'After hours of comfort and listening, and partly because of your latest issue (DDN, 5 May 2008), we both agreed I would become her power of attorney... secure her future, and prevent her from relapsing and losing the plot. Going back to old behaviour is one of the biggest fears.'

Addiction is never cured... but behaviour can change

Today a friend of mine came round who is 32, in good recovery from heroin, alcohol and eating disorders, has been in the prison system and after seven years has moved on, has a lovely new council flat and is now beginning the gradual process of going back to work.

However, today she came in in floods of tears. Her father died of a brain tumour on Tuesday, her mother left home when she was a child, and she has no other family. She is in total shock – scared and unable to cope with all the practical matters in events like this. After hours of comfort and listening, and partly because of your latest issue (*DDN*, 5 May 2008), we both agreed I would become her power of attorney, deal with the funeral, the selling of the property and make all the necessary funeral arrangements, and will set up a discretionary trust fund for her with two trustees to protect her, secure her future, and prevent her from relapsing and losing the plot. Going back to old behaviour is one of the biggest fears.

I know I have taken on the biggest support compared to others to date, yet without it I can visualise people who are still addicted taking advantage of a very vulnerable young lady, so will make sure I myself have all the support that I need.

I had just read Professor David Clark's article (*DDN*, 5 May, page 15) and this really influenced my thought processes on supporting my young friend, stating that often treatment services give the impression at discharge into the community that 'cure has occurred'.

I know from my own experience that the total opposite is true. Although I am disabled through my own addictions and childhood upbringing, I have a full-time job just looking after myself and being a loving caring father for my daughters.

I am so pleased I read your magazine – I learn all the time and am so grateful for Professor Clark's article. He is teaching me all the time.

Name and address withheld

Choosing residential treatment

DDN's Directory of Residential Centres provides a useful guide for workers already in the drug field (*DDN,* 5 May, centre-page pull-out). However, there are thousands of families, plus their solicitors and GPs, who would value additional vital information to guide them.

If it were hotels or colleges being listed, they could expect a system of ratings giving an indication of the type of result aimed for and achieved by each establishment. May I therefore suggest an alternative star rating system to the new CSCI ratings (outlined in *DDN*, 21 April, page 6).

One star:
Those establishments that successfully (in over 70 per cent of cases) wean users off street drugs and onto prescription medication such as methadone, essentially for life.

Two stars:
Those establishments that wean users off street drugs and on to prescription medication, and which then reduce prescription dosages to zero in more than 70 per cent of cases.

Three stars:
Those centres that successfully withdraw users from street drugs by some form of 12-step system before recommending them to their local AA, NA or CA for help in continuing fraternally supported abstinence.

Four stars:
Those programmes that graduate their clients in a fully withdrawn and abstinent condition which, in over 70 per cent of cases is maintained for at least 12 months after programme completion, and involves no usage of substitute medication or continuing fraternally supported abstinence.

Five stars:
Those programmes that graduate their clients in a fully withdrawn, trained and abstinent condition which in over 70 per cent of cases is maintained for at least two years after programme completion and, in addition to involving no usage of substitute medication, expects to see graduates with the following attributes:

- fully convinced that he or she will comfortably abstain for life;
- taking responsibility for his or her own life and family;
- no longer needing or wanting further rehabilitative support; and
- also taking responsibility for, and contributing to, his or her community.

Because most rehabs keep in touch with former clients at birthdays, Christmas and other anniversaries, collection of the indicated progress data is a relatively simple operation.

E. Kenneth Eckersley, CEO Addiction Recovery Training Services, former magistrate and retired justice of the peace.

Hard to reach?

Thank you for the excellent coverage you gave the Royal College of General Practitioners Management of Drug Users in Primary Care 13th National Conference, *Meeting the needs of diverse populations: hard to reach or easy to ignore?* (*DDN*, 5 May, page 12) which I feel captured the theme and feeling of the conference very well.

We would like to share the conference consensus statement with *DDN* readers:

- This conference recognises that people who use drugs have complex and diverse needs.

We welcome your letters

Please email letters to the editor, claire@cjwellings.com or post them to the DDN address on page 3. Letters may be edited for reasons of space or clarity – please limit length to 350 words.

- To work with them we must have a range of services and a range of responses to provide a flexible, accessible and person centred approach that offers choice.
- In order to do this, services must be self-aware and listen to patients and their communities.
- Many of the participants have felt challenged, concerned and enlightened by the 13th conference 'Meeting the needs of diverse populations: hard to reach or easy to ignore?' and we call upon the RCGP to respond to the conference question: 'How do we meet the needs of diverse populations?'

Next year's conference theme is *Family medicine: from cradle to grave* and the event will take place at the ACC in Liverpool on 14-15 May 2009.
Kate Halliday, conference programme director and SMMGP associate

No single model

While it was great to see a supportive letter from one of our students in the last issue (*DDN*, 5 May, page 10) there was something potentially misleading in it.

