

ON ALCOHOL
annual report
1984-1985



Why some women are sipping more slowly
Time

One Less for the Road?
A new intolerance builds pressure on abusive drinking
Fifty Years, a Day at a Time

1987-1988

HARINGEY ADVISORY GROUP ON ALCOHOL



AL REPORT

HAGA
HARINGEY ADVISORY GROUP ON ALCOHOL
ANNUAL REPORT
94/95

Haringey Advisory Group on Alcohol
ANNUAL REPORT 2007
Haga
DRIES, ADVICE & MORE
s issue - the facts about
OOZE & SEX

Off the drugs and...
BACK ON TRACK

ber, and in...
HOME OF
MY OWN

RAPED AND BEAT ME
But I couldn't leave him



ANNUAL REPORT

2010-2011

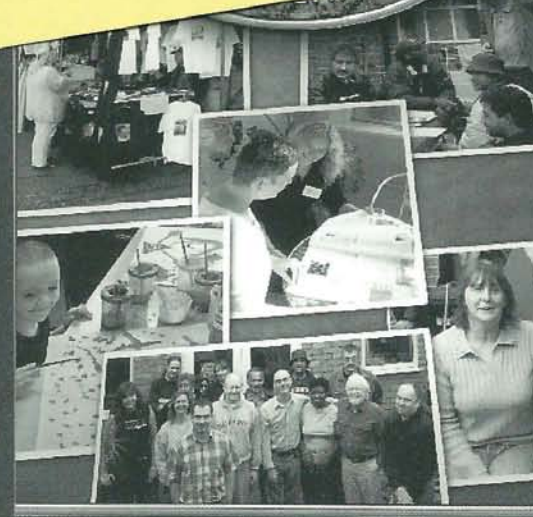
Celebrating 30 years

HAGA
HARINGEY ADVISORY GROUP ON ALCOHOL

Haringey Action Group on Alcohol
ANNUAL REPORT
1985-1986



Annual Report
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HAGA

Foreword

When HAGA was set up in 1981, it was one of many around the country that sought to remedy a situation whereby the only help available for drinkers was in hospital, and then only for the most severely dependent. HAGA and others used imagination and determination to look at the wider impact of alcohol misuse and to set up local community services that would provide earlier intervention and reach vulnerable groups, including families, and support them from crisis through to stability and employment.

Thirty years later, very few of these comprehensive local services remain; most parts of the country suffer from patchy and fragmented provision brought about by shifts in funding and political priorities. HAGA stands almost alone in not only having built upon those early first steps, but also having sustained a truly local service that can support drinkers and their families at all stages of their drinking career. Equally impressively, it has been at the forefront of many national developments, not least in its current work in hospital liaison and Identification and Brief Advice (IBA).

All this has come about thanks to the vision, expertise and dedication of its staff. However, none of it would have been possible without the enlightened policies and support of the Local Authority and Health Service. While celebrating HAGA's achievements, we also know that the next few years are going to be as hard as any of the last thirty. We will need the help of all our supporters if we are going to ensure that Haringey can continue to take pride in hosting one of the country's leading alcohol services.

Eric Appleby, Chair

Celebrating our 30th Anniversary

At this year's Annual Public Meeting on the 15th November, HAGA is celebrating its work over the last thirty years and the achievements of our service-users with an exciting programme of events, including showcasing of all our services, an art exhibition and a "Growing Recovery" workshop; our formal Annual Public Meeting, which will be chaired by Eric Appleby, Chair and C.E.O., Alcohol Concern; and some key local and national speakers reflecting on the last thirty years of work in the alcohol misuse field, including Dr Matthew Andrews, Department of Health; David Brindle, The Guardian; Dr Jeanelle De Gruchy, Haringey Public Health Directorate; Professor Nick Heather, Northumbria University; Ian McGregor, HAGA; James Morris, Alcohol Academy; Gail Priddey, HAGA; Dr John Rohan, Lawrence House Surgery; Professor Betsy Thom, Middlesex University; and Councillor Bernice Vanier, Haringey Council.

