

CHERYL'S DIARY

Cheryl's daughter has been working for our team for just over a year. Cheryl had become interested in what Becky was doing in the substance misuse field, so we asked her if she would like to spend some time in a drug and alcohol treatment agency and write up her experiences for our web site. She had never previously visited a substance misuse treatment agency.

We were very pleased with Cheryl's article and members of the agency were impressed with the way that she interacted with the clients. Cheryl is now a volunteer with WGCADA and she loves her job. We sympathise with Cheryl's husband – he not only has two members of his family talking incessantly about substance misuse. His youngest daughter, Laura, recently discovered she could receive guitar lessons from the DOMINO project at WGCADA. So she is now learning to play the guitar!

David Clark
November 4th, 2002

A Week in the Life of a Drug and Alcohol Community Worker at West Glamorgan Council on Alcohol and Drug Abuse (WGCADA)

“It’s like being a fisherman. I cast my net with tasty bait and see what I can haul in. Some of my catch is ready to move on, some are not and I have to let them go. But they might be ready next time round.” Dave Watkins

Dave Watkins is the Drug and Alcohol Community Worker based at the treatment agency West Glamorgan Council on Alcohol and Drug Abuse (WGCADA). He covers so many different ‘roles’ over the course of a week - indeed over the course of just one day - that it is very hard to give him a job description. The above quote is the most concise way Dave could describe how he sees his job. So, to find out what the job entails, it was decided that ‘shadowing’ the community worker on a daily basis, seeing it all first hand was the best way to proceed.

It was decided that someone with no professional background in the field would be used to do the ‘shadowing’. The work of the agency would then be observed through ‘fresh eyes’ and the profile would be written in an easy to read format without all the professional jargon.

For more than 30 years, Dave Watkins worked as a mechanical engineer. He is married, and has two daughters and three grandchildren. Dave took up his present post as a Community Drug and Alcohol Worker at WGCADA five years ago. Initially, the post was for 20 hours, but it soon became a full-time position.

An introductory meeting was held with Dave where he outlined his work within the community with examples of the nature of his clients, their problems and some of the ways in which he can help. Dave works with very vulnerable people and went to great pains to stress the need for sensitivity and confidentiality during the ‘shadowing’.

Dave works from his office base at WGCADA in Swansea but spends most of his time out in the community. One of his most important tools is his diary in which he organises his schedule for the week. The words ‘typical’ and ‘routine’ certainly cannot be applied to Dave’s day. Colleagues have said that they see no structure to Dave’s day, but given the often-chaotic lifestyles that his clients live, it would be impossible for him to follow a rigid appointment system or plan.

However, certain days and/or times are set aside for specific tasks. For example, 10.30 – 1.30 on a Tuesday is set aside for the WGCADA allotments, Wednesday morning for visiting the detoxification (detox) unit and wards 4 and 6 at Cefn Coed, a local psychiatric hospital, and Friday morning for the team meeting.

Clients can make contact with Dave either by self-referral, friends or family, or through their social worker, probation officer, GP or other medical staff. The first point of contact at WGCADA is through Esther or Angie on administration. On first meeting the client, Dave will go through an assessment form. This helps him to gauge the level of help or support each client needs. Assessments can be carried out at the centre, in hospital or in the client’s home.

Once the assessment has been completed, Dave can put wheels into motion by contacting the professionals he feels will best be able to help the client in question. In some cases it will be

helping the client to engage with WGCADA, whilst in other instances it will be getting them into a detox programme, whether it be at home or in hospital. With some clients, the priority is finding them somewhere to live. These assessments also help Dave to prioritise the scheduling of the service to fit the client's needs and decide also where they need to be slotted in to his caseload.

One of Dave's responsibilities is the Mumble's allotment that is run as part of the Development Of Motivation In New Outlooks (DOMINO) project. This WGCADA project involves a range of diversionary activities including gardening projects, cookery classes (that are accredited by Swansea College), guitar classes, first aid courses, anger management, Information Technology (IT) and art classes. These courses are designed to develop and promote a greater awareness of life without chemical dependency. Initially, the funding was through a three-year lottery commission's grant (1997-2000). Presently, the DOMINO project is resourced through the Welsh Assembly's Challenge Fund with additional funding from Lloyds TSB.

The DOMINO project very often plays a part in the initial engagement of a client at WGCADA. As well as teaching the client new life skills, the scheme also provides a way to stop the client becoming insular and withdrawn whilst waiting their engagement in detox or a rehabilitation (rehab) programme. The DOMINO project is also accessed by clients who are still in treatment and by those who have completed treatment. This provides a continuum of support for the recovering addicts, not only from the Centres' staff but also from their peers.

I spent five days "shadowing" Dave Watkins and it turned out to be an illuminating experience. It is important to note that the client's permission was always sought before I sat in on any interview and/or assessment. All the client names used in this diary are fictitious.

Day 1

It is 09.30 and our first call is to check on two brothers, Gareth and Rhys, both who are in their thirties and have a serious alcohol problem. They are hoping to be admitted to Cefn Coed detox ward. Part of the difficulty getting them admitted is that they want to go in together. There are only four beds in the detox ward. Before meeting them, Dave gives some background to prepare me.

He expects them to be in an intoxicated state even this early in the morning. The brothers prove Dave right! He wants to check on how they are doing and to remind them that they have an appointment next day for a psychiatric assessment. Dave is hoping to get them onto the detox programme using the Mental Health Act. Both Dave and the brothers' social worker will be present at the assessment to take place at a health centre in Morryston. Gareth and Rhys seem genuinely pleased to see Dave. In turn, Dave engages them in easy banter whilst putting across his concerns about their behaviour and the importance of their forthcoming assessment interview.

10.00: We are on our way to pick up a young female heroin addict, Caroline, to take her to the allotments. Dave wants to encourage Caroline to access the activities at the Centre, with the hope that she will eventually decide to attend the Pre-Treatment programme.

To take part in the Pre-Treatment group at the Centre the client does not necessarily need to be abstinent. The aim of the pre-treatment is to educate the client about substance misuse and addiction. It also helps determine the individual's commitment to the abstinence programme.

The Pre-Treatment programme consists of two phases. Phase one spans eleven weeks and provides education on what substance misuse can do to your health and the effect it has on family and friends. The programme's lessons are preordained:

- Week 1: An Introduction to the Agency
- Week 2: Alcohol Use and Abuse
- Week 3: Drugs Awareness
- Week 4: The Disease Concept
- Week 5: The Progression of the Illness
- Week 6: The Physical Effects of Alcohol Addiction,
- Week 7: The Physical Effects of Marijuana Addiction
- Week 8: Blocks to Recovery
- Week 9: Health Awareness
- Week 10: The Effects on the Family
- Week 11: Step One.

In phase two, the client begins work on Step One of the Minnesota Model. In this first step the client looks at; Recognition of Dependency, Acceptance of Unmanageability of One's Life, and Recognition of Dishonesty With Self and Others. By this time the client must be abstinent.

If a client decides to access the abstinence 'Primary' programme they are usually involved in this rehab programme for 8 –12 months, where they work through the first five steps of Alcoholics Anonymous. The treatment is based on the Minnesota Model. They spend one full day (09.15 – 16.15) at the Centre a week for group therapy, lectures and educational activities. It is a full, structured day. The client also has one-to-one counselling once a week. They are encouraged to take part in the DOMINO project and to attend at least three AA or NA meetings a week.

There is no answer at her flat but Caroline's mother, Mrs C, calls us into her flat informing us that she will try to phone her daughter to get a response. There is still no reply. Mrs C becomes very upset, telling us that she is really concerned about her grandchildren being taken into care. She quizzes Dave about her daughter, because Caroline won't tell her anything. Dave calms Mrs. C by saying that her daughter has made a very positive step by contacting us. He says that he will phone her when we get back to the office to give her the name and telephone number of someone from a family support group who will be able to offer her advice and support. We also promise to check the local Post Office to see if Caroline has made her way there to cash her weekly giro.

