

DDN

Drink and Drugs News

July/August 2021

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Carol Black on sector priorities
Nature's **healing power**



Sex and porn addictions are real –
it's time to provide support

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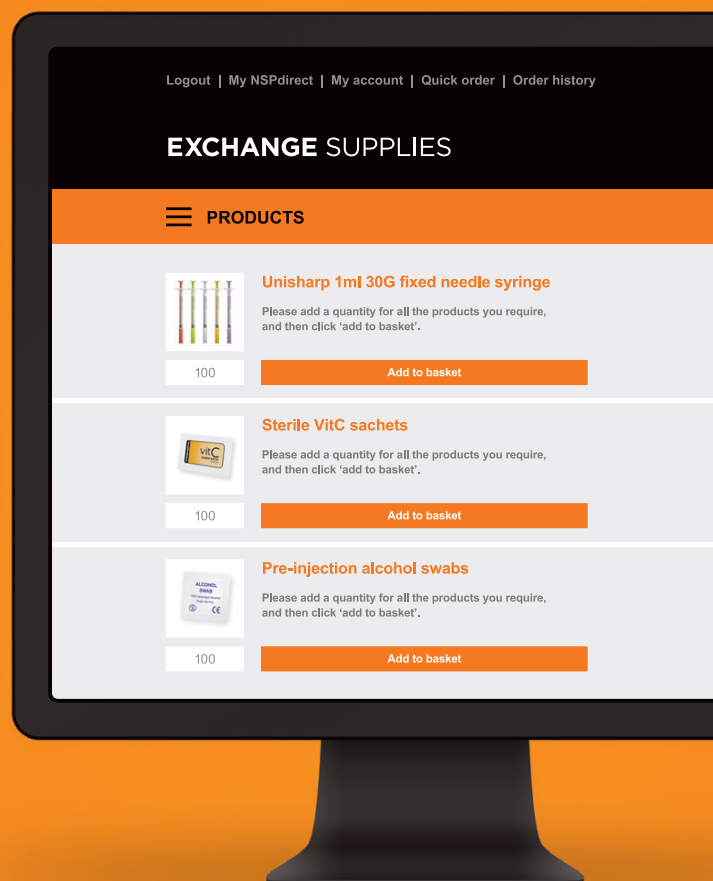
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Drink and Drugs News is published by CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT t: 0845 299 3429

Editor: Claire Brown
e: claire@cjwellings.com

Advertising manager: Ian Ralph
e: ian@cjwellings.com

Reporter: David Gilliver
e: david@cjwellings.com

Designer: Jez Tucker
e: jezt@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

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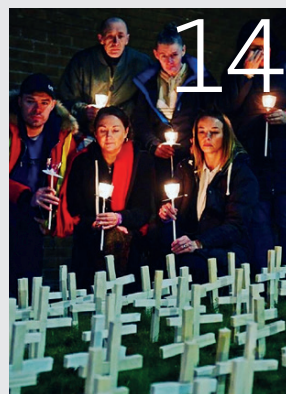
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STAYING STRONG IN PARTNERSHIP



'By supporting staff to have the skills to deliver the most appropriate intervention we are able to offer a place where LGBTQ+ people can thrive.'

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We need to be sensitive to factors for wellbeing

We're living with uncertainty – will things return to some sort of normality? When will the long-awaited Dame Carol Black report be published (p4, p8, p10)? One thing we can rely on is that issues relating to addiction are complex. Furthermore, we know that a public health approach demands that we work with and try to understand the many influences on our behaviour.

Substances, gambling, sex – they're all part of life, so if we're to strive for holistic treatment we need to look at the whole picture. As our cover story says (page 6), this type of behavioural addiction is largely unspoken and misunderstood across health and social care at a time when the pandemic has 'added to escalation of introspective behaviours'. Dame Black is calling for wholesale system change right across the sector, which could affect all of us. To throw ourselves into grasping this opportunity for change with the energy that Collective Voice suggests (page 10) we need to be sensitive to all contributory factors to an imbalance in wellbeing, from early trauma to ways of coping with the pandemic. Acknowledging the blurred lines between 'good' and 'bad' behaviour is a vital component.

Our next print issue is out on 6 September but we're here all summer online for news and views, so stay in touch!

Claire Brown, editor

Keep in touch at
www.drinkanddrugsnews.com
and @DDNmagazine



Services now 'on their knees', says Carol Black



'Insufficient support to peer workers who are so crucial to the recovery process.'

DAME CAROL BLACK

Funding cuts have left treatment and recovery services 'on their knees', commissioning has 'become fragmented with little accountability for outcomes' and partnerships between local authorities and health and criminal justice agencies have deteriorated across the country, Professor Dame Carol Black told the Westminster Social Policy Forum's *Tackling drug addiction and substance misuse* event. The workforce, meanwhile, was 'depleted and demoralised', with a falling number of professionally qualified people and 'insufficient support to peer workers who are so crucial to the recovery process'.

Part two of her *Independent review of drugs* remained unpublished as *DDN* went to press, but according to the BBC is likely to recommend a more health-based approach and a more significant role for DHSC. 'I cannot of course give you the exact

recommendations but I can address the areas I'm going to be focusing on,' she told the seminar. Inpatient detox, residential rehabilitation, specialist services for young people and treatment for cannabis and stimulant users had been particularly hard hit, she stated. 'I've said in the report that the current situation is intolerable and that significant changes need to be made in four big areas'.

These were radical reform of funding, commissioning and leadership; rebuilding of services and developing integrated systems of care and support; increased focus on prevention and early intervention, and improvements to research and science. Part two of her report offered concrete proposals, she said – 'I hope many of them deliverable in this parliament'.

'This government must strengthen its national leadership of work to tackle drug misuse' and hold departments to account,

she stated. Also essential was an increase in funding to provide an effective treatment and recovery system. 'Funding at this time is of course difficult but we've been doing everything we can to ensure the Treasury understands that it would be money well spent with a substantial and early return on investment.' Clinical services were 'only part of the story', she added. 'We need a strong recovery community, trauma-informed services, and good mental health services.' Good housing and employment opportunities were also 'absolutely part of the treatment package,' she said. 'We also need to acknowledge that drug dependency deserves parity with other conditions such as diabetes. I would go so far as saying that trauma-informed care is woefully lacking, and if you can't provide that then it's very, very difficult for people to come off the drugs they're taking.'

See feature, page 8

Three quarters back gambling ad curbs

MORE THAN THREE QUARTERS OF ADULTS and two thirds of 11 to 17-year-olds back a ban on gambling adverts on TV and radio before 9pm, according to a YouGov survey of almost 12,500 people.

More than 60 per cent of adult respondents and 53 per cent of younger people also said they would back a complete ban on advertising for gambling products, and three quarters of adults supported a requirement for the industry to pay a levy to finance efforts to tackle problem gambling.

The Royal Society of Public Health (RSPH) is calling on the government to tighten gambling ad regulations as part of the Department for Digital, Culture, Media and Sport's ongoing review of the Gambling Act. There have long been calls for a compulsory tax on the industry to fund support for people with gambling issues (*DDN*, June 2019, page 5), while last year the regulatory bodies overseeing the industry were branded 'complacent and weak' by a parliamentary committee (*DDN*, July/August 2020, page 4).

'We no longer allow air time to other products which harm our health, like tobacco products,' said RSPH chief executive Christina Marriott. 'Gambling should be no different.'

New page

WDP HAS TEAMED UP with literacy charity the Shannon Trust in a pilot project to train staff, peer mentors and volunteers to provide its phonics-led Turning Pages programme across a range of services, focusing on supportive one-to-one sessions provided by peers. Shannon Trust has already successfully rolled out the programme in prisons across the country.

'We know that reading is a vital skill, and when people learn it can make a huge difference to their lives,' said the trust's CEO, Ian Merrill. 'They're able to complete the everyday tasks that many of us take for granted, such as managing bills or accessing the internet. And for those with drug and alcohol problems, these achievements can be important building blocks in recovery.'

Literacy skills can lead to 'a greater participation in work, family life, and directly improve health', added WDP chair Yasmin Batliwala. Developing these skills enabled people to 'feel part of an increasingly digital, social-media world, rather than be automatically excluded', she said.



'Literacy skills enable people to feel part of an increasingly digital, social-media world.'