We have invited all service-users, funders, commissioners, partners, local community groups and other stakeholders to the event. Visit the News pages of our website to hear more about the big day. www.haga.co.uk/news

Action urged on alcohol

The Guardian 19/12/84

Alcohol 'harms one in four'

The Guardian 20/7/1988

Grim up north... London? We're still optimistic

Haringey Advisory Group on Alcohol originated in the 1980s, a time not too dissimilar from 2011. Spending on services was being cut back and the economic outlook seemed grim. We originally came into being through a partnership of concern between the local Community Health and Health Education Councils—two organisations that no longer exist. At that time, there were virtually no services dealing directly with alcohol problems, although many dealt—as they still do—indirectly with the consequences. HAGA started with a couple of small rooms, a few staff and very little money but with a huge amount of enthusiasm and commitment to make a difference to those in Haringey struggling with the problems caused by alcohol misuse.

A generous £500 grant from Marks and Spencers allowed us to employ two part-time counsellors and begin working on a small-scale. As commissioning services changed shape, we have managed to expand the service through the London Boroughs Grants Unit, Greater London Council (GLC), Local Authority, Health Service, and a range of charitable donors. We are grateful to them all. Ian has many memories of the early days, including persuading the GLC that we were a credible part of London provision; setting up the initial home detoxification service on the back of the Tomlinson Report (1992), which called for a shift from funding expensive hospital care to community healthcare provision delivered by the voluntary sector; and receiving a Joint Care Award from the then Secretary of State, David Ennals. We are grateful to Liliias Gilles and Ruth Bucky, two stalwart Trustees, who were instrumental from the very beginning of HAGA's existence.

Hopefully we have repaid the faith that people have shown in the organisation during the early days. We have helped shape national policies and developments into effective local interventions that have benefitted the community. The appointment of our first Children and Family Worker in 1996, funded by the National Lottery, led to the development of COSMIC Children and Family Service which spearheaded awareness-raising and action for children and young people affected by parental alcohol misuse. Our long-term commitment to service-user development has led to a range of exciting opportunities that support recovery and embed our belief that everyone has the right to access support and has the capacity to change.

At the start of this year, our situation looked grim—just as it had back in the 1980s—but the support of hundreds of service-users, partnership agencies and our Trustees who, along with a brilliant staff team, managed to turn the situation around. We face more challenges in the near future but, armed with that experience and unabated enthusiasm, will now go forward with some optimism.

Thanks to everyone

Ian McGregor, Director until 2010 and current Clinical Director, and Gail Priddey, Deputy Director until 2010 and current C.E.O.

The Guardian 25/03/11

Public sector cuts: where will they hit?

IBA: From theory to policy to practice and beyond



image courtesy of an ex-service user

Theoretical beginnings

From the early 1960s, studies emerged in which risky but non-dependent drinkers given “brief interventions”—short structured interventions to motivate behaviour change—were shown to reduce their drinking. By the mid-eighties, it was clear that brief interventions were being taken seriously when the World Health Organisation (WHO) initiated international trials. WHO later launched the Alcohol Use Disorders Identification Test (AUDIT) and a new framework for brief interventions was proposed—Feedback, Responsibility, Advice, Menu and Self-efficacy (FRAMES). A host of influential research studies followed, affording IBA an ever firmer evidence base.

Policy to practice

The UK Government signaled its commitment to IBA in the 2004 *Alcohol Harm Reduction Strategy for England*. Local Authorities subsequently set up new initiatives under which GPs were paid to screen patients, and, in 2008, the national alcohol Direct Enhanced Service (DES) was launched, offering payment for screening all newly registered patients.

And beyond?

No doubt the drive to embed IBA in primary and acute settings will continue, whilst also expanding into new settings. With a renewed emphasis on public health and slashed budgets, interventions that tackle more than one unhealthy behaviour (i.e. NHS Health Checks) and computer-aided behaviour change interventions will also be high on the agenda. Budgets permitting, the future of IBA looks bright. At HAGA, we believe that a future in which identifying and supporting people drinking above recommended limits was common practice would be a happier, healthier one.

