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Canine care at Chandos House

FIELD TRIP

TAKING HARM REDUCTION TO THE FESTIVAL CIRCUIT

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EDITOR'S LETTER



'Engaging young people in drugs education has always been a challenge...'

Amnesty boxes are likely to have little impact on the revellers at BoomTown Fair – or many of the other festivals that are springing to life across the country (page 6). But instead of worrying about this, Bristol Drugs Project have chosen to engage with participants – not just to offer harm reduction advice, but also to find out more about their range and pattern of drug-taking. They report 93 named substances being taken during the past 12 months by the young adults they talked to, with a high level of risk-taking involved.

Engaging young people in drugs education has always been a challenge, with many willing to risk experimenting in the uncharted territory of legal highs. Nitrous oxide, now more popular among young adults than ecstasy and cocaine, is easily available to buy in balloon form – it's pointless to pretend it's not readily available. So seizing the chance to answer questions and offer directly relevant advice and information has to be a good idea.

There will be those who say that the initiative condones drug-taking, but many more who understand that communicating harm reduction means having a two-way conversation, without being judgemental or patronising, and offering a safe space to ask questions. If only drug policy was underpinned by the same values.

Claire Brown, editor

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'LANDMARK' NPS BLANKET BAN

THE GOVERNMENT IS TO INTRODUCE A BLANKET BAN ON 'LEGAL HIGHS', as announced in last month's Queen's Speech. The Psychoactive Substances Bill will 'prohibit and disrupt' the production, distribution and supply of all new psychoactive substances (NPS).

The legislation will be UK-wide, and will include powers to both seize and destroy NPS as well as to 'search persons, premises and vehicles'. The blanket ban means that the authorities will no longer need to take a substance-by-substance approach to NPS, more than 500 of which have been banned already.

The new laws, which will also extend to nitrous oxide, are likely to effectively spell the end of the high street 'head shop', and offences detailed in the bill will carry a maximum sentence of seven years. Once the legislation is passed, it will be an offence to produce, import, supply or possess with intent to supply 'any substance intended for human consumption that is capable of producing a psychoactive effect', although substances such as caffeine, alcohol and tobacco will be exempt.

'The landmark bill will fundamentally change the way we tackle new psychoactive substances – and put an end to the game of cat and mouse in which new drugs appear on the market more quickly than government can identify and ban them,' said crime minister Mike Penning.

The announcement has met with a mixed response, with Transform accusing the government of ceding control to 'those on the wrong side of the law' and Release executive director Niamh Eastwood describing the bill as 'full blown regression'.

The Local Government Association (LGA), however, said that an outright ban would enable trading standards officers to protect the public from 'devastating consequences' by closing down head shops, while Addaction chief executive Simon Antrobus said that, although the government was right to clarify the 'legal grey area' around the sale of NPS, 'we mustn't kid ourselves that this legislation is enough to address the harm caused by these substances'. Any regulatory measures would need to be backed up by a 'renewed focus on education, support, advice and specialist treatment', he stated.

NPS are now being detected in Europe at a rate of two per week, according to EMCDDA's latest *European drug report*, which was published as *DDN* went to press.



Mike Penning: '...put an end to the game of cat and mouse in which new drugs appear on the market more quickly than government can identify and ban them.'

organisation until the end of the year. 'It has been an immense privilege and personally very rewarding to have been able to serve as chief executive of Action on Addiction, and I am delighted to be handing over to someone like Graham who brings such a range and depth of experience as well as a personal and professional commitment to the charity's ethos and purpose,' he said.

DISC MAN

CHIEF EXECUTIVE of DISC (Developing Initiatives Supporting Communities), Mark Weeding, is to retire after 25 years with the organisation. His replacement will be northern director of the Lifeline Project, Paul Townsley. 'Working in the sector I have always admired DISC and the chief executive role is a fantastic opportunity coming at an exciting time for DISC and myself,' said Townsley. 'Mark and his team have brought DISC to a great place.'

YOUTH DRINKING DOWN

THE RATE of alcohol-related hospital admissions among the under-18s has fallen by more than 40 per cent over the last decade, according to Public Health England (PHE). However, almost 60 per cent of English local authorities saw small increases in adult admissions, which remain 55 per cent higher in the most deprived communities. *Local alcohol profiles for England* at <http://fingertips.phe.org.uk>

TOUGHER ACTION

GOVERNMENTS need to introduce more effective policies to tackle harmful drinking, according to the OECD. Levels of 'hazardous and heavy episodic drinking' are on the rise among young people and women, it says, with average annual alcohol consumption by adults in OECD countries now estimated at around 10 litres of pure alcohol per capita, the equivalent of more than 100 bottles of wine. *Tackling harmful alcohol use: economics and public health policy* at www.oecd.org

HYPER LINKS

MORE THAN THREE DRINKS a day can increase the risk of developing hypertension by up to 75 per cent, according to a new document from Alcohol Concern. 'Having just one drink a day can increase the risk, and the overall risk climbs higher for every drink after that,' said chief executive Jackie Ballard. The relationship between alcohol and hypertension 'stays significant' even when issues like age, weight, gender, ethnicity, diet, exercise and smoking

are taken into account, she added, making alcohol 'one of the most controllable and preventable risk factors' for the condition.

Alcohol and hypertension at www.alcoholconcern.org.uk

FAVoured FACES

THE UK RECOVERY WALK charity has changed its name to FAVOR UK, which stands for Faces and Voices of Recovery. 'We have grown in a way we could never have anticipated or imagined, and now have over 1,100 members made up of individuals in recovery, their friends and families, and community recovery organisations,' said the charity, which was originally inspired by the work of FAVOR in the US.

BARTON BOWS OUT

ACTION ON ADDICTION chief executive Nick Barton is to step down in September after seven years in the post. He'll be replaced by acting chief executive of Nacro, Graham Beech, but will continue to work with the

SUPPORT. DON'T PUNISH

THE SUPPORT. DON'T PUNISH CAMPAIGN will be holding its third global day of action on 26 June, to coincide with the UN's international day against drug abuse and illicit trafficking. The campaign aims to stage 'high profile and visually symbolic local actions' following similar events in 100 cities worldwide last year (*DDN*, July 2014, page 4). The day will be an 'excellent opportunity to raise awareness' before next year's UN General Assembly Special Session (UNGASS) on drugs, says the campaign. *More information at supportdontpunish.org*



The campaign will be holding its third global day of action on 26 June to coincide with the UN's international day against drug abuse and illicit trafficking

LOCAL NEWS



LIVE LSD DRUG TRIALS TAKE PLACE

RESEARCH has taken place that saw the world's first live brain scans of individuals taking LSD.

A group of scientists, including Dr Ben Sessa, consultant psychiatrist at Addaction, took LSD while their colleagues scanned their brains in an effort to learn more about how consciousness works on the brain.

Dr Sessa will be doing similar trials with MDMA next year, to see how the drug affects individuals with post-traumatic stress disorder.

'This work is not about encouraging the recreational use of the drugs, but how they can be developed as tools and treatments for medicine. Every drug has side effects, including painkillers, which is why they should only be taken with guidance and support from a doctor,' said Dr Sessa.