YASMIN BATLIWALA



Increasing violence associated with county lines activity

County lines activity is being characterised by rising levels of extreme violence and sexual exploitation, according to a report by the University of Nottingham's Rights Lab. Professionals interviewed for the report described both an increase in the incidence of violence and 'shifts in the types of injuries and their severity'. One respondent described an increase in the number of males under 21 attending A&E after being raped, while others also noted increases in self-harm and suicide attempts among children and young people admitted to hospital.

The report, which looks at the impact of COVID-19 on county lines activities, says more and more health professionals are warning that young people are being coerced into by gangs via online grooming and use of control through the

harbouring of sexually explicit images, with an associated increase in self-harm among young females.

While males still represented the majority of violence-related A&E admissions in connection to county lines gangs, the injuries sustained by female victims were becoming 'more severe and sexual in nature', with victims 'passed around the wider network as a reward'. The increased levels of privacy associated with COVID-related visiting restrictions in hospitals, however, had meant some young people felt safe enough to disclose more about their injuries and experience of exploitation.

'These latest findings are extremely concerning – taken together with the fact that professionals' ability to identify signs of exploitation and safeguard vulnerable young people are being hindered by COVID-19 restrictions,

'Professionals described both an increase in the incidence of violence and shifts in the types of injuries and their severity.'

it is a very alarming picture,' said research fellow in modern slavery perpetration at the Rights Lab Dr Ben Brewster. *Covid-19, Vulnerability and the safeguarding of criminally exploited children* at www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/index.aspx

Childhood trauma can alter opioid response

PEOPLE WITH A HISTORY OF CHILDHOOD TRAUMA are more likely to have a euphoric response to opioids, according to a study by the University of Exeter.

The findings 'may explain the link between childhood trauma and vulnerability to opioid use disorder, with implications for treatments and the prescribing of opioids medically', say the researchers.

The study – thought to be the first of its kind – compared the effects of morphine on 52 people, roughly half of whom had a history of severe childhood abuse and neglect, as measured by the widely used childhood trauma questionnaire. Those who had no history of childhood trauma were more likely to dislike the effects of the drug and report feeling nauseous or dizzy, while those who had experienced trauma 'felt more euphoric and had a stronger desire for another dose'.

One explanation for the different responses could be trauma's effect on the endogenous opioid system, a pain-relief process that is sensitive to chemicals such as endorphins – 'our natural opioids'.

Childhood trauma may 'dampen' this system, the researchers state. 'When a baby cries and is comforted, endorphins are released – so if loving interactions like this don't happen, this system may develop differently and could become more sensitive to the rewarding effects of opioid drugs,' said lead author Dr Molly Carlyle.

'There are high rates of childhood trauma in people with addictions. Our findings show that these sorts of experiences can actually change how certain drugs feel.'

Study published in Addiction Biology at onlinelibrary.wiley.com/doi/10.1111/adb.13047

A fifth drinking more since lockdown

UP TO 20 PER CENT OF ADULTS may be drinking more since the start of the first lockdown, according to a YouGov poll commissioned by the Forward Trust. Of these, 17 per cent said this was causing problems related to work, relationships, finances or withdrawal symptoms – the equivalent of 1.5m people if replicated across the country. Almost 40 per cent of people in recovery also reported a relapse during the last year, indicating a 'profound impact' on the recovery community. 'The pandemic has had a devastating impact on many people – rates of harmful drinking and drug-related deaths are at an all-time high, gambling addiction is rising at an alarming rate, and families and children are living with the hidden harm of addiction in greater numbers than ever before,' said chief executive Mike Trace.

'Our survey provides an important insight into the looming pressure on services during and following lockdowns. It is clear that people need increasing levels of help, understanding and support, and they need that now.'

Local News

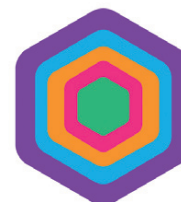


THE RIGHT NOTE

BDP is hosting three days of free music workshops in Bristol in July for anyone affected by substance issues who can play an instrument. Participants in Reconnect, Recharge and Recover will also have the opportunity to take part in a filmed performance. Contact sophie.wilsdon@bdp.org.uk for more information.

ROUGH TREATMENT

More than 11,000 people were seen sleeping rough in London in the year to March, according to GLA figures – a 3 per cent increase on last year despite emergency pandemic measures like 'Everyone In'. 'Without decisive action, much of the good work of the past 15 months risks being undone,' said Homeless Link chief executive Rick Henderson.



PERSONAL CONNECTION

Edinburgh's health and social care partnership and alcohol and drug partnership have launched an addiction recovery companion (ARC) app with a personalised emergency button to quickly connect people 'when things get tough'. The app also features a mood tracker and motivational exercises. Available at arcapp.co.uk



Sex, love and porn addictions are becoming increasingly common and need more recognition and support, says **Pamela Walters**



Chernetskaya | Dreamstime.com

SEXUAL HEALING

It's no secret that the COVID-19 pandemic has presented challenges for patients living with addictive behaviours.

There has been widespread coverage of escalating rates of alcohol and substance misuse alongside 'behavioural addictions' such as gambling and shopping, but the lesser-reported sex and love addiction, cybersex or problematic online pornography usage has also seen an explosion in numbers globally.

Recent media reports indicate that half of UK adults watch porn. According to Ofcom's 2021 Online nation document, Pornhub was accessed by 15m people in September 2020 while OnlyFans saw a 75 per cent increase in new subscribers from May 2020. The pandemic has led to people becoming more introspective about their sexual behaviours, and for some this shift will develop into pathological addictive-type sexual behaviours. The problematic consumption model of online pornography benefits from the

'triple A' factor – anonymous, accessible and affordable.

ADDICTION/COMPULSION?

Love and porn addiction isn't recognised as a mental health condition by the recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Instead, sex addiction, masturbation addiction, and porn addiction are usually referred to as compulsive sexual behaviour, hyper sexuality disorder or out of control sexual behaviour. Sex addiction can also be characterised by multiple sexual partners or interaction with sex workers, while love addiction behaviours can include returning to damaging relationships or craving attention from new or multiple relationships.

Clouds House, our residential addictions rehab, has seen an increase in enquiries for sex, love and pornography treatment. A year of lockdowns has created conditions whereby people who are feeling isolated turn to sex and porn as a method of coping, just as it has for other addictions.

'Long-term recovery from sex and love addiction or porn addiction is different from substances or gambling.'

In addition, the fact that sex, sex and love, and porn addiction are becoming more recognised within society as a set of behaviours which culminate in destructive consequences has meant that men – and, slowly, more women – are starting to reach out for help.

INCREASING NUMBERS

Over the past five years, Clouds House has experienced an increase in people accessing treatment for sex and love or porn addiction as their primary addiction. Historically it's emerged within the context of

other addictions. Access to porn anytime, anywhere is problematic and a significant challenge – those with an addiction to pornography will access porn content in a continued quest to alter moods by searching for newer, more stimulating and sometimes violent/coercive content, and with an escalating habit their tolerance and choice of more extreme pornography increases.

This is a manifestation of someone's journey to dependency, and measurement of the true scale of the problem is challenging given the associated stigma. The shame surrounding this addiction is considerable, with significant impact on family and relationships as this dominant relationship with the online pornography behaviour takes increased salience and control.

Recovery from addiction to sex, sex and love, and pornography is possible and the community aspect of therapy is a vital part of treatment, examining how emotional experiences of addiction can often be similar regardless of how the addiction manifests.

Treatment for sex/love and porn addictions is as challenging for individuals as treatment for any other addiction, and our clinical team engage patients throughout the pre-admission process. Compulsive sexual behaviours can be comorbid with mental health conditions such as depression, anxiety and bipolar affective disorder, and a robust psychiatric assessment assesses for the presence of such comorbidities in this patient group.

Abstinence from sexual behaviours during treatment impacts positively on treatment outcomes. We ask all those joining the treatment community to abstain from all sexualised behaviour including masturbation. The withdrawal experience can be similar to those more commonly recognised with substances – it can be intense and visceral. People do not always anticipate going into withdrawal and therefore need emotional support to understand what they are experiencing. It's common for patients to experience disorientation, headaches, low mood, anxiety, irritability or depression.

LONG-TERM RECOVERY

Long-term recovery from sex and love addiction or porn addiction is different from substances or gambling. Sex is a human need the same as eating or sleeping, so abstinence from sex is more complex. A person needs to identify a sense of positive sexuality and be able to move forward with positive relationships, and preparing patients for different types of relationships is key to successful outcomes. Therapists look to realign behavioural reinforcers with meaningful 'reality-based' relationships and not the 'online' cybersex virtual reality.