When we leave the flat, Dave explains to me that he has to respect client confidentiality, so he had to be really careful about what was said to Mrs. C. We check the Post Office but with no luck.

11.00: Back at the Centre and getting ready to leave for the allotments. About 15 of the Centre's clients are waiting for the mini-bus to take them, but the driver is ill. We manage to ferry the clients to the allotments by car.

I am more than impressed with the allotments. I had been expecting something along the lines of the allotments we see on 'Eastenders', but this was far more impressive. There is a magnificent array of flowering plants, shrubs, fruit and vegetable plants, plus a pond complete with pond wildlife and a very nice sitting area for tea and coffee breaks. What a wonderful place to practice or learn new gardening skills, as well as being a peaceful place to sit and chat.

Dave explains that there had been an initial reluctance by the original allotment users to allow WGCADA's clients to use the allotments. The improvement that the clients' hard work had brought to that area of the allotments has now allayed the earlier fears. I am surprised and impressed that most of the clients actually get involved in the gardening and don't just sit around chatting and drinking coffee as I did!

Dave takes the opportunity to have quiet informal chats with some clients, individually. He even gives an impromptu topiary lesson. Asked where he had learned such skills, he says that he had picked it up off a TV program. I am to learn later that Dave has picked up many tips off the TV, but more of that again! At 13.15 we start to clear away, ready for making our way back to the Centre.

13.30 – 14.00: Coffee/lunch breaks back at the Centre. Dave, grabbing coffee on the run, goes off to check on phone messages whilst I have a chance to chat to some of the clients who have come in for the IT lessons that are being held that afternoon.

14.00: Dave takes a client to a probation meeting. I stay at the Centre chatting to a young man who is a heroin addict. He is on a rehab programme at WGCADA. He tells me about the trouble he was in before he started the programme and shows me the exercise he has to do as part of the next step of his treatment. The exercise involves him looking at his strengths and weaknesses and the effect his behaviour has had on him and those around him. He has to write his answers down to discuss them within his counselling group. It is wonderful to see his enthusiasm for what is needed to make him better. I am surprised at how much he shares with me, a stranger ten minutes ago. This was something I was to get more and more used to.

14.30: Mrs. A., a lady in her 40s, arrives at reception asking for Dave. I assume she is a social or probation worker looking to liaise with Dave until I notice how nervous and agitated she is. I then realise she is Dave's afternoon assessment appointment. Angie and I are trying to calm her down just as Dave arrives. We take her up to one of the offices to carry out the assessment.

Whilst interviewing Mrs. A. in order to complete the assessment forms, it becomes apparent that she is in denial of her excessive use and reliance on alcohol. It is obvious that she has been drinking already that day, but she tells Dave that, "I last had a drink three days ago!" She does not think her drinking is the main problem in her marriage, but blames her husband for not communicating or demonstrating his love.

Dave asks her to attend an Alcoholics Anonymous (AA) meeting later that week, saying that we will take her there and stay with her for support if she feels that she needs it. She agrees. Dave also tells her about the allotments and asks if she would like to join us there next Tuesday. She declines. We give her literature on the centre, and a list of AA meetings and other educational leaflets about alcohol abuse/rehab. 'Bedtime reading' as Dave calls it.

16.00: A call comes into the Centre from a worried couple, Mr. and Mrs. D, concerning their grandson who has been drinking heavily and living rough as a consequence. They had tried to get Brian onto the detox ward at Cefn Coed but had no success. They had then tried to get him into a hostel but couldn't find one willing to take him, as he wasn't in receipt of housing benefit. Nearly all of the hostels/boarding lodges require the applicant to be in receipt of housing benefit as a means of covering their board and lodgings. Mr. And Mrs D had no idea what to do next, so had been put in touch with WGCADA.

16.45: We arrive at Mr. And Mrs. D's house to carry out an assessment. The family see finding Brian somewhere to live as the first priority – they don't want to see him sleeping rough again. Due to their own ill health they are finding it too difficult to cope with Brian and his excessive drinking and Brian's parents will have nothing more to do with him. Although Brian owns his own home he can't live there because he rents it out to bring in enough money to cover the cost of his mortgage and rates. This causes Dave a bit of a 'headache' as most of the hostels require the 'lodger' to be in receipt of housing benefit, to which this client is not entitled.

Brian has an appointment at Cefn Coed tomorrow but can't remember what time. Dave makes a phone call to the unit to confirm the date and time. He suggests to the family that they try the Nun's hostel on the Strand, after their appointment at Cefn Coed tomorrow, as they are run as a charity and do not rely on the housing benefit. Dave also suggests that Brian engages with WGCADA for support through the DOMINO scheme initially, with the aim of moving on to their rehab programme. Brian agrees to come to the allotments next Tuesday and to go to an AA meeting Wednesday evening.

18.30: On our way to do a home visit assessment. The client, Colin, has started a home detox from alcohol and is afraid of suffering 'fitting' episodes during the withdrawal. His GP had given him tablets to help with the symptoms of withdrawal but he didn't recognise them and so was afraid to take them.

Dave phones Cefn Coed to ask one of their doctors what the tablets are. It turns out to be a drug similar to Valium and the doctor informs Dave how many should be taken and how often. Dave promises to speak to the client's GP the following morning to advise him of Colin's delay in starting the medication and to get a further prescription written. Dave also promises to bring the client's parents up-to-date with Colin's new regime. Dave has helped this client previously so already has a good relationship with the family.

20.00: We arrive back at the Centre. Dave asks if I'd like a cup of coffee before I make my way home!! I feel so tired I can barely string a sentence together and can only marvel that Dave is still standing. I wish I had half of this man's energy. I make my weary way home whilst Dave goes off to his desk to make his diary entries, check on phone messages and prioritise the tasks for tomorrow.

Day 2.

09.00: Dave places a call to Mrs. C., the mother of the young girl we missed yesterday, to give her the name and contact number for her local AI-non family support worker who will be able to offer advice and support. There is no answer. He then calls Colin's GP to ask for the detox prescription required and to provide an update on this client. Dave phones Colin's parents to tell them that there will be a prescription ready for collection at 15.00 today and he explains the regime that needs to be followed.

He then calls Colin to see how he had coped through the night, reminding him to take it slowly and not to rush getting back to work because it was really important that he makes sure that he is well first. Dave explains that Colin's parents will be picking the prescription up from the surgery after 15.00 and goes back over the regime to be followed. Before saying good-bye, Dave promises to phone again to see how things are going.

10am: We arrive at Cefn Coed Hospital in Swansea. Dave asks if I have ever been to the hospital before. As I have not, Dave tells me a little about the detoxification (detox) ward and the other two wards that he visits and explains what happens to the patients after detox is completed.

Detox is the controlled withdrawal from a substance such as heroin or alcohol that has resulted in physiological and/or psychological dependence. It is a procedure that aims to alleviate withdrawal signs and subjective discomfort, and prevent the risks inherent to suddenly stopping use of a substance that has resulted in dependence.

Detoxification can take place in the home or in a hospital. Detox in Cefn Coed normally takes 7 – 14 days, depending on the individual patient. The detox ward is a 'locked' unit (staff require a security code to enter/exit and patients are not allowed to leave without discharging themselves from the programme) that has four beds (a fifth bed will be available shortly). Patients admitted to this ward usually feel that they wouldn't be able to complete a detox programme at home. This may be because they don't have a supportive home environment or because they have a concurrent mental or health problem that may be exacerbated by the withdrawal process, e.g. history of seizures, heart or respiratory problem. They need the help and support of the nursing staff that are on call 24 hours a day. The patients are either referred for detox by their GP or by a social, probation or other drug worker.

Detoxification is one step of an ongoing process - it needs to be supported by a period of aftercare for the client to produce long-lasting changes in behaviour. Once a detox programme has been completed, the patient usually then moves on to a rehab programme which could be based at a treatment agency such as WGCADA.

Some clients find it too hard to detox and go through rehab whilst living in the community; this could be because they do not have a strong family/friend network for support. Dave will contact a residential lodge on behalf of these clients. There are a few residential lodges in Cardiff, but WGCADA places a lot of their clients at either Walsingham House in Bristol or Broadway Lodge in Weston-Super-Mare. WGCADA uses these two places because of the dreadful shortage of beds/funds available for drug and alcohol rehab programmes within our area.