'The results from the experiments are showing that if you carry out psychotherapy under the influence of psychedelic drugs, it can boost the power of the therapy. Abstinence rates for alcohol and opiates are significantly higher from this kind of therapy, so I believe it is vitally important to keep progressing this research.'

A video of the trial can be found at <http://walacea.com/campaigns/lsd/>

'This work is not about encouraging the recreational use of the drugs, but how they can be developed as tools and treatments for medicine.'

DR BEN SESSA

FILM RAISES AWARENESS OF PSYCHOSIS

A NEW FILM that aims to raise awareness of psychosis in young people has had its premier at an educational event in Manchester.

Greater Manchester West Mental Health NHS Foundation Trust collaborated with a local filmmaker to create a film that gave service users from their early intervention service the opportunity to share their experiences. It will be shown at local schools and colleges to demonstrate the importance of early intervention, and aims to reduce the stigma surrounding psychosis.

The film will also be used as part of psychological therapy sessions and family interventions to help individuals and their families understand psychosis.

Available on the GMW YouTube channel, <http://bit.ly/1EY8V5V>

BIKE RIDE TO RAISE FUNDS FOR RECOVERY

A FUND RAISING BIKE RIDE, Le Tour De Recovery, will be setting off from The Recovery Partnership in Leamington Spa on 7 September, and aiming to arrive in Durham on 12 September, the day of the seventh annual Recovery Walk.

The team from Coventry Recovery Community also hope to stage *Dear Albert* screenings at every overnight stop.

They are currently seeking sponsors, and are inviting riders from services and communities along their route to join them.

www.coventryrecoverycommunity.org.uk



PROJECT PROMOTES 'NATURAL HIGHS'

YOUNG PEOPLE IN WESTON have had the opportunity to try power kiting as part of Addaction's 18225 project.

One of the project's aims is to show young people ways to engage in 'natural highs', without the need to use drugs or alcohol.

Project leaders have been working with Weston Foyer, which provides accommodation and support for young homeless or vulnerable young people, to engage with individuals aged between 18 and 25 and offer them more information about drugs and alcohol, in particular legal highs.

PHOTOGRAPHER DOCUMENTS HOMELESS

A LOCAL PHOTOGRAPHER has published a book that documents the lives of homeless individuals in Cardiff.

Andrew McNeill spent a year engaging with people on the streets in his hometown, many of whom struggled with mental health and substance misuse problems (DDN, May 2014, p8).

'I think there are several messages in these pictures. I think there's a message of hope. I think there are cries for help, and despair. And there is a message that they don't want to be ignored – that they're real people, they're real human beings,' says McNeill.

Under The Bridge: Being Homeless in Cardiff is McNeill's second photography book, and is published by Butetown History and Arts Centre.



Andrew McNeill:
'...there is a message that they don't want to be ignored.'

SERVICE USERS HELP BUILD EXHIBIT

SERVICE USERS FROM BRISTOL DRUGS PROJECT's (BDP) training, education, volunteering and employment service have helped create a new Bristol art installation aimed at raising awareness of energy issues.

The Energy Tree was designed and built by artist John Packer, and workshops on building solar panels for BDP volunteers were led by Demand Energy Equality.

'The opportunity for people in Bristol with a history of problematic drug or alcohol use – one of the city's most marginalised and stigmatised populations – to build the Energy Tree in the city's green capital year helps to support their recovery,' said Maggie Telfer, CEO of BDP.

The installation is a renewable power source that will offer a number of interactive functions to the public, such as WiFi and phone charging.



The installation is a renewable power source that will offer a number of interactive functions to the public, such as WiFi and phone charging.

OUTREACH

THE SONG REMAINS



Music festivals may go hand in hand with drug culture, but we can be loud and clear on harm reduction, says *Tracy Walker*.
Photography by *Tom Martin*

In a muddy field, the distant thud of bass and excitement in the air, a small band of drug workers flies the flag for harm reduction (HR) on behalf of one of the largest festivals in England. Today's festivals attract a much wider range of attendees than the subculture gatherings of yesteryear. Families are often well catered for along with a wide variety of music genres, with some attracting tens of thousands of people daily.

The synergy between music and drug culture is well documented and while the music and drugs may change and evolve, their intertwined legacy remains the same. Some campaign for drug-free festivals, which both the current law and policing are aiming to achieve. But with little to no clear resolution in sight, and drug-related deaths or serious drug-related harm still all too common, a different approach is needed. Some festivals are now leading a change of direction by pioneering a more proactive strategy to address preventable risks.

One of these festivals is BoomTown Fair, which last year commissioned Bristol Drugs Project (BDP) to provide HR advice and information, along with a safe space for attendees who need it. In the run-up to the event, they enlisted the advice and support of BDP in creating their drug awareness campaign, while onsite they promoted the BDP tent as a safe non-judgemental place for attendees to visit, relax in, and get advice or open up about drug-related concerns. The festival also provided volunteers to disperse HR information and direct people to the tent to further engage with the service.

BoomTown Fair provided amnesty boxes and HR information at the festival entrances. However, acknowledging that not all attendees onsite would follow the abstinence route of drug harm prevention, BDP festival HR workers Jim Bartlett, Ian Borland, Jacob Crook, Jasmine Lawrie, and Jane Neale issued free condoms, water and sniffing tubes to those who needed them, along with HR advice to support people in staying safe. The BDP team, with an interest in new patterns of drug use, engaged large numbers of festival-goers in more complex interventions around individual concerns or wider issues. Jasmine said that The Drugs Wheel: a new

model for substance awareness (designed by Mark Adley/DrugWatch) proved a good aid for useful discussions about new psychoactive substances (NPS) and drug interactions.

The BDP tent contained a 'chill-out' space with beanbags, where those experiencing problems could recuperate. Workers facilitated this in a pragmatic and non-judgemental way, often preventing an escalation towards the need for other welfare or medical interventions.

With a banner announcing 'free drugs', qualified by the less eye-catching 'advice and information', acting as a magnet for interested passers-by, BDP took the opportunity to learn about their drug use and where they'd seek help if they needed it. Despite the many attractions at BoomTown, 420 people completed BDP's short questionnaire about their drug use during the previous 12 months and where they sought information and support, as well as general demographic data.

This opportunistic sampling may not be representative of the festival population, but may be a useful indicator of the target, potentially at-risk, population for whom HR services may be relevant.

The sample was young adults, 72 per cent being under 25 and only 7 per cent over 30. Women were marginally under-represented at 47 per cent. The majority were in full-time work (60 per cent) or education (27 per cent).

The biggest surprise was the number of different drugs used in the previous 12 months, totalling 93 named substances. Respondents cited alcohol and polydrug use as common, with 83 per cent reporting alcohol use alongside other drugs. Many psychoactive substances were listed, including 2C_b, 2C_i, LSD, DMT, and AMT. Empathogens included MDMA powder and pills, while cocaine, amphetamine and skunk featured strongly. Men were significantly more likely to take psychedelics like DMT, LSD and mushrooms, as well as depressants, particularly diazepam.