For instance, those addicted to pornography are engaging in 'fantasy' rather than the reality of physical and emotional intimacy and therefore it is vital to help patients understand how sex might feel different, perhaps even disappointing, within the context of their real-life relationships. Clients can find themselves trying to substitute care, support and nurture for emotional or sexual dependence with sometimes devastating consequences –



OVER THE PAST FIVE YEARS, Clouds House has experienced an increase in people accessing treatment for sex and love or porn addiction as their primary addiction. Historically it's emerged within the context of other addictions. Access to porn anytime, anywhere is problematic and a significant challenge.

'Those with an addiction to pornography will access porn content in a continued quest to alter moods... and with an escalating habit their tolerance and choice of more extreme pornography increases.'

these might include engaging in physically or emotionally abusive and harmful relationships devoid of emotional intimacy.

It's also important to consider that there may be cultural and diversity issues revealed during the therapeutic assessment, for example the subculture of 'chemsex' in gay communities. A social norm gives

the person a sense of belonging to such a community despite the potential risks, harms and consequences. If there are chemicals involved there can be additional important questions to ask, such as what is the client's relationship with the substances and/or the sexual behaviours? Understanding from a wider perspective than that which fits with binaries of heteronormative culture is important, and what is normal for one person, might not be for another.

BARRIERS TO WOMEN

There is a tendency for more men to seek treatment than women, and more needs to be done to understand the barriers to seeking treatment by women and to find better ways to support women to open up more about sex, love and pornography addictions. As conversations emerge during treatment, therapists find more women open up to their peers about their experiences.

Asking for help with a sex, sex and love, or porn addiction requires a huge amount of courage, and those who make contact with services should be treated with care and respect. Families are often deeply traumatised by their loved ones' behaviour and it's important that family support is

given throughout the treatment period and beyond where necessary. Mutual support is vital, sustaining recovery through fellowship meetings such as Sex and Love Addicts Anonymous and Sex Addicts Anonymous, in the same way as with attendance at AA or NA.

This type of behavioural addiction is largely unspoken and misunderstood across health and social care. It needs to be recognised and understood more broadly to improve treatment and enable people to reach out for support. Recognising it can go some way to validating the experiences of those engaging in these behaviours and instil some hope that change is possible.

The sector spent many years trying to get gambling addiction properly recognised in the DSMV to legitimise treatment and lower barriers to accessing support. It is now time for sex, love and porn addiction to also be categorised as a behavioural addiction.

Clouds House and Action on Addiction are part of The Forward Trust. Find out more at <https://www.forwardtrust.org.uk/> or <https://www.actiononaddiction.org.uk/addiction-treatment/clouds-house>

Pamela Walters is clinical director at Clouds House



SECTOR SPECIFIC

erhui1979 / iStock

On the eve of the publication of the second part of the Carol Black review, delegates at a Westminster Social Policy Forum event debated the state of the sector and where we go from here. **DDN** reports

People with drug dependency were ‘almost the equivalent of the cast-out lepers of former times,’ Professor Dame Carol Black told the Westminster Social Policy Forum’s *Tackling drug addiction and substance misuse – latest thinking on prevention, supporting recovery, policy and findings of the independent review* event (see news, page 4).

Drug dependency was a ‘complex, stigmatised problem,’ she said. ‘Those dependent on drugs are not owned by any one department of state. You might say it’s too messy, too difficult, while at the same time of course creating personal, familial and societal misery and costing the government, we calculated, some £19bn per year.’

FAILING SYSTEM

Part one of the review had addressed supply and demand (*DDN*, March 2020, page 4),

revealing a ‘failing’ system and increasing levels of drug supply, county lines activity and violence – a ‘dire situation’ that had then ‘met austerity’. Since 2014 there had been a 17 per cent fall in funding for adult drug services and a 25 per cent fall for young people’s services. ‘And in a few areas of the country, that fall for adult services has been as much as 40 per cent.’

There was ‘obviously a lot to do’, she stated. ‘This is a report about system change, and reflects the fact that drug dependency has never been tackled in a determined and coordinated way by six departments of state’ – the Department of Health and Social Care, Home Office, Department for Work and Pensions, Ministry of Justice, Department for Education and Ministry of Housing, Communities and Local Government. Rather it was each department trying to do a small amount but not in a way that was joined up, she said.

‘I spent many hours talking to people who are drug-dependent, and they tell you what they need to achieve recovery. Medicine is part of this, but then so much is jobs, friends and housing. I also want to ensure that thriving communities of recovery are a component of every drug treatment system, and this needs to be country-wide. People with lived experience offer so much to the recovery journey that clinicians are simply not equipped to do.’

SUPPORT AND ENGAGEMENT

There were multiple ways that people in recovery contributed, but a critical one was creating and leading support organisations, said advisor to the review, professor of psychiatry at Stanford University and former drug policy advisor to Barack Obama, Dr Keith Humphreys (*DDN*, June 2012, page 16). ‘For most people, this is the work of years, which means there’s a need for organisations that persist in people’s lives and engage with them for a long time.’

Talking about recovery was the ‘exciting, positive, happy thing that happens in this field’, when so much discussion was around issues like illness, violence and death, he said. ‘It’s not just “I’m no longer using heroin”, but “I have a job, I’m back together with my family, I feel valued, I feel I’m contributing.” Those things take a long time to develop, but are critically important



<https://news.stanford.edu>

‘It’s very important that people in recovery are at the table in all discussions... We need that expertise and that wisdom.’

DR KEITH HUMPHREYS

for health and quality of life.’

Recovery organisations had a different rationale for what made someone an expert, he said. ‘The helping is reciprocal. When a doctor sees a patient it’s not appropriate to ask the patient for help with the doctor’s problems, but in these organisations one moment you can be the helper and in the next the helpee. One of the interesting



'I'm optimistic because I think this is a pivot moment and providers are ambitious and poised to push to new heights... But we do need to invest now.'

DR LINDA HARRIS

findings in social support literature is that giving support is probably as good for our health as receiving it.'

Crucially, these services were also free, he said, or operated on a voluntary 'coin in the basket' model. 'That makes them available to anyone, regardless of their economic situation.' While some had a designated programme or philosophy, others were more general and by no means all were abstinence-orientated. 'It's good that there's so much diversity, so people can find something that works for them. And it's not just all about services, it's also about cultural and political influence. We had a saying in the White House – "if you don't have a seat at the table, you're probably on the menu." It's very important that people in recovery are at the table in all discussions, and Dame Carol did a huge amount of outreach and involvement of people in recovery throughout her work. We need that expertise and that wisdom.'

The public component was also vital, he said, as could be seen with

recovery walks. 'If you'd said 20 years ago there's going to be 500 people with drug problems marching down the street most people probably would have locked their doors. Now they come out and applaud. Seeing people who they previously might have crossed the street to avoid as successful parents, workers, citizens is very powerfully destigmatising and hope-inspiring.'

KEY INGREDIENTS

To deliver high quality, well-led services needed three key ingredients, said Dr Linda Harris, chief executive and clinical director of Spectrum Community Health CIC and chair of the health and justice clinical reference group at NHS England. 'But they're huge. We need a positive culture, a capable workforce with the capacity and headspace to care safely and with compassion while being able to train and supervise the workforce of the future, and we need a team of teams. There's no one agency that can solve this issue, so we need to collaborate to continually improve and innovate.'

There was also a 'post-

pandemic societal context', she added, with the move to remote and flexible working and the digitisation of service offers. Competition for talent was a key issue, with an ongoing health and social care workforce crisis – 'we really have to get those sharp elbows out.' Successful recruitment and retention meant competitive rewards and competitive terms and conditions. 'We want substance misuse services to be that great place to work, and that also means training and development.'

'I think we can market our strengths,' she told the event. 'COVID has shone an enormous light on health inequalities and their root causes, and I think we can take our rightful place leading some of these population health interventions. I'm optimistic because I think this is a pivot moment and providers are ambitious and poised to push to new heights in quality improvement and achievement in the sector. But we do need to invest now.'

THE NEXT CHAPTER

'We're really at the start of the next chapter in the history of our field,'

agreed director of Collective Voice, Oliver Standing. There was not only the second part of the Black review, but also technological innovation and the fact that the sector was becoming much more informed about the links between trauma and addiction.