Prior to admission, an assessment is carried out to determine the clients' suitability for treatment. Once that has been accepted the next step is to secure funding for the period of stay. The client could spend up to twelve months in rehab. The first stage of treatment can take 6-8 weeks and up to 10 months for the second stage.

Wards 4 and 6 at Cefn Coed are general psychiatric wards but are also used as an over-spill ward if there is an emergency detox admission. Ward 4 is reserved for patients from the Neath/Port Talbot area, whilst Ward 6 is for the Swansea area. Dave explains that some of his clients are also admitted to Wards 4 and 6 for related mental health problems. Generally, there is someone on the detox ward that Dave knows, but he was never certain if any of his clients have been admitted directly on mental health issues to the other wards. He always checks both the detox and Wards 4 and 6 on each visit.

Today, we were going to visit the detox ward first. As we cross the car park, we bump into Brian, the client who needs somewhere to live. He had just completed an interview to get his name on to the detox list at the hospital. Dave encourages him to go down to the Strand, where the hostel for the homeless run by Catholic nuns is located, to ask if they would take him in. Dave tells him that if he has no luck, to get back in touch and Dave will do his best to sort something out. Brian is also encouraged to go to an AA meeting.

There are two patients on the detox ward when we arrive. Dan, who is in his 40's, is there for an alcohol detox. Dan is hoping to have a place on rehab at Walsingham House in Bristol. He asks Dave to chase up the paperwork needed to secure the funding to pay for his place. All Dave's paperwork is in, but the client's GP seems to be dragging his feet. Dave promises to make a phone call to the GP to see what the hold-up is.

Dan asks if anything can be done to get him re-housed. Dave tells him that it will be looked at later as they have the rehab programme to go through first. Dave goes to speak to the nursing staff to check on whom they are expecting to be admitted over the next 24 hours. While Dave is away, Dan turns to me and says:

"Dave's such a great bloke. He works so hard, he should be made a saint."

The other patient is a young female in her 20s who is there for a drug detox. She also asks Dave if he can get her on a rehab programme. Dave advises her to speak to her Community Psychiatric Nurse, (CPN).

11.00: Dave checks to see if he has any clients on Ward 6. Today we have just one client to visit, Ruth is a client that Dave has known for some time. Her drugs of choice are 'speed' and 'crack' and she has completed detox and rehab programmes a couple of times. We settle down for a chat and Ruth tells Dave that she had been in for a month now and doesn't expect to be getting out any time soon. Dave asks whether she was still hearing the voices? She replied that she was but not so much. Dave later explains that he has had conflicting views from doctors who have treated Ruth. One doctor felt that Ruth was making the voices up for attention but another felt that the voices were 'real'.

Dave asks Ruth if she is still self-harming. She says she hasn't recently and holds out her arms to prove it. She tells us that her mother and sister are looking after her three children. She wonders how her Mum and sister are coping but says that she knows she couldn't cope.

She and Dave reminisce about the antics she got up to when he accompanied her to one of the rehab centres. Ruth was at the top of the staircase as Dave was saying goodbye before leaving. The next thing Dave knew she was falling head first down the stairs. When Dave asked her what had happened she told him that the ‘voices’ had told her to throw herself down the stairs!

Dave has an encyclopaedic memory of all the facts relating to his clients - past and present. He recollects their families, their relationships, their ‘highs’ (and ‘lows’), their achievements, etc.

Ruth asks how some of the staff members at Broadway Lodge are doing, particularly one member of staff that had spent several hours walking the grounds with her during her rehab. They then went on to chat about some of the friends she had made at WGCADA and Dave encourages Ruth to come back to the centre when she is discharged. She asks if he would come back to see her soon and Dave promises that he will.

12.00: Dave suggests a coffee break, sitting in the hospital grounds and enjoying the sunshine. This is one of the rare occasions that Dave has stopped working, even though the conversation is still about clients. We talk about the clients we have seen so far that day.

I start to ask Dave questions about self-harming when a hospital worker, Jim, spots him and comes over to say “Hi”. Dave introduces us and tells me that this is the man who can give me some answers to my questions as he works with people who self-harm. Jim relates his experience and opinions on self-harming and its progress. In his experience, people who self-harm use it as a way of releasing strong emotion, such as anger. Jim says self-harmers rarely grow out of it, although the ‘cutting’ may become more superficial over the years.

Another of Dave’s network of knowledgeable “experts” with whom he has cultivated an excellent working relationship that enables him to call on them for their expert advice and vice versa.

12.30: We start to make our way up to Ward 4 but en-route Dave recognises an old client. He stops to chat so that he can catch up with what is going on in this client’s life at the moment. He promises to check up on him the next time he was in the hospital. When we arrive at Ward 4, we are told that there are none of Dave’s clients on the ward at the moment. Dave has a chat with the nursing staff before we make our way back to the car.

13.15: Back at the car, Dave gives me some background on the next client. Margaret is an elderly lady with an alcohol problem – a “lace curtain” drinker. Dave is particularly concerned whether she will be comfortable with my presence.

13.30: At Margaret’s home, Dave initially speaks to her alone to make sure that it is okay with her for me to be part of the visit.

Her husband has suffered four strokes and is confined to bed. Although social services provide some daily help, she is looking after her husband 24 hours a day. Margaret says that she only has a little drink to help her cope, but admits that she has already been drinking sherry that day.

Her social worker arrives after ten minutes. Dave and the social worker have been trying to persuade Margaret to go into Cefn Coed to detox but she has refused adamantly. As Dave explains later, it is the stigma attached to a 'mental hospital' that makes this option abhorrent to someone of her generation.

Previously, Dave had enlisted the help of two WGCADA clients, who were well on the road to recovery from alcohol problems, to visit this lady under the pretext of helping maintain her garden. Whilst there, as prompted by Dave, they told her their "drinking" life story and how they accepted help to recover. She was amazed at the quantity of cider they had consumed but it served to help her recognise her problem with excessive alcohol consumption and the effect it had on her ability to support her invalid husband. As she is so concerned about caring for her husband, Dave attempts to persuade her to enter a centre for detox/rehab that will also take her husband as well. He finally manages to persuade her to visit the place, provided it is "not Cefn Coed", with him to see if her and her husband would like it.

Dave also discusses AA meetings as he feels that Margaret will benefit from the company and support from female members of the group. Once Dave is satisfied that she will visit the rehab centre and is seriously considering going to an AA meeting, we start to say our goodbyes. However, we are told in no uncertain terms that we are to stay for a bit longer. Chastised like two naughty children, we sit down again!

We chat for another five minutes or so but then Dave tells Margaret that we really must go as we have two clients to take to an important meeting. Reluctantly, she "allows" us to leave after Dave promises to call to see her soon. Once out in the car, Dave tells me that we really have to 'get our skates on' as we were supposed to be at the next clients' home by 14.30 - it is now 14.30!

14.45pm: We arrive at the home of Gareth and Rhys, the brothers from yesterday, to find that the social worker has left a note pinned to the front door. He has taken the brothers for their assessment and asked us to follow on and meet them there.

15.00: We arrive at the Health Centre in Morriston. Dave bumps into a member of staff he knows who takes us to the room where the assessment with the psychiatrist is being carried out.

My first shock of the day – the brothers have completely shaved their heads!

The psychiatrist asks many questions but seems to be very surprised by some of the answers. He appears to find it unbelievable that the brothers can drink up to 16 pints of cider a day and don't put any money aside to cover bills and buy food. He seems shocked that every penny the brothers spend is on alcohol, although this is behaviour typical of the alcoholic in Dave's experience.

As a lay observer, I find the psychiatrist's response frightening as it displays a complete lack of appreciation of the disease. Dave seemed unfazed by the psychiatrist's naivety, having witnessed this type of response many times from professionals in the social and mental health fields when confronted with practical examples of substance abuse.