Of the festival sample, 80 per cent might be broadly categorised as casual, infrequent or weekend drug users, showing the potential for risks of harm. The importance of this area of work is illustrated by



THE SAME



Ian's interaction with a young couple. They had only one previous experience of illicit drugs and the woman in particular experienced a bad reaction. Ian helped them explore whether they wanted to take the substance again, discuss testing strategies and dose, drug and alcohol interactions and other contributing factors like environment. Before this intervention they had intended taking a half-gram single dose each, putting themselves at considerable risk. We don't know what their decision was, but we do know it was a more informed one. There were dozens of similar HR interventions.

The majority of respondents sourced drugs from friends, while a quarter bought from street dealers, with only 9 per cent purchasing via the internet.

Friends and the internet were equally popular sources of drug information, and friends were the major reported source of support. More respondents would consult drugs agencies for support than for information, but 70 per cent did not use agencies at all. A majority (56 per cent) said they had taken a substance without knowing what it was, with 11 per cent reporting doing this often. There was a significant gender bias of this risk towards men, which fits with more general trends in health-related research on gender and risk-taking behaviours. A significantly greater figure of 53 per cent of women never took unknown substances, compared to 37 per cent of men.

Although the majority said they had not deliberately taken an unknown substance, many expressed concern that they could do so unwittingly. This substantial risk could be addressed with drug checking, which happens already in some contexts in the UK and elsewhere. It may be that festivals would embrace drug-checking onsite, if legislation allowed.

The success of BDP's HR presence at the festival in 2014 is demonstrated particularly well by workers being sought out by those concerned for friends who had used and become unwell – the result of positive earlier engagement with the service. Workers were able to assess and liaise with medical and welfare services using radios provided by the festival.

BoomTown Fair has re-commissioned BDP this year to build on the good work achieved at the 2014 event,

'BoomTown Fair has re-commissioned BDP this year to build on the good work achieved at the 2014 event, with additional BDP volunteers to provide a greater capacity for HR and outreach.'

with additional BDP volunteers to provide a greater capacity for HR and outreach. There will also be a structured programme of interactive HR workshops, information films and live speakers to engage with a wider audience at the festival and to inspire people to feel confident about talking openly about drug use and HR. BDP will also run the research questionnaire again, providing the opportunity to see any changes from 2014 and to demonstrate tangible results in engagement and the effectiveness of the service.

Tautology it may be, but it is worth spelling out that harm reduction reduces harm. We have the will, knowledge and ability to do more. A pragmatic governmental policy shift to enable delivery of more effective HR at festivals would mean a reduction in drug-related damage – so the song need not remain the same.

Tracy Walker is assessment engagement worker at BDP. Tom Martin can be found at www.tmoose.co.uk

POST-ITS FROM PRACTICE

A BREATH OF FRESH AIR

Why don't we take smoking cessation seriously, asks Dr Steve Brinksman



'COPD is increasingly the cause of death for those who use illicit drugs as they get into middle age.'

SAJID LOOKED QUITE BEMUSED when I started talking to him about smoking cessation. 'I had been using five bags of heroin a day, doc, so I think that's the least of my worries,' he said.

I think it is fair to say that over the years that has been the fairly typical response to my questions on smoking, and that probably includes the attitude of many a key worker as well. I've said many times that GPs do not ask patients about alcohol often enough, as for some it reflects on their own behaviour. The same, it could be said, applies to keyworkers and smoking questions.

As well as improving physical health, there is evidence that those who do also stop smoking are moreover less likely to relapse to illicit drug use. It is also one of the most effective interventions we have when working with cannabis users.

So, I persisted with Sajid: he was 38, had smoked cigarettes since the age of 13 and heroin since he was 25 – with a fair bit of crack along the way as well. We have recently invested in mini spirometers at our practice and using one of these I was able to show him that he had a lung age of 60, meaning his lung function was equivalent to that of a 60-year-old man.

It was suggestive of chronic obstructive pulmonary disease (COPD). I was able to explain that COPD is increasingly the cause of death for those who use illicit drugs as they get into

middle age, and that cigarette smoking was a key component of this.

I have come across people who have been through drug treatment and have been discharged, but who haven't had their smoking addressed and therefore sadly remain at risk of significant respiratory disease.

In working with clients or patients we cannot downplay the significance of the impact of smoking on health, wellbeing and recovery, and we must encourage them to stop even if we are smokers ourselves.

In the next edition of our popular *Network* newsletter (look out for it this month) we are pleased to include an article on current pilots to address smoking in people who use drugs and alcohol, as well as an article on brief interventions for problematic cannabis use.

Steve Brinksman is a GP in Birmingham and clinical lead of SMMGP, www.smmgp.org.uk. He is also the RCGP regional lead in substance misuse for the West Midlands.

MEDIA SAVVY

The news, and the skews, in the national media



THE ALLEGED PURPOSE of the [Psychoactive Substances] Bill is to 'protect hard-working citizens from the risks posed by untested, unknown and potentially harmful drugs'. How noble of the government. Does this mean, therefore, that there is an exemption in the legislation so that those who aren't in work, or those who aren't that 'hard-working', will be able to be involved in the trade without fear of prosecution?

Niamh Eastwood, *Huffington Post*, 28 May

THE COUNTER-NARCOTICS SIDESHOW in Afghanistan was a desperate and patronising attempt to tart up an ugly and unpopular war, but it serves as a depressingly accurate microcosm for our current, almost wilfully irrational policy on recreational drugs: the underlying reasoning is incoherent; methods of enforcement are questionable; the unintended consequences are malign and disproportionate; and, the whole thing costs an absolute fortune.

Patrick Hennessy, *Independent*, 6 May

EACH PRISONER COSTS THE STATE about £45,000 a year – yet almost two-thirds of those sentenced to less than 12 months reoffend again, most within a year of release since their

social issues are often left unaddressed. Core problems such as substance abuse, family breakdown and unemployment can often worsen in jail. [New justice secretary Michael] Gove should be as angered by this failing prison system as he was by failing schools; even his new department knows non-custodial sentences are more effective than a short spell inside from its own studies... is it possible Gove, a restless reformer unjustly loathed on the left, might become an unlikely liberal hero by pointing out the glaring contradictions for conservatives to be supporting perhaps the most grotesque state failure of them all?

Ian Birrell, *Guardian*, 20 May

NO ONE WANTS TO ASK if the mass incarceration policy of the last 20 years really works and why it is so costly. No one is willing to make money available to help educate or rehabilitate prisoners, to stop so many being sent in or to help those released recover work and dignity.

Denis MacShane, *Guardian*, 21 May

HOW INTERESTING that the new head of the Downing Street Policy Unit, Camilla Cavendish, is an openly declared supporter of the legalisation of drugs. Such a view, publicly expressed on the record, would once have disqualified anyone from this job. Ms Cavendish was an Oxford contemporary of David Cameron, and even went to the same college. He once signed a Commons report calling for weaker drug policies. Does she say openly what he thinks privately?

Peter Hitchens, *Mail on Sunday*, 31 May



TELL IT TO TV – AN INVITATION

VICE is making a new TV series about emerging addiction trends. The aim is to speak to current drug users about their lives. We look at modern addiction from the mouths of those affected, without the usual distortion, moral judgment and hype.