Laura Pechey, Brief Interventions Specialist

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IBA coming to a location near you soon!!!

Taking IBA to the streets and the waiting room

In August 2010, HAGA started setting up alcohol awareness stalls, manned by a team of ex-service-user volunteers, across Haringey in surgeries, libraries, shopping centres and on the streets!. In the last year, we have held twenty-four stalls in fourteen locations, screened 433 people, delivered 131 brief interventions, and seven drinkers we met at the stalls engaged in treatment. We are now running stalls every month at Wood Green and Hornsey libraries.

Last year, Haringey Drug and Alcohol Action Team (DAAT) commissioned HAGA to run IBA pilots in two GP surgeries in the West: Allenson House and Duke's Avenue. 184 patients on identified disease registers were screened by practice staff, 6.5% of which received Brief Advice or referral. We have since launched monthly alcohol hubs open to patients from any practice at Duke's and Lawrence House.

HAGA and St Ann's Sexual Health Service were interested in exploring the relationship between alcohol and sexual risk-taking by screening their service-users. During a three-week pilot, 18% of 540 patients screened were AUDIT positive and received Brief Advice or referral to HAGA.

A huge thanks to the volunteers, practices and Dr Rita Browne and her team for making these pilots such a success.



Awareness Stalls, August 2010

**DON'T
BOTTLE
IT UP**

Don't Bottle It Up!

In November 2011—as part of Alcohol Awareness Week 2011—we will be unveiling our new website project, Don't Bottle It Up. Visitors to the site can screen themselves using an interactive AUDIT, receive personalised advice and, if they live in Haringey, access support at HAGA or in one of our hubs. We hope that this innovative site will open up access to advice and referral to a wider section of the community.

Supporting best practice

During 2009-2010, Haringey practices participating in the alcohol DES identified just 2% of new patients as AUDIT positive. An estimated 26% of Haringey residents drink above recommended limits. So why were so few being identified? Some detective work was in order! We reviewed four local practices with the DAAT and found, to give an example, that 75% were using incorrect screening questions. Using the learning from this review, we released step-by-step guidance for primary care—*Improving Delivery of the Alcohol Direct Enhanced Service*—supported by the Department of Health. We also trained 229 local health and social care practitioners in IBA and Extended Brief Interventions (EBI) this year, 90% of whom said that they would use the skills that they had learnt in practice.

Laura Pechey, Brief Interventions Specialist

Haringey's heaven from harm

An alcohol-free space for service-users

In 1994, St Ann's Hospital supplied a building for a day centre but the work was constrained by the limited accommodation and, by the end of 1994, Haringey Council—always supportive of HAGA—allowed us to rent a much larger building on Seven Sister's Road. The centre aimed to provide an alcohol-free space where service-users could socialise and get help and advice for all kinds of issues. As we developed the programme, we introduced formal treatment options, such as workshops, groups, a Women's Day, and acupuncture, which has proved crucial support for service-users in recovery. Counselling is now offered by a team of final-year counselling students and our Clinical Director, a trained existential psychotherapist. The Resource Centre now operates

six days per week with a Saturday service available for those that may not be able to attend during the week due to work or other commitments. Last year alone, over 300 people accessed the Resource Centre for support to reduce the harm associated with their alcohol use.

Supporting People

HAGA has received funding through Supporting People for many years which, at one time, funded three full-time staff to support people to maintain their tenancies by addressing their alcohol-related problems. Funding cuts saw this reduced to two staff this year. Our Specialist Alcohol Workers—vital to our programme—now continue to offer service-users support with alcohol-related issues with the aim of preventing homelessness and opening up access to supported

housing options via the Substance Misuse and Offending Pathway—a St Mungo's, Drug Advisory Service Haringey (DASH) and HAGA project.

Peer-led support

Service-users have their own forum where they can air their comments and suggestions with support from our new Service-User Development Worker who is working closely with service-users to develop more service-user led activities. We are also now working in partnership with SMART Recovery and will help support the implementation of this peer-led resource in November 2011.

Angela Calcan,
Resource Centre Manager

Women and alcohol, mother's ruin?