As the assessment comes to an end, the psychiatrist says that he cannot help to get them on to the detox programme at Cefn Coed

Walking back to the car, Dave asks the brothers,

“What am I going to do with you boys?”

“Dunno, Dave. Can you believe that bloke thought we had money put away?”

After a bit of bantering and inspection of their scalps - to check out the nicks from the head shaving - we manage to get them into the back of the car and set off for their home. There follows a disjointed, rambling discussion about local events that I have great difficulty in following but Dave manages to keep up with. He seems to easily tune on to their wavelength!

As we pull up outside their front door, Gareth and Rhys tell us that their gas was cut off that morning. Dave explains that it was done for their and their neighbours' safety. It was felt that, in their regular inebriated state, they might switch the gas on, not light it properly and cause an explosion. Dave asks if they still have electricity for light and heat and they say that they do. Dave promises to check in on them soon and will let them know as soon as he has found a way to get them into detox.

As I am saying goodbye, one of the brothers (I couldn't tell them apart!) tells me that he wishes the council would cut down all of the trees in front of his house. When I asked why, he says that they spoil the view from his window!

16.00: We are on our way to Morryston Hospital to visit two female clients. The first lady, Sheila, was admitted to the hospital about a month ago. Dave and Angie had called at Sheila's home to do an assessment prior to getting her into detox/rehab. When they arrived, they had found her in a really bad way. She was barely conscious and had dragged herself across the floor to open the front door. All that was visible to Dave and his co-worker was a hand covered in excrement coming around the bottom of the door. The flat was in a terrible mess – urine and faeces were all over the floor and the bed, and empty bottles were lying around.

Obviously there was no need for an assessment. This lady needed help desperately, there and then. The female worker took the client into the bathroom to get her cleaned up whilst Dave set about cleaning up the flat. Then Dave made the necessary phone calls to arrange for an ambulance to take her into Morryston Hospital.

Whilst Sheila was being cared for in hospital, Dave had managed to secure a place for her at Broadway Lodge in Weston-Super-Mare. The lodge had sent a brochure to Sheila with information on the care and treatment she would receive. She tells Dave that she is really worried about what the treatment entails. Dave explains the treatment to her, but Sheila is worried about not being up to taking part in the aerobics that she has seen listed as part of the treatment regime! She has been bedridden for a month recovering from her drinking binge and tells Dave that she is far too weak to be able to take part in aerobics. Dave reassures her that the staff at Broadway Lodge will take her state of health into account.

Sheila asks Dave if he would be able to take her home for an hour so that she can pick up some nightclothes and a set of clothes to wear next Monday when Dave takes her to Weston-Super-Mare. (Sheila's family are fed up with her drinking and are not visiting her very often. When they do visit, they usually forget to bring the items that have been requested). She also expresses concern about her flat.

Dave asks the nursing staff if it is okay to take her home for an hour and reminds them that we will be picking her up at 09.00 the following Monday to take her to Broadway Lodge. We slowly make our way out of the ward and, at Dave's jovial encouragement - "It's good exercise" - we walk down the stairs. There follows some good-humoured jibing between Dave and the client as he sought to raise her morale.

During the drive over to her house, Dave asks Sheila how her relationship with her ex-husband is, how much she sees of her sons and what they were all doing now. In this manner, Dave is attempting to gather information on the long-term stability of her relationships and whether any further family support can be expected. As we pass a certain section of the road, she reminds Dave about a car accident she had been involved in there. Dave starts to laugh and says how funny it had been. She says, "It might be funny looking back, but it wasn't funny at the time." "Go on," says Dave, "I thought it was very funny at the time!" Yet another very comfortable relationship!

The housing warden meets us at the flat with the front door key - Sheila can't remember where her key is. Once inside, we get the necessary clothing packed into a case and sort through the mail. She becomes agitated about a housing form that is amongst the mail. She tells Dave that she won't be able to fill the form in because she cannot concentrate or hold a pen for any length of time. Dave tells her not to worry as he will go through the form with her and would make sure that it is posted.

The warden of the flats says that she needs Sheila's National Insurance number for forms that she has to fill in concerning the flat. Dave says that he also needs the number for forms he has to fill in for Broadway Lodge. Sheila tells us that the number can be found on her benefit book that her son is looking after. Dave asks her to phone her son to get the number and then to pass it onto him and he would see that the warden gets it. Dave later explains to me that although it would have been easier and quicker for him to call the son, he had felt that it was an opportunity to encourage contact between the pair.

On the drive back to the hospital, Sheila points out where she used to work and where she used to live when she was married. She tells me all about her sons' academic achievements, their present careers and her grandchildren. As she speaks, her pride in her family is obvious and she recognises it all could be lost. She berates herself for getting into her previous state and acknowledges that if she carries on drinking, she will kill herself.

17.00: We are back at the hospital. We settle Sheila back on the ward and go over the housing form with her. Dave reminds her to be dressed and ready to go by 09.00 on Monday for our trip to Broadway Lodge.

We tried to visit the other female client but are told that she has been discharged. Dave is annoyed that he had not been informed prior to this lady being sent home. He had specifically had a reminder attached to the patient's notes to say that he wanted to be alerted when this

person was due for discharge. He had wanted to ensure that support was immediately available for her upon her return home.

5.30pm: We arrive back at the Centre. Dave returns to his desk to complete his daily wrap-up process - write up his diary, check his messages and make some follow-up phone calls. I make my way home, my mind buzzing with all the day's events and praying that my daughter has made a start on supper!

Day 3

09.00: The day begins with a coffee and informal chat with staff members at WGCADA. Dave is called away to take a phone call from the parents of one of his clients.

09.30: It is time for the weekly team meeting to begin and Norman, the Centre manager, waits 'patiently' for his staff to take their places. Norman informs the team that he won't be staying for the entire meeting as he has a report to write, but first he has a few items that he wants to discuss.

The first item on Normans' agenda is getting me to explain to the team exactly what I am doing at WGCADA. It transpires that Dave and Norman have been "pulling the legs" of some of their co-workers with regard to my activities and my report "on the value for money from their contributions". I had just been wondering why everyone was keen to make me coffee!

The next item discussed is the sponsored walk planned for the following weekend. Norman wants to confirm who is doing what and when. Every member of the team is involved in one way or the other, from actually taking part in the walk to making sure the 'watering holes' are manned. They all seemed genuinely enthusiastic about the event, even though it means giving up some of their weekend free time.

The upcoming auction is now discussed. Norman reminds us that he is expecting a donation for the auction from every staff member. He 'warns' us to make sure the item we bring is something that he can have fun auctioning! Norman tells the group that two commodes have been donated, one large and the other much smaller. He senses he can have real fun with them at the sale! One of the Centre's counsellors asks if he can return a plate depicting 'Christmas in the summer (!?!)' that he had been 'forced' to buy last year even though he admitted, on reflection, that he might actually be getting attached to it! Norman says that he would allow it because peoples' taste change and he might have a bit more luck raising money with it this time round.

Permission is then requested for a letter to be read out to the group. The letter had been written by a couple that, by chance, had ended up camping alongside a camp-party from the Centre at Port Eynon last year. Mr. and Mrs. Johnson had enjoyed themselves so much that they were wondering if a camping trip was being planned for this year as well. If it was, they asked, could they meet up again? A few of the team members present at the meeting had also been on the camping trip and recollected the chance meeting with the couple.

A group of about 15 centre clients and staff had made camp. They were enjoying a barbeque and sing-song when the man from the motor home next to them came over to ask if they were associated with an AA organisation. Mr. Johnson went on to explain that he and his wife had

noticed that no alcohol was being consumed and had thought it odd that a group of young people were not drinking. Staff members told Mr. and Mrs. Johnson a bit about WGCADA and the couple asked if they could join the party. Mr. Johnson told the group leaders that if he or his wife wanted a drink, they would only drink inside their motor home out of respect for the group. The couple joined in the treks and evening singsongs for the rest of the camping trip.

Norman says that it is lovely to get feedback like this but it is a pity that there aren't more members of the general public who are as perceptive and thoughtful. Before he leaves, Norman asks if any team member had anything in particular they needed to discuss with him.