If you know someone who may be interested, please email maxdaly@gmail.com

DDN WELCOMES YOUR LETTERS

Please email the editor, claire@cjwellings.com, or post them to DDN, CJ Wellings Ltd, 57 High Street, Ashford, Kent TN24 8SG. Letters may be edited for space or clarity.

Get involved:
www.drinkanddrugsnews.com



LET'S CONNECT!

HAVE YOUR SAY BY COMMENTING ON OUR WEBSITE, FACEBOOK PAGE AND TWEETING US

MOI

@Kelsblells

30 May 2015

You will save lives through decriminalisation, education & harm reduction. Move interventions to health from law enforcement. #legalhighs

FRANCIS L

@Francislunn

29 May 2015

Off to buy a Lucozade whilst I still can #legalhighs

WDP

@WDP_Charity

29 May 2015

One of our service users shares his experience at this year's @DDNMagazine service user conference ow.ly/NBCLq #recovery

AQUARIUS

@AquariusTweets

29 May 2015

So you think you know legal highs? #legalhighs try our #quiz www.buzzfeed.com/aquariusactionprojects/so-you-think-you-know-legal-highs-1314k @WMPolice @DrugTalkToFrank @rfmentalhealth @DDNMagazine

DR BROOKE MAGNANTI

@belledejour_uk

27 May 2015

Because of course history shows us the best solution to a free-for-all is criminalisation. *facepalm* #legalhighs

OPCC HAMPSHIRE

@HantsPCC

27 May 2015

Good news in @UKParliament #QueensSpeech about total ban on lethal #legalhighs that kill people. Also need education & awareness programme

DR RUSSELL NEWCOMBE

@TheNewImpostor

27 May 2015

@DDNMagazine its outrageous that UK drug laws stop psychiatrists from doing treatment or research with MDMA, LSD, DMT or other hallucinogens

EQUINOX CARE

Equinox Care

27 May 2015

@DDNMagazine Sharing with you a range of alcohol stories, from street outreach to detox & rehab, to longer term care ow.ly/NtMgJ

SHARON SHARMAN

@sharonsharman1

25 May 2015

@DDNMagazine @ExpertCitizens Great to see Scotland's move on this: Ex- offender means EX offender; giving people a chance #nojudgements



/DDNMagazine @DDNMagazine
www.drinkanddrugsnews.com

FUNDRAISING

THE ULTIMATE CHALLENGE

John Lowes takes us with him on a very personal journey



TODAY I WALKED TWO MILES, swam one mile, cycled 20 miles and ran two miles. I'm doing the same again tomorrow, then the next day and the next. One hundred miles in four days – more than I've ever done before and far more than I ever thought possible of myself.

There were no crowds, no one to cheer me on, no prize, no round of applause at the end. Today was quiet, lonely, and uneventful, my only company being the faces in the shared swimming lanes that regarded me with indifference as they didn't know what I was doing or why.

About 20 years ago I was a drug user. Not the weekend, smiley, go back to work on a Monday kind, but the kind that the newspapers warn you to stay away from. The kind that you don't want living at the end of your street. The kind you hope beyond all hopes your sons, daughters, sisters, brothers, mothers and fathers never turn out to be. But some of us do turn out to be just that, not out of active choice, but rather a succession of bad choices that get us relentlessly to that bitter end.

We don't like it there, but for a time we push everything away, even help, until our only friend is the drug or the drink that takes us into its daily world of oblivion and lets us forget; forget who we are, forget who we could be, forget what we've lost, forget what we've chased away and run away from, just to be alone.

Today wasn't about recognition. It was about change, it was about second chances... third, fourth, fifth, six chances. Today was about the people who, given the right opportunities at the right time, can make a real difference to their lives and to the lives of those who love them.

Today and the next three days I run, cycle, swim and walk in support of NewLink Wales' MILE project, which helps people move away from the misery of problematic drug and alcohol use and gives them the skills, tools, and more importantly the self-belief to make the changes necessary to start living a positive and meaningful life.

I hope my four days of doing this will highlight the positive side of substance misuse services and promote an understanding among the wider public that people can, and do, change.

I was given my chances, I was given my opportunities, and eventually I was able to make them work for me. If I was written off I know I would have been dead years ago, but instead I'm now doing my bit to help support others, to create chances like they were once created for me.

John Lowes, NewLink Wales business development officer

If you would like to do a mile for MILE (not 100 – one will do nicely!) and help raise some much-needed funds for the project, please get in touch: fundraising@newlinkwales.org.uk



FOUNDATION66
part of the Phoenix Futures Group
Experts in recovery for more than 40 years

Grace House

Female Only Residential Service

Foundation66, part of the Phoenix Futures Group, are excited to announce the opening of a new 10 bed specialist substance misuse residential service based in Camden for female services users.

We will provide for women with drug and alcohol dependency and highly complex needs including those who have experienced domestic and sexual violence, homelessness, family breakdown, the criminal justice system and those that have been involved in prostitution.

**Referrals now being taken
£775 per week**

For further information contact Charlotte Sharpe, Service Manager
csharp@foundation66.org.uk/02079165013/07718563243
www.foundation66.org.uk

Foundation66, the trading name of ARP Charitable Services, is a subsidiary of Phoenix Futures. Charity No: 296375. Registered Social Landlord No: H3720 Company No: 02109924, Registered Office: ASRA House, 1 Long Lane, London SE1 4PG



CASSIOBURY COURT

RECOVER REBALANCE RENEW

- Specialising in Addiction & dual diagnosis
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- 18 Bed fully residential centre in Watford
- Set in our own beautiful grounds
- Single rooms
- Detox and Rehabilitation facility
- Detox from Alcohol and/or drugs
- 10-day to 28-day detox program
- 24 hour care
- Psychiatric assessment on arrival
- Pre admission assessment required
- Holistic approach
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WOMEN FIRST



Annalice Sibley talks about how she set up an online support group to help women in recovery

After working with women in substance misuse services and being a woman in

recovery myself, I noticed that many women-only face-to-face groups had been set up and closed due to low levels of continuous attendance. One of the reasons I found for this was fear of being 'known', as many members had children and were concerned about issues such as childcare and domestic violence.

I decided to set up a Facebook group, dedicated to my friend Michelle Duell who died as a result of addiction early last year. I believe the group helps with coping strategies, helps women feel more empowered and gives them a sense of community – a place to relate their personal experiences and one that provides understanding.

Women open up on issues that would

otherwise be taboo in mixed meetings. The 'closed' group means only members can see posts, and it is open to women already in recovery looking for continued support, as well as those looking for a way out.

The group is also open to female family members seeking understanding as well as professional females, such as counsellors and drug workers.

'Women have very different issues to men regarding addiction,' said one anonymous member of the group. 'Many are afraid to admit they have a problem due to the fear of losing their children. If we can help and support just one such mother with our own experiences, then it's a worthwhile group.'