The Guardian
01/05/90

Double standards still exist when it comes to men, women and alcohol.

Wheels of recovery

A service-user led project running since 2008, Wheels of Recovery is a cycling and fitness club for people affected by alcohol and drug problems in the Borough of Haringey. Due to a generous grant from London Cycling Campaign, HAGA was able to purchase a small fleet of mountain bikes which are used weekly for trail rides in the parks and open spaces of North and East London. Involvement in outdoor pursuits acts as a powerful therapeutic tool for those in recovery by improving health; whilst also increasing confidence,

self-esteem and motivation.

The project is designed to offer a fun and inclusive space for substance users seeking new social activities and friends. Our 2008 and 2009 "1000k in a Day" and "500k in a Day" fundraising events in Finsbury Park were both a great success. In 2010, Wheels extended the range of activities on offer to include weekly gym sessions at Finsbury Park Gym facilitated by a fully-trained gym instructor. Our thanks to Finsbury Park Gym for use of their gym space and instructor.



Recovering together

The Service-User Forum is born...

Eighteen years ago at our old St Ann's site, forty staff and service-users met to discuss how service-users could take more ownership of the service. Collectively, we wanted to recognise that life is not just about alcohol but also about service-users' dreams, aspirations, and hopes. The Service-User Forum started meeting weekly and all service-users and staff, including the cleaner and the cook, attended. By the late nineties, the Service-User Constitution was in place and the forum was in full swing, raising money through summer fetes at which service-users and our neighbours enjoyed throwing wet sponges at staff trapped in stocks! The money raised paid for trips to the seaside, Christmas meals, parties, and even provided a food fund for cash-strapped service-users and their families. The forum even had its own bank account with signatories.

Service-users fight to save HAGA

Service-user campaigning earlier this year saved many of those HAGA services facing cuts. Hundreds wrote, attended meetings with commissioners and completed surveys in support of the services that had supported them. Thank to all those who spoke out for HAGA!

What next for service-user development at HAGA?

Our Service-User Development Worker, who joined HAGA in July, has been working with service-users to put together a range of activities that will help them in their recovery, such as the Growing Recovery project. The Service-User Development Worker's post was created thanks to the Big Lotteries' Transition Fund. What does the future hold? Museum trips, newsletters, and volunteering and training opportunities are on the cards. Watch this space...



Herbs and vegetables at the HAGA offices



Before: The site at Woodberry Down Baptist Church



After: cleared and ready to plant

Growing Recovery, Getting our Hands Dirty!

In August 2011, the service-user-led "Growing Recovery" project was set up with money raised by HAGA to help kickstart service-user projects. We started growing herbs and vegetables on a small-scale in containers and grow-bags in our back yard. The project has blossomed (pun intended!) thanks to a grant of £300 from Capital Growth. The Growing Recovery project is proud to be part of the Capital Growth Scheme, which aims to help create 2,012 new community food-growing spaces by the end of 2012. Capital Growth is a partnership initiative between London Food Link, the Mayor of London, Boris Johnson, and the Big Lottery's Local Food Fund. We now have an allotment on a previously overgrown site at Woodberry Down Baptist Church, which has been weeded and cleared—a special thanks to those that helped! What next? Now the site is clear, we are planning to put in raised beds, so we can start planting and preparing for Spring.



A lot to be grateful for: one ex-service-user's story

I started drinking regularly aged twelve. By fifteen, I was drinking most days. The drinking increased after leaving school and followed me as I moved to different cities for work and settled in London with my partner over four years ago. I always had in the back of my mind that I drank too much and had tried to stop or cut down in the past but it was easier to carry on. My parents both drank heavily but they had managed OK: in fact, they would be considered successful, so nothing to worry about, right? I quickly started to drink much more. If work went well, I would toast successes; if it went badly, I would drink to cope with the pressure. If I was away on business, I would drink heavily as I could put it all on expenses. If I was at home and my partner was away, I would drink because I missed her. You get the idea: whatever, whenever, I was able to justify my drinking. By New Year 2010, I had a fridge in my office and kept it fully stocked at all times. Work was just a frustration and the aspects of the job that I had once loved, I now just found annoying because they got in the way of drinking. My family life was not great: my father's long illness and eventual death only highlighted the gulf between my family and I. Most important to me was my partner (although you wouldn't believe that from my behaviour). Something had to change and the idea of cutting down very quickly changed to recognising "I can't control this and I need help." After speaking to my partner and close friends, I decided that the action would need to be strong and decisive.