Dave Watkins raises his hand but Norman, knowing that Dave's request is going to be of the 'please can I be excused kind', studiously tries to ignore him! Dave eventually gets Norman's attention and tells him that he needs to be excused from the professional seminar being held at the Orangery in Margam this coming Monday, as he has to take a client to Broadway Lodge. Norman says that someone else could do that journey and he feels that Dave should go to this meeting. Dave appeals to me for back up. "She's a very vulnerable client isn't she, Cheryl? Feels comfortable with us, doesn't she?"

Norman looks around the group then back to Dave and says, "I think you need to go away and take a look at why you are trying to avoid this meeting. Go away and think about it, then come back to me with your thoughts". Before he leaves, Norman tells the group that he wants to see each group counsellor individually after the meeting. It is quite fascinating to see the dynamics between the Centre's manager and his team.

The meeting continues with each team member in turn providing a review of some of his or her clients. This might be a client who has finally realised that they need the support given by the Centre and are now ready to engage in the pre-treatment programme, or a client who has been progressing well through the rehab programme and is now in a position to offer support to other clients. Several of the current counsellors had followed this latter route to eventually become full-time workers at the Centre.

Clients who are causing concern are also discussed. The concerns range from a client not turning up for their 'one-to-one' or group session, to clients displaying inappropriate behaviour at the Centre or whilst in a group meeting. The staff member experiencing difficulty with a client is then able to call for support from the rest of the team. The background of new clients to the Centre is also discussed, giving the team the knowledge that would help them deliver the best service possible to that individual.

The weekly team meeting also provides staff with an opportunity to work through any problems they were experiencing within the team. This section of the meeting generates healthy, if sometimes heated, debate. The meeting closes after the office diary is read through, reminding each member of staff about any meetings or visits that they have booked for the coming week.

12.00-12.30: Lunch-break and time to stretch my legs out in the Centre's garden. Clients from the Centre tend the flowerbeds and they have done a wonderful job. For once, the Centre is quiet so I take the opportunity to soak up some sunshine whilst drinking my coffee at one of the garden tables. The garden is a little oasis that both staff and clients can enjoy.

12.30: Our lady client, Mrs. A arrives as promised ready for us to take her to the AA meeting. She is obviously very anxious and keeps saying that she isn't sure that she can do this. As Dave and I lead her through to the staff room to make her a coffee, I can smell the alcohol on her breath. She is still denying that she has had a drink and goes back over the same story she told us at our first meeting. We manage to calm her enough to get her into the car to take her to the AA meeting. In the car, Dave tells her how proud she should be of the huge step she is taking by attending this meeting. He outlines the course of a typical AA meeting and explains that she won't be expected to share her story with the group until she is ready.

13.00: We both accompany Mrs. A into the meeting and Dave introduces her to one of the 'older' group members. He knows from experience that this man will take good care of her. We are both pleased to see that Brian, our 'homeless' client, is at the meeting – the Nun's have taken him in. I spot a few other familiar faces from the Centre as well.

Dave edges me outside. I am surprised because I had thought that we were staying in case Mrs. A needs support. Once outside, Dave explains that he thinks it is better for her to do this alone, but that we should wait outside the centre in case it gets too much and she needs to leave.

Whilst waiting, Dave gives me a run-down on all the locations and times that AA meetings are held. I am surprised to learn how many meetings are recommended for a newly recovering alcoholic or drug user to attend – 90 meetings in 90 days. If you manage to achieve that, research shows that you are in with a good chance of recovery.

As we speak, an elderly gentleman comes over to chat with Dave - just to catch up on what is happening before going in to join the meeting. Within minutes, a car pulls up alongside us and a young woman jumps out, puts her arms around Dave and gives him a hug! Dave introduces us and then asks the young woman how things are going for her. He encourages her to drop in at the Centre soon, but she says she is doing okay for the moment and so doesn't feel as though she has a need. By now, I am not at all surprised to see that even clients who are no longer engaged with the Centre still like to stop and chat with Dave.

14.00: The meeting ends and our client (plus her 'minder') come over to tell us how it has gone. We are impressed because not only did Mrs. A stay for the entire meeting, but she 'shared' as well. Her 'minder' asks her to promise to come to another meeting the following week and she promises that she will. Dave congratulates her on the huge step she has just taken. He tells her that it is not uncommon for someone to go to these meetings for over a year before they were ready to share their story with the group.

Dave points out another "old" client that still cycles over 40 miles weekly to attend the meeting. The cyclist stops by and offers our new client words of encouragement drawn from his own experience. We make our way to the car to return to the Centre. During the journey she tells us about the meeting – she still cannot believe she has done it!

Once at the Centre, we give Mrs. A the list of dates and times for the AA meetings in our area. Suddenly, she becomes very agitated, saying that she has made a mistake. She shouldn't have come here and she even accuses Dave and I of being part of a conspiracy with her husband! After some time, we manage to calm her down and get her to drink a glass of water.

Dave is called to the telephone and almost instantly Mrs. A becomes very agitated. She says that she doesn't want to be a nuisance, that she shouldn't waste any more of our time and that she wants to leave. I try to calm her by reassuring her that she is not wasting our time and that we think that she has done very well that day. Dave returns and she again apologises for wasting our time and thanks us for our patience, but says that she has to go. Dave asks if we can give her a lift home, but she seems horrified at the suggestion. Dave offers to drop her at the end of her street if that would make her feel more comfortable than being dropped outside her front door, but she refuses the offer, saying that she wants to go and sit in the park for a while.

15.00: Dave wants to revisit Dan on the detox ward at Cefn Coed to check that he will be able to stay on the ward over the weekend and to give him an update on his application for rehab. On our way to Cefn Coed, we drive past the park to make certain that Mrs. A is okay. She is sitting quietly on a park bench. I ask Dave how you can tell that it is 'safe' to let a client leave after such an emotional episode. He tells me it comes with experience, that you can only do so much and then the responsibility has to lie with the client.

15.20: Dave introduces me to the staff on the detox ward and it is confirmed that his client will be able to stay on the ward until the coming Tuesday. There is also the possibility of an extension beyond that date, if Dave still hasn't managed to secure a place on rehab – the possible hold-up is still the missing GP's letter.

Three new patients have been admitted to the ward since our last visit, two male and one female. Dave knows both male clients, but before talking to the new arrivals, he spends some time with Dan discussing the ongoing difficulty he has contacting the GP for the letter. None of Dave's phone calls have been returned. Dave reassures Dan that he will try again first thing Tuesday morning, as we will be away all day Monday. If necessary, he will drive over to the surgery and pick the letter up personally. Dan thanks Dave for all his efforts and says that he wouldn't know what to do without him.

Dave has arranged for me to have a chat with the charge-nurse. She takes me through the day-to-day running of the unit and speaks about some of the problems that she has come across whilst working on the detox ward. With there being only four beds on the ward, it means that any emergency case has to be admitted to either Ward 4 or 6, the general psychiatric wards. She feels that this is not an ideal situation for someone who is going through drug withdrawal and all that it entails.

Another issue that she highlights is the lack of a social worker attached to the unit. The nurse speaks of a patient who had been discharged from detox with no money, no place to go and no rehab programme in place. He had no address so could not claim benefits. In turn, that meant that he has no money; without money, he cannot pay rent. A vicious circle. This is the kind of situation that usually results in a call being made to Dave or his colleagues.

The nurse also expresses her disgust at the 'academics' that are left to decide where the money from the drug and alcohol fund is spent. She suggests that they should get in touch with the real world by getting out into the community and experiencing some of the problems faced, on a day-to day basis, first-hand.

Before we leave, Dave has a chat with the new arrivals to catch up on what has been happening in their lives since they last met. As this is the last call of the afternoon, we return to the Centre where Dave gives me a pile of literature and a couple of videos that he thinks will help me get a better understanding of the issues around substance misuse – my homework!

Day 4

08.45: I arrive at the Centre as arranged with Dave so that we can pick our client up from Morrision Hospital at 09.00. Dave is not there and I am told that he is stuck in a traffic jam caused by a motor accident.