The group, which can be found through Facebook's searchbar, has more than 1,000 members – the majority from the UK – and is



Many women-only groups close due to low levels of continuous attendance

growing every day. I believe we need other women in our lives to heal and stay sober – we pray for the right women to join so we can experience the 'spirit of sisterhood'. Annalice Sibley is a counsellor/12-step therapist and founder of Women Only
www.facebook.com/groups/womansrecovery/



NATURAL REMEDY

Kate Furey talks about how she used long-forgotten skills to get her life back on track

support I needed to make it through my recovery. While it felt like an emotional boot camp at times, my key recovery worker helped me to realise how many useful skills I have – for example, I have successfully run three businesses and I'm a qualified aromatherapist. I came out determined to make the most of my talents and to take positive steps in my life.

I opened up Clean and Green Recovery on my first 'sober' anniversary two years ago. I began selling my own hand-made, natural cleaning products on a market stall, and two years on I'm running my very own shop! I sell cards and jewellery by others in recovery, as well as my own cleaning and beauty products. I've also just received funding to turn one of the rooms in the shop into a holistic salon to provide aromatherapy and reflexology treatments to people in recovery.



Kate has received funding to provide aromatherapy and reflexology treatments

I also volunteer with CRI because it's wonderful to support the recovery of others. It's amazing to help them rebuild their confidence. Because I have shared many of the same experiences, I'm able to relate to their situation and can prove to them that, even at their lowest points there is always hope.

Kate Furey is the founder of Clean and Green Recovery
www.cleanandgreenrecovery.com

My life started to spiral out of control when I lost my job as a fundraiser. I was struggling to bring up my little girl, who has Asperger's syndrome, as a single mum and things seemed pretty bleak. While it was clear to everyone around me that my drinking had become a problem, it wasn't until my daughter was taken away that I realised how my actions were affecting others.

Having a dependency robs you of your self-worth and confidence. CRI provided the

HARM REDUCTION



Progress on naloxone distribution is still slow and inconsistent throughout the UK. *DDN* asked naloxone champion Philippe Bonnet for some tips on moving forward

As part of a team committed to distributing naloxone, Philippe Bonnet hears of an overdose being reversed every week in Birmingham. While he credits a very active commissioner and a proactive treatment provider for their role in making naloxone a central part of the area's drug strategy, he has learned some useful lessons over the past three years. As chair of Birmingham's naloxone steering group and Reach Out Recovery worker at the sharp end of client care, he has experience worth sharing.

MAKE CHAMPIONS

'What is key is to have real champions, who are going to be proactive,' he says. 'We identified champions from each service and told them their role was to get to colleagues as well as clients – to get those kits out into the clients' hands. It's no good just talking about it.'

'The staff can be trained in two hours, which covers who's most at risk, myth busting, overdose awareness and how to use the kit,' he says. 'They can then train a client in five minutes. It's so straightforward.'

CREATE A NETWORK

The support of local doctors makes life easier, says Bonnet. 'We have a number of doctors who are so pragmatic, very switched on. Dr Judith Yates was instrumental from the beginning, not to mention many wonderful prescribing nurses.'

Another important partner is the local ambulance service – and there were some barriers to tackle, he admits. Following an incident where paramedics told a client off for using naloxone, Bonnet contacted the lead of the ambulance service.

'I couldn't believe how pragmatic that guy was,' he says. 'The next day I had an email saying a memo would be sent out to all the crews, telling them that in Birmingham all drug users were being equipped with naloxone.'

The process had to be repeated with the 999 telephone operators, after one of them told a caller from a hostel not to give naloxone to an overdose victim. Bonnet drew a comparison with anaphylaxis – 'would you tell them not to use adrenaline?' – and protocol for telephone operators is changing.

Discussions are still underway with the police to work out how initiatives can be incorporated into protocol, but there has been progress with other local partners, he says. Just weeks ago, HMP Birmingham gave the go-ahead for kits on release.

Making sure hostel owners 'understand the rationale and legislation around naloxone' has given many more confidence, knowing that 'absolutely, categorically, anyone can not only carry, but use, naloxone to save a life.'

Likewise, working with central Birmingham hostels that dealt with countless overdoses led to training for the homeless treatment team of Dr Andrew Thompson at a major hospital. 'This is a major initiative and it's early days,' says Bonnet. 'The idea would be to give a naloxone kit following discharge from an overdose or other drug-related admission – ideally this would be rolled out for all hospitals in England.'

FAST FORWARD ON



‘What doesn’t work is giving them an appointment and telling them to come back,’ he adds. ‘With some of our clients, you really need to do everything you can with them while you’ve got them.’

GET PAPERWORK IN PLACE

The first stage is to get together a prescribing protocol, like PGD or PSD, says Bonnet. ‘That’s easy, just a couple of signatures on a document, really.’

GET KITS IN PLACE

Then you need to buy naloxone kits and distribute them – ‘all you need is money to buy the kits, so you need to get the commissioner on your side,’ says Bonnet.

‘I remember our previous commissioner, around three years ago, saying he had bought 250 kits to start with. He just told us to get on with it, to go and save lives. The funding keeps coming through to this day. As a result, Birmingham is the leader for naloxone distribution in England. Around 2,500 kits have now gone out. We are now in a position whereby there is real consensus amongst expert organisations, including the Advisory Council on the Misuse of Drugs and the World Health Organization, that this is a medication that should be made more widely available. I hope we see that come to fruition over the coming year.’

CRI, the charity behind the delivery of Reach Out Recovery, actively supported the Naloxone Action Group’s campaign to widen provision of naloxone in England by asking services and stakeholders to write to their MPs to sign a motion which would prioritise its roll-out across the whole of the UK.

SHOW THE ECONOMICS

‘Our top priority is to save lives, in any way we can,’ says Bonnet. ‘However, it’s important to note that an overdose death costs thousands. Therefore, spending £18 on a kit which has the capability to save a life, as well as precious NHS resources – not to mention the trauma caused to the victim’s loved ones – seems to me like the obvious choice. It’s not rocket science.’

Do you have a naloxone strategy in your area? Let us know your experiences – good or bad – by emailing claire@cjwellings.com

BACK TO LIFE

John’s experience is typical of the naloxone reversals each week in Birmingham. Philippe Bonnet shares his story.

‘John had scored two £10 bags, one for him, one for his girlfriend. He was aware that his girlfriend had diazepam and pregabalin in her system.

They cooked up the gear and within minutes of withdrawing the needle she collapsed in her chair and her head went back. John got up and shouted “babe are you ok,” shaking her shoulders. Her lips went blue straight away.

He panicked, grabbed her, and put her on the floor. He grabbed the phone and called the ambulance, shouting ‘hurry up, hurry up’. He got his naloxone and gave her a dose. Nothing happened.

He gave her a second dose; nothing happened. He gave her a third dose; nothing happened. At this stage I asked him how long he had waited between doses. He said “I don’t remember. She was dying in front of me.”

Then he gave her the last two doses in one, emptying the plunger. The ambulance arrived as she was coming round. He told the ambulance that he had had to give her five doses. As they took her into the ambulance, a member of the crew said, “If it wasn’t for your actions she’d be dead now.”

