

hard without her knowing to get funding for her to go into a special unit for this addiction and be looked after. I only found out last week by talking to the director (a loving and caring individual) that the system failed both of us once again.

My own experience is that drug and alcohol teams just want to write you off their books once you have gone through rehab with no further support. For the majority of us, the real hard work comes when we leave rehab and start living in the real world and have to deal with sober emotional feelings.

Having been an addict for three quarters of my life it's like a full-time job, and when something comes along that would seem perfectly practical to a non-addict, it just brings me down as I have no balance in my life yet.

I have heard through recovery chat rooms across the country of similar situations where the welfare of the client is not paramount at all. The funding mechanism sounds like a lottery and when you are sick with this illness, the whole process can be too much.

I endorse user advocacy as I have seen many give up and go back into their illness, as this option is far easier than trying to fight the system, which really needs a shake-up.

I do not know anybody who has managed to recover on their own. The ones who come through – and also the ones who sadly don't – are all loving caring and sincere individuals. We didn't ask for this illness, yet when professional staff like those at Vale House can see what the individual needs are but they are not met, then the system is failing lock stock and barrel; just another number crossed off the books.

Professionals in the field should listen much harder to staff in rehabs – after all, they are the ones who live with them for 24 hours a day. Have you tried getting a drug and alcohol member of staff on a Friday afternoon? And most teams seem to have their weekly meeting on a Monday morning, so for us individuals who are in addiction that is three days without support.

This isn't written as a complaint, but I am compelled to point out flaws as I see them, in a bid to improve the system for others.

Sean Rendell, Hertfordshire

Comment

Back to work, not back to addiction

As an enthusiastic employer of former service users,

Andy Winter throws down a challenge to other service providers.

Several years ago a brilliant British academic was asked to give a presentation to a conference in the Netherlands. He was happy to accept the invitation and he and one of his carers (he had motor neurone disease) made the trip to Amsterdam. He required someone to repeat his words so he could be understood by a larger audience.

At the start of his lecture his carer had to ask him to repeat what he had said as he couldn't make out the words. He had to ask again, and for a third and fourth time, until someone in the front row said, 'he's speaking Dutch'.

The lecturer then said:

'There are two lessons there about disability. Never underestimate a disabled person. Secondly, most people with disabilities are limited mainly as a result of the resources available to them.'

How true this is when considering attempts by people leaving treatment to gain employment. We should never underestimate them, but their progress is often hindered by the resources, including treatment, available to them.

I write as someone who has been involved in the management of alcohol and drug services for almost 20 years, but also as the head of an organisation employing around 200 men and women, a number of whom have themselves successfully completed treatment.

From these two perspectives I was disheartened by the article 'From addiction to work: a road to nowhere?' (DDN, 9 October, page 6). A study in Scotland found that just 10 per cent of drug users interviewed 33 months after they started a new episode of drug treatment were in paid employment.

The benefits of paid employment were well described and are commonly recognised. Yet there remains a gulf between addiction and treatment on the one hand, and employment on the other.

As an employer, Brighton Housing Trust (BHT) welcomes and encourages job applications from men and women

who have used our services. We have work and learning programmes to assist people to gain employment.

BHT recently publicly committed itself to ensuring that by 2008, 15 per cent of our staff in all services will have been former service users, and we have similarly ambitious targets for future years.

We have made this commitment for two reasons. Firstly, it is the right thing to do, to improve the opportunities for legitimate economic activity, to develop relationships beyond current or former drug users, and to create a further span on the bridge to normal living.

I have seen some schemes where the prospect of employment is floated but the reality is that some participants, even though they may be engaged in treatment, remain 'unrecruitable' because of ongoing use. For them it may seem a cruel hoax.

I am saying this as someone who has committed resources and reputation to making this work. How much harder will it be, then, for those completing treatment to gain work in an employment market that can pick and choose, with prejudices that 'once a junkie, always a junkie', that can't distinguish

between crimes committed in active addiction and other offences.

Those completing treatment are hindered by what is available to them. Harm minimisation, as practiced in BHT, is an essential intervention for those in active addiction. It

is not an intervention that will lead to work, and will restrict learning. That is why BHT is committed to achieving continuous progress, that harm minimisation is just a start, that abstinence is just an opening, and that recovery from addiction is possible.

We know it can work. For this article, we reviewed 21 individuals who completed treatment at our Recovery Project, who have been abstinent for between 12 months and 30 months. Five are in employment and the remainder are engaged in education, training or employment schemes, such as our own Learning Links Project.

Unless treatment providers stop underestimating an addict's potential for recovery, until full recovery is promoted, then the promise of employment will remain a cruel hoax.

Andy Winter is Chief Executive of Brighton Housing Trust. BHT provides a range of services for homeless and insecurely housed men and women in Sussex, including several substance misuse services that embrace both harm minimisation and abstinence based approaches.

'The world of work is harsh. We demand high professional standards from our workers, and we will not take avoidable risks.'

Secondly, we do it because as an employer in an area with high housing costs and relatively low wages, people applying for work in Brighton and Hove often cannot afford to move here. We need to ensure that there is a pool of applicants with the appropriate skills and experience.

But the world of work is harsh. We demand high professional standards from our workers, and we will not take avoidable risks with vulnerable men and women who are still using our services.

That is why, while encouraging applications from former service users, I would expect to see real progress in terms of recovery. I would expect that they have moved well beyond methadone maintenance scripts.

Frankly, my view is that someone who remains on methadone may well be 'topping up', may well continue to socialise with others who may still be using, and who have yet to fully come to terms with their addiction. I would be very unlikely to employ them. I would even question how effective work and learning schemes might be for those who may still have one foot in the drug scene.