09.00: Dave arrives at the Centre with a client in tow. John is in his 50s and he has a very serious alcohol problem. I can see straight away that John isn't doing well - he is breathless and having difficulty walking. Every few steps he stops to hold on to the wall until he can catch his breath. Dave brings him through to the staff room where I make us all a cup of coffee. As John tries to lift the coffee cup to his mouth, I can see how badly his hands are shaking.

Anne, the Centre's financial manager, comes into the staff room to talk with John. She knows of him because he lives in her village. Dave takes this opportunity to tell me about the call-out he had the previous night that has resulted in John being with us today.

Dave's local GP had phoned to ask if he would accompany him to the home of one of his patients who was in withdrawal. I ask if this is 'normal'. Dave explains that he knows the GP personally so, of course, the GP knows the line of work that Dave is in and was asking for a favour.

When they arrived at the house, they found John lying on the settee in his lounge in a puddle of urine. There was urine all over the floor and the client had been to the toilet on the kitchen floor as well. They could see that John had attempted to clean this up but Dave said that only made the job more difficult! Aware of the dangers and pain associated with alcohol withdrawal - the shakes and the risk of fits - the GP gave his patient some diazepam to help reduce the symptoms and risks. Dave had cleaned up the mess and got the client settled for the night, promising to return to check on him the following morning.

09.15: Anne asks if Dave will be able to get the staff at Broadway Lodge to admit John today because he is so obviously ill. Dave says that he doesn't think they will be able to because no funding has been secured yet for John. However, Dave feels that at least an assessment will be done. Anne feels certain that the residential staff will not be able to turn a man away in this condition. Dave remains unconvinced. He explains that it doesn't only come down to what the staff feels is needed in this kind of situation. It is all to do with securing the funds. If the money isn't there (from the client's Local Health Authority Trust or Local Council), the patient doesn't get the treatment!

09.30: Dave can see that John isn't doing too well – he has the shakes quite badly. When Dave asks him how he's feeling, John says that he has a headache, feels hot and can't stop shaking. Dave asks him when he last took his medication and checks the dosage written on the label. He reminds John that he needs to take another dose. While we wait for the

medication to take effect, Dave makes sure that the client understands why we are taking him to Broadway Lodge.

Anne reminds Dave to keep an eye on the John in the car in case he starts to 'fit'. I have the feeling that Dave doesn't need reminding! We slowly make our way out to the car.

10.00: We arrive at Morriston hospital to pick up our female client, Sheila, whose assessment has already been arranged. She tells us that the nursing staff had told her that it was typical of a man to make a point of telling you to be ready at a certain time and then turn up late himself! Then she asks why we are so late. Dave explains that he had picked up another client to go up for an assessment as well. As soon as everyone is settled in the car we set off – in search of a garage for petrol! Dave's Sunday night call out has meant that he hasn't got around to filling the petrol tank.

10.15: The motorway traffic is really heavy, so progress isn't as fast as we would like. During the journey, John seems to be very confused and disorientated and needs constant reassurance that everything is going to be all right. Sheila seems really calm and is very chatty. She talks a lot about her past, and her relationship with her ex-husband and children. During the drive, Dave shares some of his awful jokes with us – this journey feels as though it could go on forever!!

12.15: We arrive at Broadway lodge more than an hour late! Dave parks the car close to the entrance so that John and Sheila don't have too far to walk. The Lodge is an impressive building that looks like an old manor house, set amongst beautiful gardens and surrounded by woodland. Once inside, we are shown to the waiting room and offered tea and coffee that we all gratefully accept. Several staff members stop to chat with Dave, some to enquire how former patients are doing now.

John becomes agitated and asks Dave if he can go outside - he needs a cigarette. Dave asks if Sheila and I will be okay until he gets back. We tell him we'll be fine. Within minutes, Sheila is called through for her assessment with the resident doctor. This assessment will take about an hour and will cover the client's health, life and drinking history. It will also assess the client's commitment to a change in lifestyle and is an important step on the road to recovery.

Dave and John return just as one of the counsellors comes in to verify the time of John's assessment – about 14.30pm. After about 15 minutes, John becomes restless again and says that he needs a breathe of fresh air so Dave takes him back outside. They are back within 10 minutes – it's raining.

John asks when we can leave. Dave explains that we have to wait until Sheila's assessment is finished and that John also has to see a counsellor. John goes quiet for a while but then starts fretting because he only has two cigarettes left in his packet. Dave tells him that he will get him cigarettes from a garage on our way back home. This pacifies John for all of ten minutes!

13.30: John wants Dave to get some cigarettes NOW, so they set off to find a shop. As I'm there, Dave is able to leave Sheila. Five minutes later, Sheila's assessment with the doctor comes to an end and she tells me that she now has to wait for an interview with the admissions' officer who will explain the treatment plans and check financial details.

Sheila begins to cry. When I ask her what is wrong, she says that a lot of the questions asked by the doctor were very personal. She hadn't realised that she would also be expected to talk about her childhood. These questions had made her realise that she had never been 'good enough' in her mother's eyes. She went on to tell me about her childhood and her relationship with her parents.

13.45: Sheila is called in to fill out the necessary forms for her admission. No sooner has she been called than Dave returns. John is sitting out in the car. He's finding it too claustrophobic in the waiting room. I tell Dave that Sheila is now having an admission's assessment, which will also take about an hour. Dave asks me if I would like a guided tour of the ground floor of the Lodge and the grounds. As well as being nose-y, I am also grateful for a chance to stretch my legs.

Dave shows me the reception area, the kitchens, dining rooms and conference/classrooms. Outside, we take a walk through the car park (stopping to tell John where we are going) and down around the back of the building. The garden here is landscaped and set in tiers. On each tier there are chalets that provide the living accommodation for clients during the second stage of their rehab programme. At this stage, the clients are learning to be independent so they are responsible for looking after their own money, buying and cooking food and keeping their accommodation clean. Our walk continues up and around the other side of the main building where we discovered a pond complete with a water feature and a sheltered seating area - absolutely beautiful. All in all, this seems to be an idyllic place to start the road to recovery.

14.15: We are back in the car park and make our way to check on John. He's still sitting in the car having a cigarette and immediately asks what time we will be going home. Dave tells him that he needs to go back inside first to wait for his assessment. The three of us take a slow walk back to the waiting room, stopping every now and then for John to catch his breath. Dave reminds John that it is time for him to take his medication. John asks why he has to have an assessment. Dave explains again that the assessment is needed to get John onto the rehab programme at the Lodge because if he doesn't stop drinking very soon, he will end up dead!

John agrees but, obviously confused, says that he can't stay here, as he doesn't know his way home. Dave patiently tells him not to worry, as when the time comes for him to go home after the treatment, he will be well enough to get a bus or the train. John says that he can't do either of those things because he doesn't have any money and he doesn't know where the station is. Dave says that there is no need for him to worry about that right now because we are talking about admission in a couple of months time.

John is now really confused and tells Dave that he can't stay here for a couple of months because he needs to go home. Dave patiently explains that John is only here for an assessment today and then we will be taking him home. John says he doesn't know where the bus stop is and Dave tells him again that he doesn't need the bus today, as we will be taking him home in the car.

One of the lodge's counsellors sits down for a chat with Dave. She tells him about a trip she and one of her colleagues made to Gibraltar to help with the opening of a rehab centre there. Previously, some of the Gibraltar centre's doctors had spent time at Broadway Lodge to pick

the staff's brains. As part of this 'help', she had given a talk on how to get funding. She later discovered that they didn't have to worry about funding because their government covered all the costs! Dave said he wished the day would come when we didn't have to worry about funding in this country either. The counsellor calls Dave and John in for the assessment.

14.40: Sheila's second assessment of the day is over and she returns to the waiting room. She seems much happier now and says that she is looking forward to starting her treatment now that she has seen the centre and met some of the staff.