That happened at about 9am. At 3pm John came back to our service to get another kit. He was shaking, saying “Oh my God, I nearly lost my girl.” She had been discharged from hospital. She was OK.” **DDN**

NALOXONE

SHARE YOUR STORY



Storytelling through film can play an important role in recovery, says **Lou Boyd**

THE RECOVERY STREET FILM FESTIVAL

was founded as a way of helping the general public understand more about recovery from substance misuse, by giving those who have lived through it a platform to tell their story. In 2014 it reached people in London, Liverpool, Glasgow, Cardiff and Birmingham, and it was clear from speaking to those who took part that telling their story had helped their recovery.

Research illustrates the benefits of giving those in recovery a platform to tell others about their experiences – after all, creating a narrative is the foundation of many types of group work and key working – and it can be a very positive step to formalise this process.

Creative writing, visual arts and music are all options, but smartphones now mean that film is very accessible – the tips at the end of this article give an idea of how easy this can be. We have increasingly seen film and other media used effectively to support those who may consider themselves marginalised or misrepresented, such as members of BME and LGBT communities, and those with mental health needs or criminal justice issues.

Paul from London, who took part in the Recovery Street Film Festival last year, was clear on what the benefits were for him:

‘Making a film was definitely helpful to me in my recovery. Being a bit shy in nature and not a very talkative person, this was a great way in which I could share some of my

experiences, and I would certainly recommend it to others.’

Last year the film festival received more than 70 entries. We hope that more people get involved this year and would encourage anyone working with people who have, or are affected by, substance misuse issues to enter the competition.

Lou Boyd is operations manager for Turning Point in south Westminster

Entry details at

www.recoverystreetfilmfestival.co.uk

SIMPLE STEPS TO MAKING A FILM

‘Make a film’ can be an intimidating instruction – but there are many ways to tell a story easily:

-  You don’t need film equipment – a smartphone will do.
-  A video diary can be an easy way to start.
-  Familiar landscapes and cityscapes are easy ways to add atmosphere.
-  If you don’t want to be in the film you could provide a voice-over to a series of pictures.
-  Even free or basic editing software will help you tell a story using several different scenes.



Users of anabolic steroids are now the biggest client group in many needle and syringe programmes.

David Gilliver talks to Jim McVeigh of Liverpool John Moores University's Centre for Public Health about how services can meet their needs

If you're in any way connected to the substance sector then chances are you'll be familiar with the wide-ranging research of Liverpool John Moores University's Centre for Public Health. And if that research is about image and performance-enhancing drugs, it's likely to have had the input of the centre's acting director, Jim McVeigh, one of the foremost authorities on the subject.

He's been at John Moores since 1998, but had 'always had an interest in the drugs side of things', he says. 'My original background is in general nursing in Liverpool, when we had increasing numbers of people coming in who'd been injecting temazepam, and they had horrendous injuries from poor injecting techniques. That's how I got into working in drug services, through that desire to get involved in harm reduction.'

There's a great deal of harm to be prevented when it comes to users of anabolic steroids and associated drugs. As well as putting themselves at risk of a lengthy list of possible physical side effects including liver, heart and blood pressure problems, there are potential mental health issues such as depression or even psychosis. The number of users, however, continues to grow – why aren't they being put off using these substances?

'Well, one of the key reasons is that they work,' he says. 'People taking large dosages of anabolic steroids and a range of other enhancement drugs – when combined with appropriate exercise and nutrition – will get substantial gains. That's the first thing to bear in mind.'

While most steroid users will experience some adverse effects, they tend to be things seen as 'coming with the territory', he points out, particularly cosmetic side effects such as acne, premature balding or even gynecomastia – the growth of breast tissue. 'People will either accept it or they'll take other drugs to try and counter it. And while there are many different adverse effects, in terms of things like psychosis they're very, very rare. I could introduce you to hundreds, if not thousands, of steroid users who will never have come across anyone who's had a life-threatening condition that they're aware of, or a life-changing set of psychological adverse effects.'

There is, however, evidence from the US that 'large dosages for prolonged periods do have detrimental effects on your cardiovascular system', he points out. 'That sounds like an absolute no-brainer, but we've actually got that hard and fast evidence now.'

The current problem is also on a far bigger scale than it was when he first became involved, he stresses. 'I knew a small number of people who were using anabolic steroids in the 1980s, but it was only really when I was working in the needle and syringe programmes in the early '90s that we saw that explosion of use. All of a sudden you had this different group of people presenting with different attitudes, different needs, but the staff there – who were very, very experienced – weren't experienced in this particular area.'

'HIV doesn't really care what drug you're using... I don't think that population of steroid users are aware of that.'

In some needle and syringe programmes, particularly in the north of England, steroid users represent the biggest client group. So are workers up to speed in terms of meeting their needs now? 'I think so, particularly in the last few years, where there's been a groundswell of people working within those environments joining up, contacting each other, exchanging experience,' he says.

Recent years have seen the treatment sector having to adapt to new patterns of drug use – the dramatic rise of new psychoactive substances, as well growing problems with people injecting drugs such as mephedrone and crystal meth. Is there any sense that the focus on these new issues has meant services taking their eye off the ball when it comes to steroids?

'I don't think so,' he states. 'I think the movement away from just opiates and crack cocaine to this much wider area encompassing both enhancement drugs and the novel psychoactives isn't to the detriment of either. Injectors are injectors, and HIV doesn't really care what drug you're using. What we've found repeatedly has been a comparable level of HIV in anabolic steroid injectors to heroin injectors, and I don't think that population of steroid users are aware of that.'

So is there anything that commissioners or services can be doing to better tackle the problem? 'There's a couple of important things. One is ensuring that services really do engage with this population of injectors. It's not sufficient just to have clean injecting equipment for people to pick up – you have to engage with them and see exactly what they want. It's important that we translate the lessons we've learned from injecting heroin users to this group.'

'Those users were the best source of intelligence and information about the public health issues. It really is important that it's not seen just as "we're also letting steroid users come to the service". You really do need engagement.'

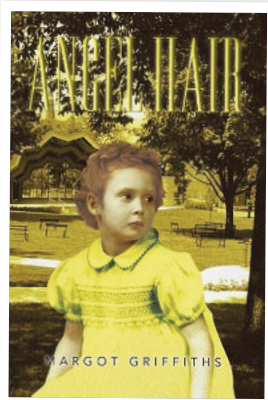
Liverpool John Moores has a range of educational programmes, including an MSc in addictions. For more information visit www.cph.org.uk

A GROWING PROBLEM



BOOKSHELF

Recommended reading – from the drug and alcohol sector...



Angel Hair

Margot Griffiths,
 published by Xlibris, £9.99

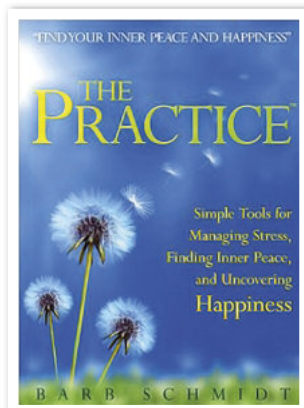
ANGEL HAIR is the story of the eccentric Morgan family, living in Victoria, British Columbia in the 1950s and '60s, and

follows their journey through love, conflict and betrayal in a time of strict traditional values. This is the first novel from Margot Griffiths, a psychology professor who grew up in Victoria. In her own life, Griffiths pursued psychology as a means of understanding her own family's troubles.

