? He is a nice person under this mixed-up mess and I love him very much. Problem is, that last time he was on drugs we became estranged because he was uncontrollable. I do not want

to lose him again and he does not want to lose me.

PLEASE HELP to put me in the right direction, as I do not know enough about my son’s problem.

Brigitte, by email

Email your suggested answers to the editor by Tuesday 21 February for inclusion in the 27 February issue of DDN.

New questions are welcome from readers.