'We've had the £80m in funding, the Black review's dominating all of our thoughts, PHE has been cut in twain with the senior jobs at the Office of Health Promotion being recruited at the moment,' he said. 'Then there's the Comprehensive Spending Review in the autumn, the NHS reforms, and an addiction strategy probably at the start of next year.' And all were contingent on each other to a greater or lesser extent, he stated.

'Politics is all about momentum and we've got a window of opportunity here, but we need that political leadership. We need a robust political response to the review, and we need the funding to continue to support the work. We mustn't forget we're in the middle of a drug-related death crisis. This is a morally catastrophic thing, and we can't ever forget that.' **DDN**

PROFESSOR DAME CAROL BLACK

PROFESSOR DAME CAROL BLACK DBE FRCP FMedSci chairs the boards of the Centre for Ageing Better and Think Ahead, the government's fast-stream training programme for Mental Health Social Workers. She is expert adviser on health and work to NHS England/Improvement and Public Health England and until August 2019 was principal of Newnham College Cambridge. She is a member of Rand Europe's Council of Advisers, the board of the Institute for Employment Studies, the board of UK Active, and the advisory board of Step up to Serve.

She has authored three independent reviews for the UK government: of the health of the working-age population in 2008 as national director for health and work; of sickness absence in Britain in 2011 as co-chair; and of employment outcomes of addiction to drugs or alcohol, or obesity, in 2016. She is currently working on a fourth independent review for government, of illicit drugs in England.

Dame Carol is a past-president of the Royal College of Physicians, of the Academy of Medical Royal Colleges, and of the British Lung Foundation, and past-chair of the Nuffield Trust for health policy. The centre she established at the Royal Free Hospital in London is internationally renowned for research and treatment of connective tissue diseases such as scleroderma. She has been a trustee of the National Portrait Gallery.

As principal of Newnham, Dame Carol was on several committees in Cambridge University, and she remains a patron of the Women's Leadership Centre in the Judge Business School, and a member of the university's advisory board on student mental health. In 2018 she was appointed chair of the British Library Board. *Biography at bl.uk/people/experts/carol-black*



Katy Blackwood / commons.wikimedia.org

READY FOR ACTION



We must seize the opportunity to revolutionise the sector, says **Oliver Standing**

In February 2019, then home secretary Sajid Javid appointed Professor Dame Carol Black to conduct an independent review of drugs. One year later, in the final weeks of a pre-COVID world, the first part of the review was published, focusing on drugs markets and the toxic combination of violence, poverty and exploitation that underpins supply and demand.

The review's second part, aimed squarely at treatment, recovery and prevention, was originally scheduled for publication in autumn 2020 but – to the frustration of many (including perhaps the author) – has been pushed back by a combination of COVID-19 and congested government timetabling. However that long wait is now almost over. There can be little doubt that our field, and the people we serve, could be on the brink of the most significant opportunity for renewal in a generation.

We know this change cannot come soon enough. We are in the middle of an escalating drug-related deaths crisis; deaths from alcohol-specific causes have reached record highs and there are signs of concerning unmet need among young people using drugs. We must also add to this list the worrying health and social inequalities exacerbated by COVID-19 and their possible role as drivers of drug and alcohol use.

Over the last decade we have all faced profound structural

and operational challenges: political responsibility splintered across a number of government departments, insufficient funding and the need to stitch together ever more complex care pathways for highly stigmatised citizens. In the face of this challenging environment Collective Voice has worked – frequently in collaboration – to draw attention to the shocking human impact of significant funding cuts on the availability of treatment and recovery services.

Charities and social enterprises

‘There can be little doubt that our field, and the people we serve, could be on the brink of the most significant opportunity for renewal in a generation.’

have been at the heart of the treatment and recovery world for decades, with expertise and experience that allows them to reach people in the community, residential rehab and detoxification

units, and in prisons, supporting over 200,000 of this country's most marginalised citizens every year. Substance use is not just a healthcare problem, rarely occurring in isolation from factors such as trauma and mental ill health, homelessness, joblessness or contact with the criminal justice system. The rich history of the voluntary sector in our field allows recovery communities and provider charities to fully recognise and flexibly respond to this complexity. But we also recognise that central political disinterest and disinvestment has left our capacity to do so significantly reduced.

In this context we await the review in real hope that Dame Carol has heard the calls made by Collective Voice and many others about the critical point the treatment system has reached. It is

why the review must offer the vision of a brighter future of evidence-based and person-centred care for all. And it's why we must now as a field focus on working together to use the review to make the case collectively for the political action necessary to deliver its ambitions. Together we can support more people into recovery and enable more families to heal – all while making savings for the public purse.

The human costs of inaction are real. We stand ready to work together with government and wider partners – local and national – to make the most of this vital opportunity, drawing on our individual and collective strengths to bring about the fundamental changes we all so desperately want to see.

Oliver Standing is director of Collective Voice

Dame Carol's report is likely to make a number of wide-ranging recommendations, together representing a true 'system reset'. Our top three priorities are:

1. The review's ambitions will only be realised with long-term, co-ordinated leadership within central government. This will require the meaningful input of multiple departments (not just the Department of Health and Social Care and the Home Office) with a formal commitment to cross-government working, a robust accountability mechanism and continuing ministerial interest.
2. The new Office for Health Promotion, under the chief medical officer, will play a key role by contributing its specialist knowledge. It must have sufficient independence to 'speak truth to power' if the evidence on treatment and recovery does not align with the political will of the day.
3. A robust, multi-year financial commitment will be required to meet the scale of the challenge. The recent one-year £80m funding injection has provided a life-raft of resource, but this increase must now be built on over the life span of the coming spending review to enable sustainable growth.

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MAKE IT STICK

Making sure naloxone is in the hands of everyone who needs it, whenever they need it, requires far more than simply handing it out from drug treatment services. **DDN** reports

Despite all the good work that's been done over the last couple of decades to fight the battle for naloxone and tackle the associated stigma, one key fact remains. As Judith Yates told *DDN* last month, 'You need to have it with you' (*DDN*, June, page 15).

Release's landmark *Finding a needle in a haystack* report made headlines when it revealed that while all but three of the local authorities who responded to the charity's FoI request were supplying naloxone, they were doing it in such small quantities that the impact was negligible (*DDN*, March 2019, page 4).

'This life-saving medication is not reaching those who most need it', Release stated, with the document stressing the need for naloxone to be made easily available to people not in contact with mainstream treatment services, for example via pharmacies or peer networks. In many areas, take-home naloxone was only available 'through the main drug treatment provider', the report found, with a quarter of councils failing to provide kits to people in contact with outreach services for homeless populations, for example. If there was ever any doubt over the need for this, a St Mungos report from last year stated that in 2018 around 12,000 rough sleepers had gone without drug or alcohol treatment – the same year that recorded a 55 per cent increase in drug deaths among people sleeping rough. It also found that the number of rough sleepers with a drug problem had increased from 50 per cent to 60 per cent in just four years.

IT'S ABOUT HARM REDUCTION

'Getting out as much naloxone as possible to people who don't necessarily engage with standard services is really important,' says Megan Nash, team leader for WDP's Redbridge outreach service, where all workers have carried it since the service's inception. 'That's both because it's getting a life-saving drug to the people most at risk of drug-related deaths, but it's also starting a conversation about harm reduction. It allows you to have a short conversation about how to use it and about risk of overdose – what to look out for and how to prevent it.'

Crucially, it's also about 'giving someone something', she points out. 'I think that can be a really nice engagement tool. It just feels friendlier to give someone a little present, and people can then spread the word.' This kind of harm reduction approach can be transformative when dealing with people with very complex needs, such as the Redbridge team's clients. 'It's a way of showing you care about people, and a way of getting them in contact with services, which they may have struggled to engage with in the past as they're expected to turn up at a specific time, and not intoxicated. I absolutely appreciate that it can be difficult for a lot of mainstream services to manage these kinds of clients, but just having that positive engagement and being told "we care about you", that someone genuinely is worried about your safety and whether you live or die, is crucial for us.'

None of her team have ever had to administer naloxone themselves, she says, an illustration of how important it is to 'get it distributed – because a lot of people will be



using in hidden places. Often our service users tend to use in groups – in temporary accommodation and squats and things like that. It's not as easy to see as an outreach worker, and you can't be there all the time, so it's really important that it gets out through people who will be in that situation.'

This kind of peer-to-peer distribution model is vital agrees her colleague Dave Targett, WDP's operations manager. 'We had a massive squat in the city centre in Chester a year or so ago and we kept giving it to people to take in there to give to others – targeting those high-population areas is really important.'