Her mother struggled to cope... while her father also had problems with alcohol.

Growing up, her mother struggled to cope with depression, while her father also had problems with alcohol.

Griffiths uses her background to create complex characters and explore the complicated relationships between members of the family in an insular and often stifled community.



The Practice: Simple Tools for Managing Stress, Finding Inner Peace, and Uncovering Happiness

Barb Schmidt, published by Souvenir Press Ltd, £9.99

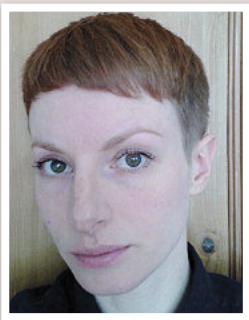
FOUNDER of the non-profit organisation Peaceful Mind Peaceful Life, Barb Schmidt, is a spiritual coach with over 30 years' experience under her belt. Her first book, *The Practice*, is a guide to practical spirituality in the modern world.

The book uses principles from a range of religions and spiritual teachings to offer simple tools that individuals can put to use in their every day lives.

The three-part routine taught in the book – waking up, living in the present, letting go – is deliberately made simple to implement so that it can fit easily into a busy daily routine, and aims to give its readers the tools they need to manage stress and bring about peace of mind.



Barb Schmidt recently gave a TEDx talk where she shares her insights and strategies for greater mindfulness, meaning, and purpose in life. View at <http://bit.ly/1zEbjZ>



GET REAL

The government's drug policies are not grounded in reality, says law student **Alice Gambell**

READING THE GOVERNMENT'S annual review of its 2010 drugs strategy, it would seem that, despite the wealth of evidence that suggests its policies are counter-productive, the Home Office doesn't want to listen to anyone's advice.

The government says that drug use and mandatory drug testing in prisons are down – but is any of this really true?

The figures that the government uses are from the Crime Survey of England and Wales (CSEW). Those who conduct the survey admit these figures are not necessarily reliable – an unknown proportion of respondents may not report their behaviour honestly, and the estimates of prevalence in the findings may be considered lower than the true level of illicit drug use within the general population because of the nature of the survey's questions.

With regard to mandatory testing (MDT) in prisons, the report claims that positive drug tests are

down, as if this is an indication that drug use in prisons is decreasing. HM Inspectorate of Prisons (HMIP) has said that MDT figures are not an accurate reflection of drug use in the prison estate, and that the decline in positive tests does not mean a decline in drug use.

One thing that is true, and that the government fails to even mention in its report, is that drug-related deaths are increasing, as are post-release drug-related deaths. This is a direct result of the government's drug policy, yet they are failing to do anything about it.

Basing policies on skewed statistics will never result in anything other than further harm. Criminalising drugs and sticking to a purely abstinence-based approach will not make drug use disappear. It only puts people in danger, increases stigmatisation, and places unrealistic conditions on those who would benefit from harm reduction practices.



'Drug-related deaths are increasing, as are post-release drug-related deaths. This is a direct result of the government's drug policy...'

DEFINITELY, MAYBE...

David Finney tells you how to get ready for your CQC Inspection, ahead of the latest changes



I wonder if, every time the doorbell rings, you imagine that it might be the CQC inspector making their unannounced visit to inspect your service and, potentially, decide your future.

The latest news from CQC is that they have told all substance misuse treatment providers that the start of the inspections of all 'independent standalone' services will begin in July 2015. This basically refers to residential rehabilitation services.

Until then, CQC have said that they will be conducting a 'survey of the provider landscape'. This means that you will probably receive a form in which you will be asked to give a range of factual information, such as how many beds you have, staffing numbers, and registration details. This does not mean that you will be inspected soon; it is merely an information-gathering exercise.

MEANWHILE, there are two important changes to bear in mind when preparing for inspection:

1. You are no longer considered to be care homes. I think this should be a relief, as for years you have been trying to convince CQC that you are specialist treatment services first and foremost. CQC now take this view as well.
2. You are now within the specialist mental health section of the Hospitals Directorate at CQC. This will mean that inspections will look very different. The questions you will be asked will come from a treatment perspective, and the inspectors will probably have a mental health background. CQC say they are going to provide specific training for inspectors in substance misuse, although I am not sure that this has started yet.

So what will inspections look like; and how can you best prepare yourself for them?

There are two distinct stages outlined by CQC:

1. **INTELLIGENT MONITORING:** CQC will aim to gather information from a range of sources about the operation of your service.
 - a. They will scan information provided by organisations such as Safeguarding Boards, Public Health England, Healthwatch, and Clinical Commissioning Groups.
 - b. They will rely on you to supply information about your stakeholders – such as people who commission your services, local authorities, mental health teams, and any other professionals with whom you do business. You will be asked for this information in a 'Provider Information Return' (PIR). Normally you will only have a few days to supply this information.
2. **SITE VISIT:** You will probably be visited by an inspection team, which will include an 'expert by experience' (ie a person who has used services), and possibly a specialist professional advisor.

Tip: Make a list of all your stakeholders so that you can supply this information quickly.

- c. In your PIR, you will be asked to answer the five questions: how is your service safe, effective, caring, responsive, and well-led? You will also be asked what improvements you are intending to make to your service.

Tip: Match your answers to the characteristics for 'good' services, published by CQC.

The team will use the new methodology, which is yet to be published in its final form, but will follow the 'Key Lines of Enquiry'. This will include new questions about treatment effectiveness, use of evidence-based outcomes, systems for keeping people safe, implementation of the Mental Capacity Act and governance structures, as well as all the standard issues such as premises, staffing, and safeguarding.

Tip: Look at the new Key Lines of Enquiry when they are published and ensure that you have covered every angle.

Finally, look out for any training that is specific to the substance misuse sector so that you have the right focus to your preparation.

David Finney is an independent social care consultant with a specialist interest in the regulation of substance misuse services.



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A DOG'S LIFE

James Dickinson shares the story of Bert, the unofficial head of treatment at Chandos House

BORN to two workaholic and exercise-addicted parents, Bert was abandoned before birth by his father, with a mother chronically co-dependent and preoccupied with dad. After his birth, mum immediately returned to work.

Bert, one of eight siblings, was left to fend for himself in a boundary-less and lawless stable in Shepton Mallet. Mum only returned to the stable once a day for an hour to feed.

When he was about eight weeks old, all his brothers and sisters were adopted, due to their perfectly formed four white socks and white tipped tails.

Bert, having only three and a half white socks and half a dozen white hairs at the tip of his tail, was left alone in the stable for a further three weeks, until I visited the farm.

He was so desperate for attention he would have gone home with me even if I was a three-headed monster – so many children in similar circumstances have felt utterly unlovable and that everything is their fault. Any attention was better than none.