I left my job and cut off all ties to my social group, approached my GP, and was referred to HAGA. After an assessment, I had twelve sessions with a specialist. These sessions helped me to realise that I was not unusual and my issues were just things I needed to work through rather than failings as I had felt they were. I managed to stop drinking and that was going well as long as I didn't leave the house or have any money or need to go to work or have any relationships ... So, perhaps, not that well? I wanted to live my life, the one I had before but without the booze, to function without drink.

I have come to the conclusion that staying sober is like nothing else I have ever done before. If I take a day off work or skip a meal, it's not the end of the world. Staying sober is a full-time job, 24/7. The outcome of all this has been surprising and positive. The aim was to stop drinking and pick up my life where I left off. The stopping drinking has happened, it's an absolute. The picking up where I left off is, however, not likely to happen. Along the way, I have rediscovered old interests and passions but I have also been given the opportunity to develop new skills and take my life in a new direction. When I first came to HAGA, I had a lot to be grateful for and, with the exception of my drinking, I could have continued very happily. I now find myself with a lot more to be grateful for: a much healthier lifestyle and a number of new opportunities for the future. The healthier lifestyle and sobriety was the aim, the new direction is a bonus. It is the unpredictability and surprises in life that make it worthwhile. I am very grateful that I understand that now.

Thoughts on HAGA for me by a current service-user

I didn't know what to expect. I didn't want to give up drinking because the oblivion was my refuge. I knew I was drinking at levels which could cause terminal damage and that was fine because I didn't want to live as I was. The problem was that the only thing that meant anything important for me was my partner and I didn't want to hurt her more than I already had.

I hadn't really thought enough about the connection between drinking and depression - I just thought drunk was better as a hurt relief. I was sober when I arrived at HAGA but felt more sober quickly!

Now that I'm not drinking and coping a bit better with the depression, all my friends say how different I look, how nice to have you back and so on. I didn't notice how bad I looked and my partner, seeing me daily, had been less aware of my deterioration than others who only saw me at intervals.

I know Day 93 is early but I now see myself as an ex-drinker who will never drink again. I used to think that alcohol was the only way to celebrate but now I can see that freedom from my old drug friend is much more fun and I wake up remembering the day before!

Top CAT!

Community detoxification: then and now

HAGA's Community Alcohol Team (CAT) began over twenty years ago with two Community Detoxification Nurses based at St Ann's Hospital. Today, our two Community Detoxification Nurses are central to our community work, offering preparatory groups for inpatient and community detoxifying service-users to ensure they are suitably prepared to undertake what can be a daunting lifestyle overhaul. Our Community Detoxification Nurses ensure that the weekly group runs which service-users can rely on and provide the beginning of the transitional peer network crucial to recovery from alcohol dependence.

Alcohol liaison, frequent flyers and assertive outreach

Over the last ten years, pioneering alcohol liaison work in London and Liverpool hospitals has demonstrated the value of Alcohol Liaison Nurses in improving inpatient practice, and Alcohol Liaison Nurses operating in A&E settings are now widely commissioned. In 2008, our Alcohol Liaison Nurse started work from North Middlesex University Hospital (NMUH). Taking a joined-up approach, our Outreach Workers now also provide targeted support to emergency detoxification patients and our Hospital Link Worker proactively follows up "frequent flyers." This jointly-delivered assertive outreach model has been successful in reducing the service-users' alcohol intake, hospital attendances, admissions and ambulance call-outs by brokering and advocating with partner agencies, giving practical support, and offering empathic 1:1 therapeutic interventions. Our Outreach work began in early 2000 in response to concerns about street drinkers and we continue to work in this area. This year, our new Outreach Workers supported one street-drinking homeless man in securing out-of-borough accommodation.