INADEQUATE SUPPLY

Another alarming finding from the Release document was that only half of prisons and one in five young offender institutions were actually providing naloxone to those leaving custody – this despite the up-to-eightfold increase in risk of a drug-related death the first two weeks after release, as a result of reduced tolerance levels. The amount of take-home naloxone being given out to people on

'We need more widespread understanding over the legality of it, the guidance, the litigation issues, safety.'

TEMPORARY CHIEF
INSPECTOR JASON
MEECHAM

release in 2017-18 was 'wholly inadequate', it said, with kits and training provided to just 12 per cent of opiate clients as they left custody. The report also called for take-home naloxone programmes to be extended to immigration removal centres and policy custody suites. A pioneer when it comes to the latter has been Durham Constabulary, where more than 200 police officers and civilian staff have so far received naloxone training (*DDN*, May, page 13).



A COMMUTER READS A COPY of a newspaper while waiting on the subway, a pharmacy carries posters in its window, Spanish language adverts on buses. In 2017 New York's Department of Health conducted an advertising campaign urging people to carry Naloxone. Photos: Richard B Levine / Alamy

now have a stock of it in all of our custody suites throughout the county'.

If we're going to create a widespread culture of supplying naloxone in custody suites a key element is effective communication between forces to get it out there, he says. 'I've got a phone call later this week with another force who are looking to introduce it, and what we also need is more widespread understanding over the legality of it, the guidance, the litigation issues, safety.'

While the force's frontline staff could see the need for naloxone on the streets and had been asking for it, with some custody staff there had been 'a bit of a lack of understanding, which is to be expected. We just had to provide that clarity over the safety, the integrity of it, the efficacy of it, just going over those worries people had about something unknown. But overwhelmingly it was, "We want this and can we as an organisation make it happen?" For the staff, it's been overwhelmingly positive.'

One important factor for any other force looking to introduce it is Durham Constabulary's close

working with the public health team at the county council, he says. 'Other forces could look at how that relationship is managed. We took a partnership approach and really worked hand-in-hand, and we really learned a lot because they were very familiar with naloxone. At the moment it's about trying to ensure a continuous supply from the county council, and trying to ensure that when cops see someone in the street possessing it it's not grounds for a stop-and-search. We have to make sure they know what it is even if they don't carry it themselves – raising that level of awareness and confidence.'

But if we're going to be successful in making sure naloxone is in the hands of everyone who needs it – whenever they need it – then people working in the sector need to be the standard bearers, Dave Targett believes. 'Ultimately, it starts with us. I was at a drug-related deaths conference a couple of years ago and when someone asked how many people were carrying naloxone only half a dozen or so put their hands up. Those are professionals in the sector who weren't carrying it. We are the carriers of the message in the first instance, and I think we have to act how we want others to act. You can't use it if you haven't got it, and I think the best way to get people to carry it is for us to lead the charge.' **DDN**

This article has been produced with support from Ethypharm, which has not influenced the content in any way.

The force began having naloxone onsite at its custody suites after a spate of opiate-related overdoses in 2018-19, and it's now offered on release to anyone over the age of 18 who has a problematic drug issue, has had one in the past, or lives with someone who has one. 'It's no strings attached,' temporary chief inspector Jason Meecham tells *DDN*. 'They're offered an opportunity to watch a video on how to assemble a kit but they don't have to, and we run through a quick checklist of basic first aid stuff. We also provide them with details of local treatment services, but there's no catch.'

So does everyone who's offered it accept? 'No, they don't,' he says, and while the force is looking at ways to drive up acceptance

levels they're also not expecting to be 'giving away dozens' every week. 'Some people don't want one. They've either already got a kit – and we're more than happy for them to have another – or it's not what they want, so we're working with the county council to try to drive that up. The majority of people we're in contact with are also in contact with local treatment services, which are very good, so they've probably already got access to it. There's only a limited number of individuals we see in custody who don't deal with GPs or drug treatment services.'

These, however, are precisely the people who need naloxone the most, and overall provision has 'gone fantastically well, as you'd expect from a drug that's simple, proven and effective,' he says. 'We



DEADLY SERIOUS



Annemarie Ward tells the story of the groundbreaking 'You Keep Talking, We Keep Dying' campaign

July 2019, the phone rings at 11.30pm on a Sunday and it's Natalie Mclean. I had met Natalie briefly at an ACE-Aware Nation event in Glasgow where the air was filled with excitement and the possibility of paradigm change, but our chat that day was about how much more needed to be done, especially in the recovery community on the ground.

A few days later Scotland released another set of heart-breaking statistics of those friends and family we had lost to drug deaths. There was of course the usual commentary from the leadership, the usual talk of aging cohorts, the 'Trainspotting generation' and how basically it was a tragic but predictable trajectory. This abject acceptance from those supposed to be in charge of our care had always been abhorrent to me, but now I knew I could no longer accept this preordained narrative. Included in those 2018 statistics were people I had known and loved who had never had the opportunity to receive care that may have helped them recover.

Back to that phone call. Natalie

was in deep despair. She had just lost the sixth member of her family to a drug death and her impassioned call for help was to set FAVOR (Faces & Voices of Recovery) on the course of one of the UK addiction field's most successful advocacy campaigns.

IT STARTED WITH A VIGIL

Having organised UK recovery walks and conferences over the years I suggested we hold a candle-lit vigil to commemorate those we had lost. It seemed like a ridiculously inadequate thing to do but we went ahead, and a few days later more than 600 people showed up in George Square, Glasgow. We knew as soon as we announced it on social media that we were holding an event that was way bigger than any of us. We quickly threw together some t-shirts and wrist bands with the hashtag #youkeep talking we keep dying and all we had to do that night was pass the microphone to those who wanted to speak.

What happened was an outpouring of grief. Mothers, fathers, sons, daughters, husbands and wives all spoke about their

loved ones who had passed. But besides the grief, there was an undercurrent of anger. Anger that their loved ones hadn't been given any real care and that they had been failed by a treatment system that they felt not only couldn't help, but didn't fundamentally understand what it takes for recovery to be initiated and sustained.

'Besides the grief, there was an undercurrent of anger... that they had been failed by a treatment system that they felt not only couldn't help, but didn't fundamentally understand what it takes...'

ONGOING TRAUMA

As we were packing up to leave many of the women who had lost their children pleaded with me to continue to speak out and host another event so they could bring friends and family. I could see with crystal clarity that the big organisations charged with our care and leadership were either asleep at the wheel or numb to the ongoing trauma we were facing in our poorest communities. We were propelled again by grief and exasperation to organise another of what we were now calling 'gatherings'. Our second event followed the same format as the first, and more than 1,200 friends and family of those affected gathered. This time we were more organised. We had invited the press and several local and national politicians. We were amazed at the amount of people and how desperate they were for us to continue to organise and do something – but what?

A steering committee was formed and it was decided that we would create a Scottish-specific arm of FAVOR UK to take the work and campaign forward. We were now campaigning with specific outcomes in mind, such as 50 per cent representation of living and lived experience on all decision-making committees, including the main one in Scotland tasked with reducing drug deaths. Phoenix Futures gave us a weekly meeting space, extra



nothing more than political posturing, and throughout this time the limited numbers of funded rehab places in Scotland started to become apparent. We had estimated that there were around 70 funded places but this estimate triggered the Scottish government to do their own inquiry. It showed that while Scotland's rehab beds numbered around 365 only an estimated 26 beds were actually funded and accessible to ordinary people via alcohol and drug partnerships.

The usual 'rehab doesn't work for everyone' arguments were muted now that the government's own figures showed how few people were actually getting access to this life-saving treatment. Our report also highlighted other vital life-saving actions that needed to be invested in if we wanted to see drug deaths start to decline, and that it was no longer acceptable to pitch one potential lifesaving pathway against another. The focus of our campaign, to advocate for balanced investment across all evidence-based treatments, was now being heard very clearly and without prejudice by the press.

When COVID hit we moved our monthly gatherings online. The politicians stayed engaged and more and more people contributed to the call to action for real change and investment. Each of our events has now been viewed over a thousand times and some as many as 3,000 which widened the conversation.

BREAKTHROUGH

A year after the first gathering Natalie and I were able to have an online event where we reflected on the campaign. It showed us how far we had come, and more importantly that we must carry on and not give up. Relentlessly we continued to hold monthly events, engage with politicians and feed the press our stories and information. It felt like there was no end in sight and then finally came the breakthrough we had all been praying and working for.