Annmarie is doing her work placement in a residential setting, but I want to make it clear that it is possible to do the placement for the degree in other settings, and we have placed students in a range of agencies including those working with a harm reduction philosophy such as Bristol Drugs Project, as well as structured day programmes.

Our foundation and honours degrees are transtheoretical and are not wedded to a particular philosophy of treatment.
Tim Leighton, director, Centre for Addiction Treatment Studies, Action on Addiction

Pained surprise

Sebastian Saville has suggested that I wilfully and offensively misread his letter in my suggestion that he may have felt personally threatened by the development of more university based education and training in the drug treatment field. (*DDN*, 5 May, page 10).

I am surprised that he should have felt so pained since he concluded his own letter with the statement that 'we replace such people [ie those who have experientially acquired skills and a "feel" for drug work] with institutionally trained technocrats at our own and our clients' grave peril.'

That reference to 'our' here is as clear a statement as one is ever going to get that Sebastian did indeed feel threatened by the proposals for more university training in the drugs treatment field. If he does not now feel 'in grave peril' at the suggestions in my article, then I for one am very happy since I don't feel the drugs field has anything to fear from further developing the provision of university training and education.
Neil McKeganey, professor of drug misuse research, University of Glasgow

Fact file

Service User Groups

Kate Langan

Islington clients of drug and alcohol services (ICDAS)

When and why did you start your group?
In 2004 three activists from Islington approached the commissioner regarding an aftercare proposal to run a club called the Haven for recovering drinkers and drug users. You just needed to be clean and or sober on the day and then you could use the facilities in the club which included pool, bingo, a hot meal and many other social activities. This club is still going on a Monday night, run entirely by clients. RICDAS (which went on to be ICDAS) was set up by two of these activists to look at the three-year service user strategy. This also included being part of the interview panel to recruit a client participation coordinator and set up a client council. The coordinator was recruited and began to help us build up ICDAS from three members into a more truly representative group of service users of Islington's agencies.

How many members do you have?
We have had about 12 to 15 members over the last year. Some of these clients have gone to work full time or have dropped out for various reasons. We get about eight to ten regularly attending our meetings, and we have a lot more interest just recently with more people coming on board and wanting to get involved.

How did you obtain funding?
The substance misuse commissioning team allocates funding from the treatment plan to run the Haven, ICDAS and other service user involvement activities like training and small projects. One of those projects was a group called FACT (Families addicted coping together) which runs on a Friday afternoon for parents/carers with children under five. This group was the idea of a service user, Susan, at ICDAS.

Where and how regularly do you hold meetings?
We have meetings on the last Wednesday of the month at Islington Town Hall or in local treatment provider N7. Most people come along as observers first to see if it is for them, and then we take it from there.

What do you hope members get from attending?
It is a chance for members to feed back what is happening in their projects and talk through any difficulties. We also have guest speakers from the commissioning team to local providers and voluntary organisations. We also hope that members start to understand how treatment is funded and how decisions are made in the borough.

How do you keep it going?
Sometimes it can be hard as some people are still in treatment or drop out and have their own issues to deal with. However we all try to be as supportive of each other as we can. It is hard work sometimes attending meetings run by professionals and trawling through all the jargon they can speak – especially when we want to put our point across and make sure things are done! We mostly get by, with plenty of encouragement and enthusiasm from staff and clients alike.

What have been your highlights so far?
The highlights have been
- Getting our members on strategic important groups like Islington's drug reference group, alcohol reference group and the joint commissioning group.
- Taking seven people to the *DDN*/Alliance conference in January to represent ICDAS.
- On two occasions being able to reverse decisions to close or restructure services that clients think highly of by writing letters in support of those agencies.
- Our first placement (Martel) in the DAAT and subsequent placements set up with voluntary sector organisations in the borough.
- Getting on the tender panel for three new services in Islington.
- Our chair Jimmy getting a civic award for services to the others and the Haven club from the Mayor of Islington!

How do you communicate with your members?
By email, writing to home addresses, texting and telephoning. We have also had newsletters which have gone out to all the projects in the borough, and a blog, which acts as our free website. It was set up by one of our members, Richard, who maintains it and shares information with clients and providers. He welcomes any comments (at the address below).

Have you any tips for others starting a group?
Never take no for answer and go for it! You'd be surprised how many people want to get involved. It is crucial that you get financial support from your local DAAT or commissioners, and it really helps to meet regularly and keep in touch with each other.

Kate Langan is client participation co-ordinator, Drug and Alcohol Services, Community Safety Partnerships Unit. Get in touch with ICDAS by emailing Kate (kate.langan@islington.gov.uk) or through the blog: http://icdas.blogspot.com