Identification and Brief advice in action @ NMUH

New directions in and out of the borough

A Polish-Speaking Substance Misuse Worker and an Alcohol and Other Drug Nurse are recent additions to the CAT reflecting the need for poly-drug (including alcohol) nursing and for overcoming issues of access for Polish-speakers in the borough. We have also been fortunate enough to be commissioned to operate a Community Alcohol Team in neighbouring Barnet. This team is made up of a Complex Needs Worker based at Homeless Action Barnet (HAB) and two Community Alcohol Workers. Our Community Alcohol Worker based at Barnet General Hospital is making headway in improving Identification and Brief Advice (IBA) by training and supporting staff to embed a pathway for problematic drinkers. This post ensures that follow-up takes place in the community and is beginning to employ assertive engagement of "frequent flyers" in line with our NMUH model.

In the last twelve months, the CAT initially constricted due to funding cuts and expanded again thanks to overwhelming support and advocacy for our work.

Dylan Kerr,
Community Alcohol Team (CAT) Manager

Alcohol-related hospital admissions top one million.

The Telegraph
26/05/11

Our house in the middle of our street

Project NewStart: an innovative approach to dry housing

In the 1990s, people coming out of rehabilitation clinics were being housed in B&Bs around Haringey. Worried about the lack of any supported housing for this vulnerable group, Emilio Markese, a Housing Procurement Officer at the time, contacted us about the possibility of setting up a dry house. We thought this was a brilliant idea and set about making it a reality through an innovative partnership between HAGA, Local Authority Housing, and a private landlord. Project NewStart launched with one house in Tottenham and soon acquired further properties in Tottenham and Haringay. The NewStart supported houses offered housing to people with drug and/or alcohol problems moving from treatment into recovery and towards finding their own property and accessing education, training and employment.

Alcohol-related deaths more than doubled between 1991 and 2004, new statistics show.

The Express 25/07/06

A new partnership and a new pathway

Early in 2010, all criminal justice, drug and alcohol Supporting People housing in the borough was tendered in one block. Since July 2010, we have been working in an exciting partnership with St Mungo's and Drugs Advisory Service Haringey (DASH). The Haringey Substance Misuse and Offending Pathway (SMO) aims to support people in their recovery from drugs/alcohol and offending behaviours. The SMO provides accommodation, advice, support and the opportunity to explore different options, enabling our residents to take back responsibility for their own lives and develop their skills, making it possible for them to take the necessary steps to integrate back into the greater community. The SMO recognises that all people are at different stages in their recovery and provides various levels of semi-independent supported housing: High Support, General Support, and dry houses (drug- and alcohol-free), as well as some individual housing units as people take their first steps to fully independent living. The SMO Pathway works with people that are motivated to change. The project accepts referrals from a range of agencies, including Probation, Dual Service, and criminal justice agencies. Referrals come through the Local Authority's Vulnerable Adults Team (VAT) and are taken to a decision-making panel. We are proud that we are bringing an integrated service to service-users via a multi-disciplinary approach underpinned by the VAT. People involved in the pathway will get support for up to two years. During this time, individuals transform themselves on their journey of recovery by working through those issues that stand between them and independent living, rediscovering their dreams, their hopes and, more importantly, finding their own self-worth again, enabling them to once more take their place within mainstream society.

an integrated service to service-users via a multi-disciplinary approach underpinned by the Vulnerable Adults Team.

The St Mungos, HAGA & DASH partnership



Identifying the need

Early on, HAGA recognised the particular difficulties faced by children and young people affected by adult alcohol and drug misuse. In 1996, HAGA was funded by the National Lottery for a Children & Families Worker. Demand for the service grew rapidly and, in 2001, we invited a range of stakeholders to the Children of Substance Misusing Individuals Conference (COSMIC), held to highlight the need for expansion. Building work was then undertaken to create a purpose-built facility for COSMIC with its own separate entrance. The 2006 *Hidden Harm* report (by the Advisory Council on the Misuse of Drugs (ACMD)) estimated that there were between 200,000 and 300,000 children affected by problem substance use in England and Wales (i.e. 2-3 per cent of all children under the age of sixteen). Problem drinking can result in a parent struggling with caring for their children and their parenting capacity. *Hidden Harm* strengthened the case for services like ours. By 2008, COSMIC had grown thanks to funding and support from Haringey DAAT via the Area-Based Grant, Big Lotteries for a Family Learning Project Worker post, and Comic Relief for a Young Person's Alcohol Worker post.