In April we saw the biggest injection of funding in the history of Scotland's addiction field, worth £50m a year. It includes an annual £20m to offer residential rehab to every person who asks for it. This

money will not only help save lives, it is also an acknowledgement from the Scottish Government that they hadn't done enough, and it was shortly followed by a £148m announcement from the UK government, £80m of which is for tier 4 services in England.

Our job now is to remain vigilant to the gatekeeping, bed blocking and other barriers that prevent us from getting access and choice of treatment. That work has included working in partnership with Shelter Scotland to make sure that no one has to choose between their health and their home, and to make sure that the complacency and handwringing of earlier years never happened again.

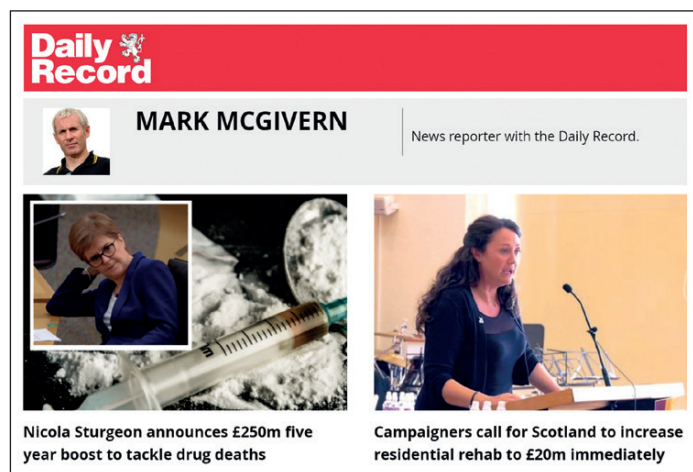
We don't always have the capacity to reflect or even to tell you about the work we are involved in, and there is still so much to do before people with addiction disorders are treated fairly and with compassion. We are currently involved in developing legislative work to make sure that no person in the UK will ever have to fight for treatment.

COMMUNITY STRENGTH

One of most important things that this campaign has shown us is our value as recovering people. None of this would have happened without the support, persistence and tenacity of the recovery community. Over the last 12 years we have led the community into becoming more visible and vocal across the UK – that is undeniable, but we hope that through this campaign we can help the recovery community and the treatment community see how valuable and vital our contribution is. The time for change is well overdue.

We have been asked by too many people to write up this period of our work to ignore doing it. In our very small way this is a snapshot of a significant piece of history in the addiction field. It is written by those who laid the foundations and planning of something different to help people whose suffering demanded not only that their voice be heard, but that they have access to the same resources as the wealthy to help them get well.

Annemarie Ward is CEO at FAVOR UK



volunteers and emotional support that lasted the whole campaign, while Monica Lennon, the opposition party's health minister, had now established a relationship with FAVOR Scotland built on trust and the shared grief of losing her father to alcoholism.

In partnership with Monica, we held a roundtable event at the Scottish Parliament that gave us an opportunity to invite long-term members of the recovery community, many of whom had worked for more than two decades in residential rehab services where investment was now on a shoestring. The amount of media at our fourth gathering almost outnumbered the community members. Three of the main television stations, many broadsheet newspapers plus the more widely read 'red tops' were in attendance.

Not only did the press get fully behind us but their reporting was now focused on highlighting the lack of investment in helping people get well. Over the next nine months we continued to

'Not only did the press get fully behind us but... Scotland's most widely read newspaper the *Daily Record* really threw their support behind us with almost weekly articles.'

have monthly gatherings, and in particular Scotland's most widely read newspaper the *Daily Record* really threw their support behind us with almost weekly articles.

POLITICAL POSTURING

The UK and Scottish governments both held summits that were

FORCE OF NATURE



The healing power of the natural world is helping people in recovery in Devon to reach their full potential, say **Kerrie Clifford** and **Allysa Hornbuckle**

‘When you look outside on a sunny day you can see that the world is a beautiful place. Before, my eyes weren’t open to that.’ Flourish in Nature is a project led by EDP Drug & Alcohol Services and funded by Sport England that focuses on people in recovery, encouraging them to volunteer their time while training to become activity leaders and/or peer mentors.

The programme helps people see and realise their full potential, engage with new hobbies, and discover what really matters to them, all while embracing the beauty of nature. Most of the much-needed face-to-face support that people in recovery were used to came to a standstill as a result of lockdown, but Flourish in Nature

continued because they were able to maintain their nature walks as a group while keeping social distancing. The outdoor activities such as walking, cycling, tai chi, wild swimming, forest bathing and boxing have been hugely impactful for everyone involved because they’ve been able to continue with their support system and communicate in person with others who are experiencing similar challenges.

Flourish in Nature also offers Zoom meetings twice a week, where anyone can join to talk about what’s on their mind or issues they’re facing, and when there is a larger group of people they often engage in teamwork-based games. This helps them to stay connected with one another and encourages step-by-step development of their community. The programme has

benefited a great many people, one of whom is Kelly.

Kelly was approached around nine months ago to see if she fancied trying out some new experiences and maybe gaining a few new skills. She was at a point in her life where there was a void and she was at a loss as to how to fill it. ‘But when Flourish in Nature came along it was a huge game-changer,’ she says. She thought

to herself that there really wasn’t any other service quite like Flourish in Nature and that she ought to become a part of it. So for the past nine months she has been working hard to pursue her goals, and while Kelly has been in EDP’s Together service for the past 18 months, in just two months’ time she will be a fully qualified yoga instructor.

She began her activity training as a walk leader at the same time as training to become a peer mentor, and then pushed on to become an activity lead while juggling a yoga instructor qualification. This training has given her the necessary skills to be able to help other people. She already has a client base for when she accomplishes her yoga instructor training and is beyond excited to be able to help people with both mental health and overall wellbeing.

Kelly’s unique blend of skills in peer mentoring as well as in outdoor leadership has given her the confidence to speak up in situations where people may be displaying or talking about their risky behaviour and guide them towards safer habits and better decisions. Kelly knows that she has a way to go with her recovery but she continues to strive to be the best version of herself and thrive through sheer perseverance. ‘I have not wanted to use drugs now because I spent the past 25 years suffering from depression because what I was doing wasn’t making me happy,’ she says. ‘But I didn’t have a choice. Where now I am saving my money and I am planning things for the future.’

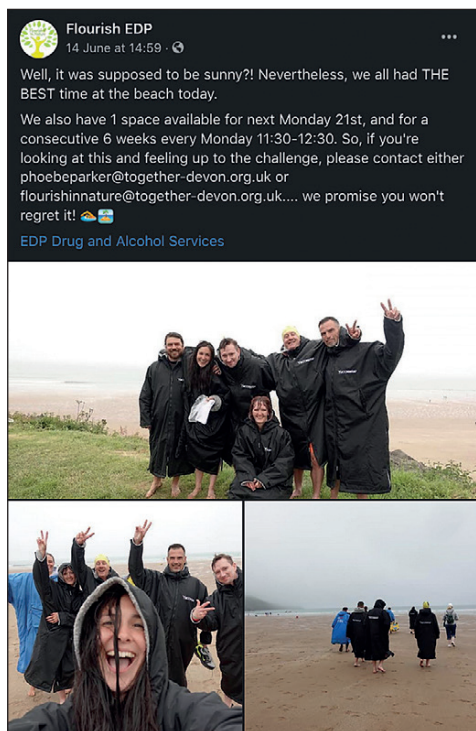
She has changed the course of her life and because of Flourish in

Nature, her mental health has turned a corner. ‘I’m happy now. I see the world differently now and I don’t have a chance to get bored. When you look outside on a sunny day you can see that the world is a beautiful place. Before, my eyes weren’t open to that.’ With the walks that she leads she tries to instil the importance of becoming one with nature, embracing the soil under her feet and breathing in the clean air. ‘It creates a sense of solitude while being surrounded by others that perceive no judgement.’

Having the ability to have a support system that is present and non-judgmental helps to motivate everyone involved in Flourish in Nature. Recovery can mean many people being faced with a choice of giving up their past life, and this can include giving up friends. Very quickly an individual’s usual support system is gone but with this programme there is the opportunity to engage with a new support system, where everyone has the same goal – to become the best version of themselves within their recovery journey.

