

'In the last issue of DDN, workforce development seemed rather gloomy. I personally don't share this view... at Blenheim CDP we take workforce development seriously. A commitment to staff development is written into the organisation's core principles and the NTA workforce targets form part of the organisation's strategic business plan.'

Developing workforce

In the last issue of *DDN*, workforce development seemed a rather gloomy issue (*DDN*, 16 July, page 8). I personally don't share this view, so would like to share some examples of how Blenheim CDP is taking this agenda forward.

At Blenheim CDP we take workforce development seriously. A commitment to staff development is written into the organisation's core principles and the NTA workforce targets form part of the organisation's strategic business plan.

On a practical level, Blenheim CDP and Quay Assessment have come together to design and deliver 'SMASH' which stands for Substance Misuse Award in Social Health. The qualification gained is the NVQ Level 3 course in Health and Social Care; however the course is tailor-made for workers in the substance misuse field and directly supports Blenheim CDP and other organisations to meet the NTA workforce targets.

During 2007-8 more than 100 staff from London based substance misuse organisations will complete the qualification. The course offers a unique mix of training in the core DANOS (Drug & Alcohol National Occupational Standards) units as well as assessment of learning and practice that will ultimately lead to the award of the NVQ Level 3.

Additionally, all Blenheim CDP staff will by the end of 2007 be members of the FDAP professional certification scheme, which is recognised as meeting the NTA target of working towards an NVQ Level 3 or equivalent. All Blenheim CDP workers will be expected to meet the standard for registration and to work towards the required accreditation. Managers within the organisation are supported to begin a Level 4 or higher management qualification.

Blenheim CDP is renowned for the extent and quality of its work to involve volunteers in all aspects of service provision. Annually we recruit, train and support more than 40 volunteers. Volunteers are provided with a detailed programme of induction training, supervision and support in their work, and the opportunity of gaining accreditation of their knowledge and skill through our unique LOCN accredited course, A Pathway to Drugs Work. By combining structured learning with a 'hands-on' experience, volunteers develop all the relevant skills, knowledge and experience necessary to pursue a career in the drugs field.

All staff at Blenheim CDP are trained in the use of ITEP (International Treatment Effectiveness Project). The training relates to node-link mapping (referred to as mapping), and a brief intervention aimed at changing thinking patterns. Mapping provides a visual communication tool for clarifying information shared between client and key-worker. Its regular use during key-working sessions provides a model for systematic and 'cause-effect' thinking and problem-solving, which clients begin to adopt. Other initiatives include a core training programme and a range of external training for other organisations.

Future planned initiatives include the development of a range of accredited continual professional development (CPD) awards with people completing clusters of units relevant to their role to ensure continuous professional development and assessment of competence.

This work is supported by a dedicated learning and development team who increasingly work to support managers to identify ongoing training needs of individuals and teams.

John Jolly, CEO, Blenheim CDP

Distorting the truth

Suggestions that the proposals in the *Breakthrough Britain* report are intended to close down needle exchanges and end methadone prescribing, are exaggerated if not deliberately distorted (*DDN*, 16 July, page 4). What is clear is that all services will be subject to independent clinical evaluation and those found to be substandard will be closed.

It is not difficult to understand how a disturbed mind, or the mind of someone who lacks comprehension abilities, could distort, or misinterpret proposals to bring about desperately needed improvements to the current poorly managed methods of methadone dispensing. But it is baffling how balanced, well-read people could have come to such a conclusion.

The *Breakthrough Britain* report is a skilfully balanced mix of empirical evidence from around the world, together with an objective review of the outcome of differing treatment modalities provided by NTORS – and last but by no means least, the anecdotal evidence of DAT teams and users with their vital, but frequently disregarded, first-hand knowledge and experience of the shortcomings of the present strategy.

It is this carefully researched and unprecedented collection of all of the foregoing evidence in one document, which clearly shows that an eclectic and balanced mix of valid harm reduction methods and abstinence focused treatment are capable of providing effective and satisfactory outcomes. Far from making a clean break from harm reduction programmes, the reference to Kaleidoscope in the report makes it clear that Iain Duncan Smith is ready to embrace valid programmes which do not keep users locked into addiction – unlike the proposed extended prescribing of heroin, which has as much to do with harm reduction as encouraging someone suffering from emphysema, to continue smoking.

It is also puzzling and indeed seemingly self contradictory, to note that the report has been met with undisguised hostility and concerted attempts to discredit it by various members of The Alliance, who among other professed objectives, are intent on improving the welfare of users. Less than two months ago, one member publicly called on the current administration to get addicts off of drugs – but presented with proposals that aspire to do just that, he accuses the Conservatives of 'failing to grasp the nettle'. How strange!

Peter O'Loughlin, Eden Lodge Practice.

Abstinence as starting point

I am finding myself reading *DDN* in a complete outrage today – it just strikes me that we have got things drastically wrong. I volunteer with a number of drugs projects, but I feel Release and the editor have missed the point.

During my reading around the subject of addiction I came across some writing by Leah Betts' parents, which I happen to empathise with. I struggle with harm reduction; I want to see people recover to live healthy and productive lives, not be encouraged to stay on gear safely (if staying on heroin can ever be made to be safe).

I do not want users to get injuries through injecting with dirty needles (does anyone?), but is a needle exchange really a long-term solution to the client's problem? Are users going to delay their shot for ten minutes while they get to a safe location? My experience tells me they are focused on scoring; everything else is unimportant.

The crux of my argument is this: the best form of harm reduction is abstinence. If someone is abstinent then we have to reduce the harm on their body to zero. Perhaps using this as a starting point would enable projects to work with other client issues, eg prostitution, family care and parental skills, with an increasing sense of perspective and focus. Harm reduction merely plasters over the scars of a user, whereas long-term abstinence forms the basis of a holistic solution.

What prevents the abstinence taking off? I go back to the point made by Leah Betts' parents. The abstinence model requires abstinent practitioners (let's face it, practitioners would be a bunch of hypocrites if they weren't). Imagine the scene, providing alcohol advice to a client all day towards the goal of abstinence, then the practitioner goes to the pub for a few scoops after work and on the way to the kebab house bumps into a client struggling to stay sober. I don't think the client would be stopping to think about the situation being normalised. The abstinence model requires sacrifice – are you reader, practitioner, prepared to make that sacrifice to help your clients?

We had fantastic news recently that Gordon Brown has pulled the plug on this super casino in my home city of Manchester. He seems to think that not having the super casino is the best way to prevent the social problem of problematic gambling. I was delighted to hear this – it made my day. Perhaps the new government line is going to be truly revolutionary!

Tim Wightman, Huddersfield