COSMIC today

Today, referrals to COSMIC are made by a range of agencies, including our own adult services at HAGA, other drug and alcohol services, statutory Children and Young Peoples Services (CYPS), and other health and community agencies. Having worked as a Social Worker for the last twenty years in Local Government and then as an independent Social Worker since 2005, I have been particularly committed to improving our work with CYPS and referral rates have consequently gone up.

The services that we offer are tailored to meet the child, young person and families' needs. Following assessment, we work out a support plan which can involve direct work sessions for children, young people and adults; family sessions; domestic violence support and prevention; group sessions; social events; and training and education. Throughout our work, we aim to boost resilience and protective factors in families and to reduce risk.



Cosmic day out

We are currently a strong and committed team bolstered very well by the student Social Workers that join us for their practice learning placements. This is our third year of having students and we will host six students in total. COSMIC is also now offering a Family Assessment Service through which we are commissioned to conduct multidisciplinary assessments by the courts, solicitors or CYPS in any local authority. Having lost our Domestic Violence and Substance Misuse Worker earlier this year due to cuts, we are delighted to be recruiting again for this valuable post thanks to funding from Haringey DAAT. We hope that next year will mean even more progress for the service and that we will be able to build upon our successes!

Deirdre Byrne, COSMIC Manager

Alcohol: Parents' drink threat to children.

The Independent
12/11/97



Logo and Poster design competition winners 2010

THE 171 PROJECT

N17

The road to recovery

Early approaches to alcohol misuse

In 1979, Tony Smythe began a discussion in Haringey Community Health Council (CHC) about the need to do something about street drinking in Finsbury Park. The public authorities didn't seem interested in the problem and there was no service for heavy drinkers, let alone alcohol dependent drinkers. The CHC decided to do a piece of research. This report found that there was little concern about alcohol and excess drinking as a personal or social problem. Most doctors were of the view that nothing could be done for "alcoholics" as they would just drink themselves to death. St Bernard's Hospital, Ealing, had a service where willing people were sent for detoxification and rehabilitation but there was no follow-up or aftercare. This pattern was replicated across the country with dependent drinkers typically detoxed in mental health wards, the emergence of more residential rehabilitation programmes, and the anonymous fellowships offering abstinence-based support via a 12-step approach.

So thirty years on, what abstinence-based treatment is on offer?

Opportunities for abstinence-based treatment are now more readily available; however this is mainly in the form of residential rehabs with a few established day programmes disappearing last year due to funding cuts. To improve abstinence-based provision locally, HAGA is now delivering a twelve-week abstinence-based structured day programme for people committed to an alcohol- and drug-free lifestyle. The 2010 national drug and alcohol strategy promotes abstinence as central to the "recovery agenda." The aftercare component of residential treatment is now recognised as a fundamental part of a person's recovery, since the reality of returning to life outside of treatment often leads to relapse. The 171 team work with the person within their community helping them to learn more about themselves, to build positive social and community relationships and by providing easy access into our co-located aftercare programme, RISE.

Detoxification from alcohol and other drugs is, with the right specialist support, a relatively easy process. Overcoming the emotional, social and other residual effects is a comparatively longer and more difficult aim. The 171 Project uses the "whole person" recovery approach to ensure that service-users maintain a substance-free lifestyle that is meaningful in every aspect of their personal, social and community life.

Angela Calcan,
171 Project
Manager

"the ethos of the 171 Project is to encourage service-users to invest in their recovery capital"

RISE

We stand for Resettlement, Independence, Stability and Enterprise

Education, training and employment programmes were few and far between thirty years ago and specialist providers were non-existent. When trying to support exiting service-users to move on into employment, we so often found that the needs of service-users with alcohol and other drug histories were not being met within mainstream employment services. We needed to do something to help our service-users overcome the barriers they faced, such as gaps in work history or no work experience at all, lack of confidence in applying for work, poor literacy, and criminal records.