Kelly’s family and friends have all been affected by her journey and are extremely proud of her for what she’s accomplished and her determination for a better future. She will not settle for anything less. ‘I wish that perhaps something like this was around 20 years ago, then maybe life could have been different,’ she says.

‘In the past, my background would have always gone against me, and I thought instead of swimming against the current, I should go and run with it, use my



FLOURISH IN NATURE have a busy Facebook page where you can see all their latest activities www.facebook.com/flourishedep



'I wish that perhaps something like this was around 20 years ago then maybe life could have been different.'

KELLY

past as a plus point and use it to help others.' There has always been a stigma around addiction and the idea that a person's history will always be held against them but with Flourish in Nature, Kelly is using her history positively to speak her truth and help others through their recovery journey. 'I used to hide my background and wasn't able to be honest with others because I always thought I would go back to it... Flourish in Nature has made me be more honest with myself, now I know I won't go back

so I can be proud of where I came from,' she states.

'Something bad would have happened and that would have been an excuse to go back to it, but now I am not risking all that. I have accomplished and built so much because I have so much going for me.' Flourish in Nature offers endless growth and continuous training allowing individuals to grow and connect with themselves through nature. It will also continue to tackle the stigma around addiction – as Kelly says, 'People witness the members of this programme walking around and it is normalising the stigma and showing that we can do some good.' This powerful message is a small but wonderful way of breaking down barriers. A last comment from Kelly, 'I am so thankful and grateful for all the tools that they have given me. I kind of owe them to really do my best so that others can benefit too.'

Kerrie Clifford is marketing and communication manager at EDP Drug & Alcohol Services; Allysa Hornbuckle is Humankind intern



HAVE YOUR SAY

Write to the editor and get it off your chest
claire@cjwellings.com



A creative competition for anyone affected by their parent's drinking



FIND YOUR OASIS



Sharing your stories and experiences to let others know they aren't alone

'Charities Oasis Project in Brighton and national helpline Nacoe have launched the #Findyouroasis competition, working together in supporting young people and adults to share their stories.'

they feel about their parent, to something that helped them cope, find peace amongst chaos, or express their feelings.

There will be a celebrity judging panel and the top three in each category will receive prizes. Selected entries will be exhibited at Brighton Fishing Quarter Gallery from 12–17 August and invited to a launch event, and many of the entries will be turned into a book.

For more details or any questions please email ceri.walker@oasisproject.org.uk and follow Oasis Project and Nacoe on social media for updated information.

Ceri Walker, Back on Track programme co-ordinator

GIVING A VOICE

Charities Oasis Project in Brighton and national helpline Nacoe have launched the #Findyouroasis competition, working together in supporting young people and adults to share their story of being the child of an alcoholic (COA) through creative arts to help others to feel less alone. This can be done anonymously through poetry, story, art and song with categories 12-18, and 18 plus.

Enter the competition here: www.oasisproject.org.uk/ competition but time is running out as the competition closes on 11 July, so please take a look – all you need to do is fill in a short consent form and include your entry in an email.

Many children of alcoholics feel alone in their experience, so we hope to give a voice to those affected. We would like people to share their experience of being a COA if they feel comfortable, no matter how big or small. It could be anything from the way

END OVERDOSE

Everyone who is part of the International Overdose Awareness Day campaign has the same wish: to end the overdose crisis. How to do that will differ across the world because the challenges facing communities, and what is needed to create change, look different depending on where you are.

I would love to hear directly from this diverse and dedicated community about what is happening and what outcomes you want to achieve.

We will use your insights plus those we have gained from convening this campaign to build a new 'advocacy' page on the International Overdose Awareness Day website, highlighting the goals of our worldwide movement – so please share your thoughts by emailing info@overdoseday.com
John Ryan, International Overdose Awareness Day

MUTUALLY BENEFICIAL



Mental health and substance use treatments can complement each other in vital ways, says **Peter Lindsayhall**

I am a dual-qualified mental health nurse and psychotherapist, and I've worked across NHS Scotland, NHS England and the private sector. My focus has been on primary care mental health providing broad access care for all, and my practice comes from a modern cognitive-behavioural approach recognising relational, attachment and systemic factors as well as intrapsychic processes.

In his 2004 article *The origins of addiction*, Vincent Felitti focused on adverse childhood experiences (ACEs) and the link with substance use. The results were as predictable as they are tragically painful – Felitti concluded that '...the basic cause of addiction is predominantly experience-dependent during childhood, and not substance-dependent'. In other words, what has happened to people in their life has a greater predictive power on the development of addiction than the psychoactive properties of the drugs themselves.

Further research highlights the

links between addiction, mental health and ACEs. Traumatic effects disrupt our ability to regulate our emotions, feel safe, connect with others and understand ourselves. Whilst we are learning and developing through our lives, disruption has significant ripple effects. When all of this is coupled with Giano *et al's* 2020 study showing that 57.8 per cent of people have at least one ACE, and 21.5 per cent have at least three, we can see that ACEs are not uncommon – but have powerful effects across social, emotional and physical health.

Interestingly, the research of neuroscientist Jaak Panksepp showed that infant bonding and intimacy triggered the opioid receptors in the brain – leading to further connections being identified between opiate addiction and deficits in experiencing close, nurturing and fulfilling relationships throughout our lives, particularly in early childhood. So, the need is clear – people who experience addictions are very

likely to have experienced trauma, anxiety and depression, had difficulty with emotional regulation and struggled with interpersonal and intrapersonal relationships.

This means services that guide and support people in resolving their substance dependency are ideally suited to, and enhanced by, evidence-based mental health treatments and interventions to establish understanding, skills and alleviation of psychological and emotional suffering. The mental health strategy being implemented at Phoenix Futures is progressive, compassionate and exciting, and the organisation exudes a sense of care and responsibility to provide holistic support to everyone who is part of delivering or receiving help.

The work to further enhance the mental health support available begins by focussing on residents, and the plan is to then roll out initiatives across all services provided by Phoenix. The Scottish Residential service provides treatment that is already adept at supporting the multifactorial nature of the people they work with, and the staff, peers, programme and environment combine to provide a safe space to understand the experiences of the residents and utilise their own sense of self-efficacy. The house has also been designed to be accessible for those with additional mobility support needs.

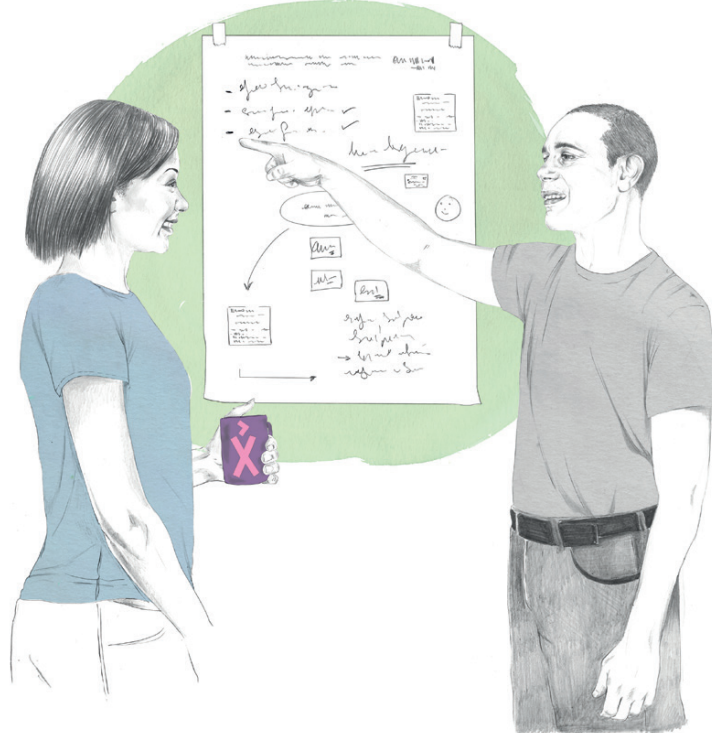
We plan to ensure that the core therapeutic community treatment processes remain strong, and are aided by the mental health treatments. Where additional

'Adverse childhood experiences have powerful effects across social, emotional and physical health.'

support may be needed for a particular individual, we can respond proactively. For example, a resident may present with issues around emotion regulation – the ability to respond adaptively to our feelings, urges and beliefs about what is going on in a way that is productive. Difficulties in emotion regulation cut across trauma, mental health and substance use. People may feel powerless, overwhelmed or confused by the emotions they experience. Offering one-to-one interventions will help them to understand their emotions, develop the ability to be aware, curious and separate from their urges, choose their responses before, during and after powerful emotions, and cultivate acceptance and learning from each experience.