15.00: Dave and John return to the waiting room and we all make our way to the car. Dave decides to take a drive down to the pier before we start our journey home. It is intended to relieve the stress and tension of the day, but it is cold, grey and dismal and no one wants to get out for a walk! John is totally disinterested and tells Dave it's all very nice but he wants to go home.

The journey home turns out to be a very long one. We get caught up in three very long traffic jams. John remains on edge and shakes throughout the whole of the journey. Sheila is calm, communicative and alert. The physical and mental conditions of John and Sheila, are poles apart.

18.00: We finally arrive at Morrision Hospital. We leave John in the car while we settle Sheila back on the ward. She tells Dave that she needs him to get a backdated sick note from her GP, as the hospital can't supply the one she needs. Dave tells her he'll get on to it first thing tomorrow. We take John back to the Centre.

18.30: Back at the Centre Dave makes us a cup of coffee and reminds John to take his medication again. Dave asks John if he would like to go to an AA meeting at 7.30pm, reminding him about the great support he will receive there. John agrees, but without conviction. Dave asks him how he feels about going into Broadway for rehab but John is still worried that he won't be able to get home because the Lodge is so far away. Dave goes to check his messages while John and I finish our coffee.

19.00: We all leave the Centre, me to go home whilst Dave and John are going on to the AA meeting. As I drive home, recollecting the events of the day, I marvel at Dave's patience and consideration. His reassurance to John was repeated many, many times during the day. I'm still not certain that John will remember why he went on the trip. But with Dave's support and supervision, John has got through a particularly bad day and hopefully has made a start on the road to recovery.

Day 5.

09.00: Dave starts the day by returning a phone call from Colin's parents. They want Dave to know that their son is talking about going back to work! Dave promises to go and have a chat with him. The next phone call is to Dan's GP to chase up the assessment/referral letter, followed by a phone call to Sheila's surgery to ask for a backdated sick note to be written up.

10.15: This morning the clients are given the choice of either going to the allotments or swimming. Most opt for swimming, leaving five clients (two female, three male) who want to do some gardening. I feel a bit disappointed that so few want to visit the allotments (could

this be because it is raining!) and even wonder if it is worth going. Dave puts me in charge of the mini-bus, whilst he follows in the car. Dave explains that there must be a car at the allotments in case of an emergency. Brian, who is visiting the allotments for the first time, asks me where it is, what it's like and what he will be expected to do there. The ladies on the bus have soon given him all the details.

Dave arrives about five minutes behind us and has two more clients in tow. First order of the day is to get the kettle on. Terry volunteers for the job. He gets confused over who is having what and it takes several minutes before he understands that five are having coffee and two are having tea. We can hear him repeating over and over "five for coffee and two for tea" but he still manages to serve up five coffees and three teas! Somehow I manage to get the blame, but I remind him (tongue in cheek) that he has to take responsibility for his own actions.

Coffee break over and Dave soon has everybody up and working. Gill and I are dispatched to the strawberry bed. We put hay down to help keep the strawberries dry and do some weeding. Marge is on greenhouse duty, tying up tomato plants and pruning. Brian is putting down fertilisers for the vegetable crops, whilst Ed, Andrew and Dave are also busy weeding. Terry is busy washing up the coffee cups in readiness for the next coffee break.

As we busily tend the strawberry bed, Gill asks me what it has been like working with Dave. I tell her that it has been really interesting and extremely busy. She says that if it weren't for Dave dragging her to an AA meeting over a year ago, she wouldn't be here today. For months previous to that she had stayed in her house drinking until she couldn't stand. She rarely ventured outside her front door. In fact, she shudders to think of the state she was in when Dave literally carried her to that meeting. Now, she takes part in many of the Centre's activities, including the allotments and the IT Training.

The sun comes out just as another coffee break is called for and this time Terry has the tea/coffee ratio right. Brian tells Terry that he is sure that he knows him from somewhere but can't figure out from where. After some deliberation, they work out that they used to drink in the same pub years ago. Brian says that he can't believe how much weight Terry has lost since he last saw him. They then catch up on each other's lives.

Andrew asks Dave if he can make an appointment with him for this afternoon for some help with a benefit problem. Coffee break is almost over and Dave decides to show us a magic trick. This involves a glass jar, a thin circle of rubber and a coin. Dave asks if we believe that he can make the coin go through the rubber and into the jar without tearing a hole in the rubber? No one believes he can do it, but "Hey Presto" one minute the coin is resting on top of the rubber and the next it is in the jar! Dave's tricks are more Tommy Cooper than Paul Daniels but they get everyone laughing. Dave says that he'll show me how to do that trick on my last day at WGCADA. "Oh, but that won't be happening now," he says with a wide grin, "because you're going to become a volunteer, aren't you?"

Back to work and Dave explains about the different types of fertilisers that are available. He tells us which type should be used for leaf growth and which should be used for root strengthening. Impressed, I ask him how he knows all this stuff and he says that he's picked it up from the gardening programmes on TV! When he finds the time to expand his encyclopaedic knowledge by watching TV is beyond me. There is still some watering to be

done, slug pellets that need to be put down and coffee cups that need washing, so we all busy ourselves with these various tasks.

My gardening tasks completed, I join Dave who is sitting having a chat with Brian and Andrew. Brian is telling Andrew about his recent detox, voicing his fears about getting 'clean', staying 'clean' and getting his life back in order.

In an effort to help Brian, Andrew shares his 'drinking history' that includes his own brush with death little more than a year ago. His abuse of alcohol over a period of many months had led him to lose his business, his girlfriend and even more importantly, his health.

Dave joins the conversation and says that he remembers how ill Andrew was and how the doctors thought he would not survive. Dave recollects how swollen Andrew's stomach was and the numerous tubes that were going in and out of his body. Looking at Andrew today, you would never guess all that he has gone through. His life is back on track; he is sober, looks healthy and is holding down a responsible job.

13.15: It's time to start packing up before we return to the Centre. Dave asks if anyone wants to pick any lettuce, spring onions or cabbage to take home. Both ladies do and comment that it's a pity the tomatoes aren't ripe because then they would have all the makings for a salad.

Dave turns to me and asks if I know how to make a sweet and sour sauce in less than five minutes. I tell him that I usually use a tin of tomatoes, a tin of pineapples and some cider vinegar, but it takes a bit longer than five minutes to cook. Try tomato sauce mixed with orange juice, put it in the microwave for a couple of minutes and there you have it, says Dave. Another handy tip he got from the TV! Marge, who hates cooking, says it's even easier to buy it in jar but this little diversion by Dave has released the emotion and seriousness of the earlier conversation

I have really enjoyed my morning at the allotment. The smaller group meant there was more of a chance to get to know the clients on a one-to-one basis. I can now understand why Dave hasn't rushed to put another worker in charge of the allotments. The time he spends there gives Dave a chance to get away from the hustle and bustle of his usual working day and at the same time provides him with a more relaxed setting to interact with his clients and on an individual basis, if necessary.

13.45: The centre is very busy. The clients for the IT class are there along with the clients returning from swimming and the allotments. The laptop computers are already being set up ready for the IT lesson. I chat with some of the 'swimmers' to find out how their morning has gone. They tell me that they had a great time at the Leisure Centre, but it was a little too packed to actually do much swimming.

14.00: The IT class begins and I go to the Centre's library to get some information on drug rehab. Dave checks his messages, prepares for his afternoon appointments and returns phone calls.

15.00: Jackie is Dave's first appointment of the afternoon. She needs some help filling in a Disability Living Allowance (DLA) claim form - that would be better described as a booklet, to ensure that this benefit will be paid for the next twelve months. She is a single parent

whose child has recently been allowed back home after spending some time in care whilst Jackie was in treatment/recovery. Jackie hasn't drunk alcohol in over a year but she suffers from stress and severe panic attacks.

The form presents a challenge to her. Dave guides her through it, advising her on the parts she has to complete and those that do not apply. Although providing the interpretation of the form, Dave makes sure that Jackie uses her own words to complete the various sections, including her description of her illness. She manages to complete most of the form herself but needs Dave to show her the parts of the form she needs to fill in.