Kinesis: from small-scale to standalone service

In 2003, HAGA started providing in-house training and support at the Resource Centre to service-users in order to improve their skills and support access to employment and further education. The types of activities offered included individual and group sessions on social skills training, literacy training, interviewing skills, C.V. writing, job search sessions and I.T. training. Strong links with local employment and training providers and volunteering placements were also made. In 2004, Kinesis—one of the first specialist alcohol providers for education, training and employment—moved into newly-upgraded premises in Northumberland Park and became a standalone service accepting referrals from all local substance misuse services.

RISE: a new partnership

HAGA is currently in its second year of partnership with Westminster Drugs Project (WDP) to deliver RISE. With over 130 referrals received from across the borough, RISE is an integral part of the recovery process. Each person receives an individualised care plan and is supported to gain skills and confidence and engagement with meaningful work-related activity of their choice. The staff enjoy the challenge of finding opportunities related to the person's area of interest.

In the first year of operation, 99 internal training workshops covering basic IT skills, Skills for Life, Employment Training, and Citizen's Advice Bureau (CAB) workshops were attended. Fifteen individuals were supported to gain employment, 54 underwent accredited training courses and 32 were supported through volunteering placements. RISE aims to support people into real and rewarding opportunities – something which the small team has successfully achieved with many service-users.

Angela Calcan, RISE Manager

Making our money work

HAGA has—with the aid of sound financial management and the support of both its staff and trustees—generated a positive financial outcome for the period. As a support service to HAGA, the Finance and Resources team has always worked hard to achieve best practice in Financial and Human Resources management, Administration, and IT. We have managed to review and implement best practice in our policies, systems and processes in these areas. We are developing strategies that will support HAGA's needs in the medium term, including those on business development to facilitate sustainability and to enhance our work in the community, looking for investors and selling our services.

Ade Omisakin, Finance and Resources Director

We can fix ^{it} for you, and you, and you

Since I joined HAGA eighteen years ago, there have been a lot of changes. Our current main building is very different from our humble beginnings at St Ann's Hospital. Moving to a new bigger site opened up our services to more people and the Admin department quickly became busy dealing with increased referrals, more enquiries from professionals and more service-users year on year. Data monitoring has become an ever more important task and we now collate statistics for National Drug Treatment Monitoring Services (NDTMS) database as well as supporting HAGA clinicians by inputting new service-user data.

When I first starting working at HAGA, most teams consisted of one to two workers. New projects have sprung up and have grown enormously at different points. Today, some teams consist of six staff. In 2010, we started hosting voluntary placements both at HAGA and at the Kinesis building. We recruit our volunteers based on the important skills and experience they bring. The Admin team at HAGA now consists of a manager, an Admin Support Worker and four volunteers. Thanks to all our volunteers, past and present!

We help to keep the other teams supported and keep things running smoothly, guiding both professionals and service-users to the right departments. It is rewarding to see how service-users improve from the first day they arrive to when they leave the service. The Admin team is pleased to play a part in this process.

Valerie Peart, Administration Manager

THANK YOU!

We would like to say a particularly big thank you to our current funders, commissioners, partners and supporters:

Our Funders

Haringey Drug and Alcohol Action Team (DAAT)

Haringey Primary Care Trust (PCT)

Haringey Adult Culture and Community Services (HACCS)

Haringey Children and Young People's Service (CYPS)

Haringey Voluntary Sector Team

Supporting People Haringey

Barnet Primary Care Trust (PCT)

Big Lotteries

Capital Growth

Comic Relief

Our Partners

Allenson House Medical Practice

Drugs Advisory Service Haringey (DASH)

Duke's Avenue Medical Practice

SMART Recovery

St Mungo's

University of Hertfordshire

Westminster Drugs Project (WDP)

Our Trustees

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HAGA
with you in recovery