This should improve outcomes across all areas of the person's life, and provide a feedback improvement loop within the therapeutic community. It's an exciting time for mental health within Phoenix Futures, and I am grateful to have the opportunity to be a part of it.

Peter Lindsayhall is clinical mental health lead at Phoenix Futures



MY ROLE AS CLINICAL MENTAL HEALTH LEAD IS A NEW AND DEVELOPING ONE. Just as the physical environment is designed to ensure mobility is no barrier to treatment, my position seeks to ensure that psychological and emotional problems are also not a barrier to the curative effects of the therapeutic community. The role has three main areas of focus:

- **Developing a core mental health treatment programme for all residents**
- **Higher intensity intervention for those with specific and acute mental health needs**
- **Support, training and guidance for the staff**

I AM A...

Tracey McMahon is a Delphi nurse who has developed her interest in mental health by working in a prison environment

As a child travelling on the train with my mum, we would go past a large mental health hospital. In the '80s this was referred to as an asylum and this intrigued me. I would ask questions and tell my mum I wanted to work there one day.

As I grew up I forgot about this and wanted to teach English in Africa, but at 18, returning from travelling and waiting to start university, I started working in an elderly care home with nurses. Inspired by their commitment, I decided I wanted to be a nurse.

I started my training at Salford University in 2005, qualifying in 2008. I then started working as a mental health nurse at a medium secure unit, where I worked for the next ten years with various client groups at various stages of their mental health recovery. It was during this time that I developed an interest in substance misuse. I started a new programme co-facilitating psycho-education groups.

With my ongoing interest in substance misuse, I applied for a job as an alcohol nurse in a prison, which became recovery nurse when the healthcare provider changed. I was helping patients within the prison who had varying substance misuse needs, mainly focusing on those who were new into prison and had self-identified as being dependant on alcohol or opiates.

I saw a job advert at the mental health hospital I'd been obsessed with as a child and applied. I was working with patients who had been detained for over 20 years, and they continued to struggle with their mental health. During my time there I saw many

changes including the patient group changing dramatically – they became younger, substance misuse became more prevalent, and within the service it was identified that there was a lack of substance misuse knowledge and support. I, along with a few colleagues, became involved in offering interventions for those with substance misuse needs.

I attended various training courses and spent time with specialist substance misuse services. I also did a level 6/7 course in psychosocial interventions to complement the substance misuse knowledge I had gained.

Throughout my nurse training I had always felt better suited to secure settings and working with this client group, seeing their mental health improve, was rewarding. Many of them would spend time in the hospital setting, away from their families and community for many years, and being able to work with the same person for this long really does allow you to build up a rapport and help them holistically.

Seeing the dramatic change in a patient once they had stabilised on their opioid substitute treatment or completed their medically assisted alcohol detox was extremely rewarding. Not only was there a change to their physical appearance, but their whole outlook on life and positivity towards the future.

I completed the non-medical prescribers' course in 2019 and started prescribing. I have enjoyed this new aspect to my role and the challenges it brings. I attend an inpatient detox twice a month to prescribe and gained a lot from working in a new environment with completely



different challenges to secure environments, focusing on my clinical skills – an area of my nursing I hope to keep developing.

As team leader of the service, I find that each day – each hour! – is different. I can be prescribing one minute, offering clinical advice next, having a consultation with a patient or offering an intervention. I might then have a staffing or service issue that I need to look into, involving risk assessments, action plans and service improvements. Looking at the service and patient care and improving standards are a massive part of the role I play within the team.

The favourite parts of my job are my nursing/NMP role – spending time with clients, building a rapport, and getting to a place where you can have a laugh, be open and honest about their treatment, what they want and what is realistic. Talking is so important yet often underrated by services – I'm lucky enough to work for a company that realises how important the small things are and the huge impact they can have on a person's recovery.

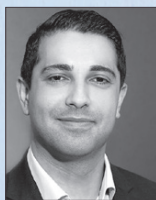
Working in the prison environment can be quite

'I saw many changes including the patient group changing dramatically – they became younger, substance misuse became more prevalent.'

oppressive with its restrictions, but having a good team really makes your working day easier. Making a difference to patients is so rewarding, as are the challenges and problem-solving aspects of the job – from linking patients up with community support to transferring care from a secure setting to the community.

Nursing will throw many challenges at you and at times you will question if nursing is for you. But the positives outweigh any negatives and it's such a rewarding job. **DDN**

OUR 'I AM A...' CAREERS SERIES aims to share knowledge and experience of different careers in the sector. You can take part through the 'get in touch' button on our website: www.drinkanddrugsnews.com/i-am-a/



Two years on from their merger with Blenheim, Humankind's work in the capital is going from strength to strength, says **Manish Nanda**

BETTER TOGETHER



It's been just over two years since Blenheim CDP merged with Humankind across London. In that time, a lot has gone well, but a lot hasn't been as straightforward as planned – not least due to the pandemic. We've moved our service delivery forwards and I'm really excited about what the future holds for Humankind across the region.

Joining a new organisation during a pandemic has presented some challenges and at times, I've felt too far removed from services – I would normally have been sitting in on groups, having a stint on reception and getting to know our staff in person. Instead, I've done my best to connect online and have been in awe of the remarkable response from our London teams.

Our staff, commissioners and NHS partners have all been amazing in the way they've looked after one another and the people who use our services. Everyone has been incredibly adaptable, and it's really brought home the untapped potential of our sector. Call me biased but I truly believe drug and alcohol workers are amongst the unsung heroes of the pandemic, showing tremendous resilience and commitment to keeping services running while also transforming the way we deliver services as we go.

Building on Blenheim CDP's legacy of social action, Humankind are ambitious for our services in London and what we can achieve together with our service users. I've thoroughly enjoyed my first year with Humankind and looking forward, as restrictions continue to ease (fingers crossed!), there are three key areas of focus in the year ahead.

Firstly, we're continuing to build on what we've been learning as a result of the pandemic. Our

'Really taking the time to listen to the people who use our services has helped us to make significant strides in terms of how our services have adapted to the challenges that the last year has brought us.'

blended approach to service delivery, combining what works well online with what works well face-to-face is really exciting. Taking a people-led approach has made a huge difference to our delivery – really taking the time to listen to the people who use our services has helped us to make significant strides in terms of how our services have adapted to the challenges that the last year has brought us. We've recently recruited two regional recovery programme coordinators to further support the development of our response across London, and I'm eager to see even more co-produced initiatives to ensure people who access our services can benefit from everything that's on offer in their local community.

Secondly, here at Humankind we're known for our collaboration and our ability to work in partnership with a broad range of other organisations. In London, we have particularly strong partnerships with a range of NHS trusts and this is something I want us to strengthen over the course of the next year. Working closely together we can deliver a lot more, and I'm very proud of the relationships we share. The third sector is well placed to support people with complex needs and multiple vulnerabilities and

aligning with our NHS colleagues can help make the sum greater than the parts.

Thirdly, Humankind plans to further build and develop our multi-thematic offer across London. We deliver housing support services, social enterprises, and significant employability work in other areas of the country. An early example of this is our expansion of our More Time social enterprise across the London boroughs where we work – providing social value and employment opportunities for local people. We're committed to doing more of this kind of innovative work, and thanks to the universal funding grant we now have some additional resources to help meet the diverse needs of the communities we serve.

For me, innovation and working together will have a big impact in the year ahead. As part of this I'm really keen to promote the environment at Humankind where the most talented staff across the region can put their skills and passion to use for the benefit of the people accessing our services. If you want to be part of our journey in London you can find out more at humankindcharity.org.uk/careers

Manish Nanda is executive director of operations, London and south, at Humankind



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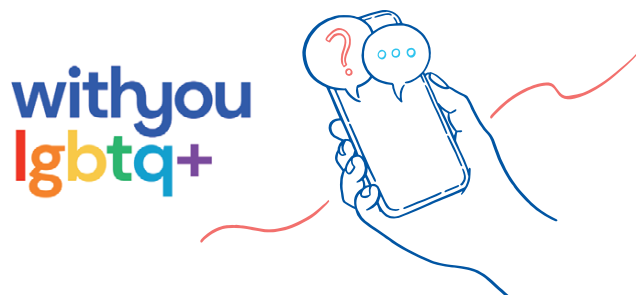
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