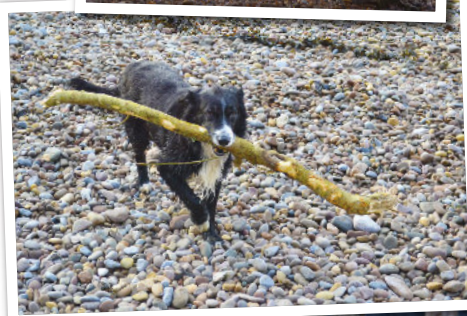
Bert inherited the job of deputy manager at Chandos House, where he was asked to do something other than what he truly was – a sheepdog.

In day one of his new role, at the tender age of 14 weeks, in the middle of a family tree 'constellation sculpt', a young man fell to his knees sobbing about his deceased parents. Bert leapt from the sofa whimpering and snuggled up to the young man lying on the floor, licking the tears from his face.

From that day onwards, Bert's continuing professional development was born out of the perfect life experience – abandonment, rejection and betrayal, and an advanced sense of empathy to do the job.

Ten years old this August, he now commands respect as 'leader of the pack'. He gives the men we treat here at Chandos an opportunity to take risks and practice both giving and receiving unconditional love, respect and safety. On many occasions, it has been reported and witnessed that this has acted as a positive template of a relationship that can be applied to other relationships and to life outside Chandos.

James Dickinson is head of treatment at Chandos House, www.chandoshouse.org



Bert's continuing professional development was born out of the perfect life experience – abandonment, rejection and betrayal, and an advanced sense of empathy to do the job.



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For referral details and prices please contact us via our website:
www.surreydrugandalcohol.com/windmill-house



SOCIETY FOR THE STUDY OF ADDICTION

Annual Symposium, 2015

Date: Thursday 5 and Friday 6 November | Venue: The Park Inn, York, UK

Thomas McLellan will give the Society Lecture.

Themes:

- Recovery
- Take-home naloxone and the potential to prevent overdose deaths
- Cannabis: New research
- Recent findings from research funded by ARUK
- Science & politics – Synergy or conflict?

Speakers & presentations:



Duncan Raistrick Lucy Rocca	Measuring recovery The barriers that prevented me from addressing my alcohol dependency for twenty years - And how Soberistas.com seeks to address these	Val Curran Paul Morrison	Cannabis: Pleasure, medicine and mental health Cannabis and mental health
Laura Willoughby Rebecca McDonald	Club Soda - Behaviour change and social action How strong is the evidence for benefit from take-home naloxone?	Harry Sumnall Amanda Atkinson	The alcohol harm paradox The role of social networking sites in young people's drinking cultures
John Strang Andrew McAuley	Findings from application of the Bradford-Hill criteria National co-ordination and provision of take-home naloxone: Scotland first	Jan Gill Jonathan Chick	Alcohol pricing and heavy drinkers in Scotland Alcohol pricing and heavy drinkers in Scotland
Jo Neale Thomas Clausen	Experiences of naloxone resuscitation - Qualitative exploration New trial of naloxone nasal spray in Norway	Colin Drummond Judith Harwin	Minimum unit pricing for alcohol The Family Drug and Alcohol Court
Hannah Rose Helen Crosby	Adolescent alcohol beverage preferences and related harms: A latent class analysis Rating therapist competence	Ann McNeill Deborah Arnott	Plain packaging of cigarette packs to reduce consumption The e-cigarette: Opportunity or threat?
Niamh Fingleton Felix Naughton	Non-prescription medicine dependence in the UK Q Sense: A context aware smartphone sensing app for smoking cessation	Annette Dale Perera	The drive to time-limit OST - Is it austerity or ideology? Is it good science and good practice?
		Sheila Bird	Naloxone on prison-release saves lives in Scotland, but why not elsewhere?

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www.actiononaddiction.org.uk/Education-Training.aspx

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Foundation 66 is a part of the Phoenix Futures Group. As a charity with over 40 years' experience, Phoenix Futures are a leading provider of drug and alcohol treatment. We have a passion for recovery and believe in supporting our staff and volunteers to be the best they can.

Residential Manager London E17

£31,682 rising to £33,350 following successful probation

We are looking for a highly motivated and flexible manager to oversee our CQC registered care home which provides flexible rehabilitation to alcohol dependant male and female adults. In addition to leading a multi-disciplinary team and ensuring its smooth day-to-day running, you will be liaising with outside agencies, so excellent communication skills are essential as well as a good, practical understanding of issues relating to dependant drinkers. Ideally you should have suitable management experience or possess or be working towards a relevant professional qualification. Some evening and weekend work will be required.

For an application pack please visit www.phoenix-futures.org.uk or email recruit@phoenix-futures.org.uk quoting reference: 356. Closing date: 21 June.

www.phoenix-futures.org.uk

Registered charity in England & Wales 284880 and Scotland SCO39008.
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part of the Phoenix Futures Group

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East Coast Recovery Ltd

East Coast Recovery in Suffolk is a residential treatment centre providing abstinence based 12 Step Recovery Programmes.

REGISTERED MANAGER

We are currently recruiting for a highly motivated individual to take up the post of Registered Manager. The successful candidate will ideally:

- Have recent experience of managing a residential rehab
- Have the ability to lead a team of experienced and enthusiastic staff
- Have the ability to work with a wide range of addiction and other professionals
- Have experience of working to the Care Quality Commission's regulations and outcomes
- Possess professional qualifications in health or social care including working with addiction
- Possess management qualifications to QCF Level 5 or working towards these qualifications

Salary is negotiable dependent on experience and qualifications

Any offer of employment will be dependent on a successful Care Quality Commission application for Registered Manager, an Enhanced DBS Check and acceptable references

In the first instance please sent your CV to
sue.allchurch@eastcoastrecovery.co.uk

www.eastcoastrecovery.co.uk

Support Worker in ROADS Housing Pathway at Logos House

£19,230 pa starting salary • Central Bristol
40 hours per week, including evenings & weekends on a rota

As part of the Bristol ROADS programme, Logos House has a 10-bed intake preparation programme based within the Lifehouse. As a Support Worker you will empower individuals to overcome the barriers they face, achieve their aspirations and support them to move towards independent living.

Using a person-centred approach and therapeutic alliance, you will support and empower individuals to sustain their journey of recovery from addiction and homelessness. The successful candidate will have a working knowledge of homelessness, substance misuse, the cycle of change, and understand the barriers faced when moving on. They will also be able to contribute to a culture of change and work closely with key stakeholders.

You will also be expected to fulfil duty management and on call duties on a rota basis.

The successful candidates will be able to demonstrate:

- An understanding of the ROADS housing pathway
- A caring, empathic approach to the people we support
- An understanding of working in a therapeutic, psychologically informed manner
- The ability to work closely with a small team

You will also need to be able to work within the Christian ethos of The Salvation Army.

Offers will be made subject to a satisfactory enhanced DBS disclosure check, confirmation of enrolment to the DBS Update Service, and satisfactory references.



For an application form, please apply to:

The Admin Team
The Salvation Army
Logos House
Wade Street
Bristol
BS2 9EL
Tel. 0117 955 2821

Logos.House@
salvationarmy.org.uk

CVs will not be accepted

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in the workplace.



Closing date for
applications: Friday
19th June (5pm)