15.30: Andrew asks Dave if he will phone the Department of Health and Social Security (DHSS) on his behalf. Andrew has an ongoing problem with his benefit payment. The DHSS have reduced his weekly money because they think he has savings. On four occasions, Andrew has taken his bank statements to show them that he has no money saved. On one of the occasions, Dave accompanied him. After each visit, a letter has followed from the DHSS asking for the proof yet again! Andrew is now at the end of his tether. He is too frightened to phone the department himself in case he loses his temper.

Dave makes the phone call and outlines the saga. Dave is told that the bank statements will have to be shown once again and an appointment is agreed. Dave tells Andrew that he will meet him outside the DHSS building at 08.30 the following Monday. Andrew explains his problem. Twelve months ago, he did have a lot of money in his bank account but that was before he drank it all away. The DHSS officials were having difficulty believing that anyone could spend that amount of money on alcohol in such a short time and wanted to see receipts. Of course, there are no receipts to show!

16.00: Dave's next client is a young man in his early 20s called Billy. He wants to get on to a detox and rehab programme as quickly as possible. He has been using heroin and cannabis and takes dihydrocodeine (DF118) daily because of back pain. He also admits to having diazepam. Billy says that he has let his mother and his girlfriend down by going back on the heroin. Dave asks him what made him do it and he says he was just bored and that he'd only 'done the one £5 bag'. Dave asks if that was just the 'taster' from the drug dealer to get him back in? Billy says no, it was just the one bag.

Dave asks Billy how often he smokes cannabis and he says that he only has it every now and then. Dave asks about the DF118's, can he stay off them if he gets accepted onto a detox programme? Billy says he can't because he has too much pain with his back. Dave asks how many diazepam he takes, but Billy says he doesn't use them because he can get a fiver a go for them if he sells them on. Dave asks him again how much heroin he has used and he now admits to using on three separate occasions.

Dave asks him what makes him think he's ready for rehab? Billy says that he's got to do it or his girlfriend won't have anything more to do with him and he doesn't want to let his mother down again. Billy is now becoming very fidgety and the sweat is running down his face. As he wipes his brow, he says how hot he's finding it in the room. The temperature in the room is actually quite comfortable. I suspect that the young man is starting to experience 'withdrawal'.

Dave's questioning continues for about 20 minutes, going over and over the same questions. At first, I find this quite tedious and wonder what Dave is playing at. Then it becomes obvious. As the questioning continues, the amount of heroin used goes up. Young Billy loses track of his story under the continuous probing. Finally, Dave agrees to get Billy into a counselling session at the Centre the following week. He warns Billy that he will have to prove to his councillor that he is ready to commit to detox/rehab.

Billy's mother had brought him to the centre and is waiting for him downstairs. Whilst Billy is talking with some of the other clients, she takes Dave aside. She expresses her concern about the amount of heroin that her son has been using and asks Dave if he had seen the fresh 'tracks' that were covering both arms. He tells her that he will arrange for Billy to start treatment at the Centre next week.

After they leave, Dave expresses his concern over Billy's reasons for seeking help. Dave feels that, unless Billy wants to get well for himself, his chances of successful recovery are slight.

16.30: Suzy is Dave's last client of the day. She is a single parent in her late thirties and is a recovering alcoholic in the early stages of treatment. Suzy has two sons, one of whom lives at home. She has come to Dave hoping he will be able to help her claim benefits for her 17-year-old son.

Her son had been on a full-time college course until he broke his hand. Whilst he was in full-time education, she was entitled to receive DHSS benefits for him. As he had been out of full-time education for so long (six months), the DHSS had asked for her books to be returned so that the benefit for her son could be deducted. Suzy's son is hoping to go back to college in September but meanwhile she needs money to support him.

Dave explains that the boy will need to sign on for one of the youth employment schemes in order to get any money. She says that he isn't fit to work at the moment because he is suffering with depression and has recently tried to commit suicide. Dave asks if her son is receiving any medical care. She explains that he had been seeing a psychiatrist. After the psychiatrist had diagnosed that the boy's problems were related to him being a closet homosexual (which they weren't!), the boy had refused to go back.

Dave makes a phone call to the DHSS to see if there is any way that the benefit can be reinstated. The DHSS contact confirms that the boy needs to sign on for the youth employment scheme. Never one to be beaten, Dave suggests that we get out the Centre's reference files on benefits to see if we can come up with a possible solution. A section is found in the benefit file that seems to fit the young man's circumstances. We print a copy off for the client to take to the benefits office to help her make the claim. Dave reassures the client that he will accompany them if they need support.

17.30: Dave and I have a much-needed coffee break. Bob, one of the Neath WGCADA workers, is visiting the Centre. Dave asks him about John accessing the service in Neath, rather than having to travel over to the Swansea Centre. Bob has already heard about John. He will make sure that their Centre worker calls on him to encourage him to use the Neath facility.

18.00: Dave is returning to his desk to set about his usual end-of-day routine, returning phone calls and updating his diary. As it's the end of my five days of observing, I thank him for the co-operation, insight and patience he has shown me during our time together. Dave has the last word.

"If you need more information, get in touch," he says and adds, "Come and see Norman about volunteering. I've already had a word with him. See ya, kid."

Conclusion.

'Shadowing' Dave was decided to be the best way of seeing what his job entailed. For continuity, sharing the experience in a diary format was felt to be the best presentation of this Community Drug Worker's 'week.'

So, how has my time at WGCADA changed how I view the 'addict' and the services provided to aid their recovery? Although I am not a professional drug worker, I have never shared the stereotypical view of an alcoholic or drug addict; 'The dirty old tramp or bag lady wandering around town, begging for money and sleeping rough,' or; 'The high school drop out who spends all his money on drugs, taking from society and giving nothing back.'

However, I was surprised at the many different walks of life that substance misuse affects. From your school dropout - to the top professionals. From young parents to old age pensioners. From the tramp living on the streets to the person living next door to you!

Alcohol/drug addiction is a complex condition involving mind, body and spirit. The difficulties for health practitioners and support workers are compounded by the fact that people who abuse alcohol and/or drugs often present with other intimately related problems, e.g. no home or job, poor physical and mental health, history of criminal activity. Furthermore, research has shown that rates of relapse as high as ninety percent occur among treated populations. This finding further highlights that the key to successful recovery from addiction is not simply the addict stopping taking drugs, but rather the relationship between abstaining and the addicts ability to stay abstinent.

I was surprised to learn that the continuation of Dave's post as the Community Drug Support Worker is subject to WGCADA gaining sufficient funding annually. This situation is not just WGCADA's problem; it is a national problem. The short-term funding for drug workers is inadequate considering the long-term problem that substance misuse presents.

Alcohol Concern recently estimated that alcohol misuse is costing the National Health Service alone up to £3billion a year. A similar amount is lost to the economy through absenteeism, unemployment, accidents, premature death and alcohol related crime.

A report released earlier this year by the Home Office stated that drug abuse in England and Wales costs society up to £18.8 billion a year. This cost is incurred by crime, bringing offenders to justice, welfare benefits and costs to the National Health Service. Ninety-nine percent of this £18.8billion has been attributed to hardcore heroin and cocaine addicts. It has been estimated that hardcore heroin addicts and other problem drug users cost Britain approximately £11,000 a year each.

The problems with alcohol and drugs affect us all and society as a whole needs to wake up to the fact. The UK's drugs minister recently stressed the importance of treatment schemes and reiterated the findings of research – that treatment does work. It is through the successful treatment that not only the judiciary and health service practitioners benefit but the recovering addict, their friends and family also reap the rewards. Furthermore, society as a whole greatly benefits by the reduced costs that recovering substance misusers present.

I think there will always be the ones we call 'the no hoppers', For whatever reason, they appear unprepared or not ready to do the hard work that would be part of their road to recovery. BUT, with agencies like WGCADA there to offer all manner of help, advice and support, I truly believe that there is even a chance for the 'no hoppers'.

The problem will never go away until we are all prepared to do something about it. I know Dave and his colleagues won't give up trying, but what can you do to make a difference? Think about it.

Cheryl Hancock
November 2nd, 2002