DDN

Drink and Drugs News
September 2022
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HEP C
Mapping the path to elimination

TRAUMA-INFORMED CARE
Small things can make a big difference

ALL INCLUSIVE

EMBRACING DIVERSITY THROUGH RECOVERY

EXCHANGE SUPPLIES 20

We launched our first product 20 years ago!

EXCHANGE SUPPLIES

MAKING INJECTING SAFER

DDN

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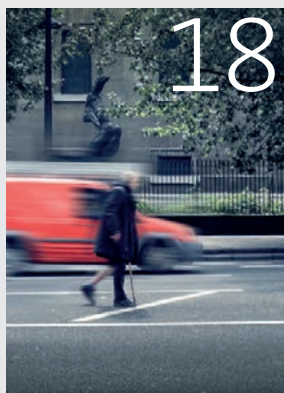

Outreach in North London

Recovery through arts, sports and the environment

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STAYING STRONG IN PARTNERSHIP

'We wanted to create a diverse workforce and inclusive culture.'

Dean V, With You, in our partner updates at **www.drinkanddrugsnews.com**

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'People with lived experience are vital to success'

'Knowing you are not alone is empowering. Knowing that other people understand you is reassuring, and coming together as a community celebrates the positive changes we have made in our own lives.' Darren's version of recovery (p6) will resonate with many people celebrating Recovery Month, particularly those who have experienced early trauma.

It's important to recognise the signs of trauma, so we can try to 'give as much empowerment, trust and control as possible' and you can read about simple, practical steps to a trauma-informed approach (p14). Effective engagement is the obvious, and often very difficult, first step, especially in outreach (p18), while Manchester's collaborative model offers a network of support that acknowledges the trauma that underlies most addiction problems (p8).

People with lived experience have been vital to the development and success of essential parts of the treatment system, including hepatitis C initiatives (p10 & 16). Let's also remember (p25) that they are vital to designing a harm reduction system that makes sense.

Starting this month, our new series on career development looks at the essential role of the recovery/keyworker. Send your professional queries to the Career Clinic!

Claire Brown, editor

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

Two thirds believe government's drug policy not working

Two thirds of British adults think the government is doing too little to tackle addiction issues, according to a survey of more than 1,700 people by YouGov. The same proportion also believe that current policy does a bad job of minimising the harm of drugs to those who use them or to society as a whole. 'The public are highly critical of the current government's approach,' says YouGov.

The figures are even higher among Labour voters, with 76 per cent believing that the government isn't doing enough to tackle addiction issues and 70 per cent that the government is failing to reduce drug-related harm. Among those surveyed overall, 7 per cent reported having had an addiction problem themselves, with 10 and 11 per cent respectively reporting that they'd had a friend or family member with a problem. While less than a fifth believed that criminalisation of people who used drugs was the right approach, there was little support for decriminalisation of most drugs. Although 45 per cent supported the decriminalisation of cannabis and 28 per cent magic mushrooms, just 17 per cent supported decriminalising MDMA and 15 per cent cocaine. The figures for heroin and crack cocaine were 11 and 10 per cent respectively. More than half of respondents, however, backed the introduction of consumption rooms, with just a quarter stating that they were actively opposed.

This reflects the findings of a separate poll of 1,500 people carried out by Redfield and Wilton Strategies on behalf of the APPG for Drug Policy Reform, which found that 49 per cent supported overdose prevention centres. The poll also revealed that more than 60 per cent supported drug checking facilities at festivals and 67 per cent supported naloxone provision, while the most popular outcome for people found in possession of small quantities of drugs was education or treatment rather than prosecution.

forwardtrust.org.uk

'It's important for politicians to understand that the public recognises the complexity of the issues at stake, and has moved on from a blanket war on drugs sensibility.'
MIKE TRACE

The Redfield and Wilson results 'fly in the face of conventional political wisdom – seemingly held by both Labour and Conservative leaderships – that assumes that the public want a simplistic "tough on drugs" approach that condemns all those who consume drugs for whatever reason,' said Forward Trust CEO Mike Trace. 'It's important for politicians to understand that the public recognises the complexity of the issues at stake, and has moved on from a blanket war on drugs sensibility.'

YouGov survey results at yougov.co.uk/topics/health/articles-reports/2022/08/11/what-do-britons-think-current-approach-drugs-and-a; APPG survey results at www.appgdrugpolicyreform.org/news/drugattitudespolling2022

Gambling firm's record £17m fine

GAMBLING COMPANY ENTAIN has been ordered to pay £17m for 'social responsibility and anti-money laundering failures', the Gambling Commission has announced.

The fine covers both the company's online and land-based businesses. Entain Group will pay £14m for failures at LC International Ltd, its online business which runs Ladbrokes.com, coral.co.uk and foxybingo.com, as well as £3m for its Ladbrokes Betting & Gaming Ltd business, which operates almost 2,750 physical premises across the UK. The group could also lose its licence, the commission has warned.

Among the failings were one shop customer who was able to stake almost £30,000 and lose more than £11,000 in a single month without being escalated for a safer gambling review, and an online customer who frequently gambled throughout the night and deposited more than £230,000 over an 18-month period with just a single chat interaction from the company.

Even those customers who were subject to enquiries and restrictions were allowed to open multiple accounts with the licensee's other brands. A customer who was blocked by Coral was then immediately able to open an account with Ladbrokes, and deposit £30,000 in a single day.

'This is the second time this operator has fallen foul of rules in place to make gambling safer and crime free,' said Gambling Commission chief executive Andrew Rhodes. 'They should be aware that we will be monitoring them very carefully and further serious breaches will make the removal of their licence to operate a very real possibility.'

'This is the second time this operator has fallen foul of rules in place to make gambling safer and crime free... They should be aware that we will be monitoring them very carefully.'
ANDREW RHODES

The ruling comes after continuous delays to the government's long-awaited Gambling Review, which was first announced in 2020 and last scheduled for publication in June.

Among the issues covered by the review is sports sponsorship, with the delay meaning that three Premier League clubs – Bournemouth, Everton and Fulham – have been able to announce new shirt sponsorship deals with betting firms in the meantime for the 2022-23 season.

Scottish alcohol deaths at highest level for 13 years

alcoholchange.org.uk

There were 1,245 deaths from 'conditions caused by alcohol' in Scotland last year, according to National Records of Scotland (NRS) statistics – a 5 per cent increase on 2020 and the highest number since 2008. The figures were released a week after Scotland recorded a drug death total for 2021 that was just nine down on the previous year's record figure (www.drinkanddrugsnews.com/scotland-sees-slight-fall-in-drug-related-deaths).

As with the drug death figures, two thirds of the alcohol-specific deaths were among men, with the average age 59 for males and 58 for females. The death rate was more than five times higher in the country's most deprived areas, compared to the least deprived.

Although Scotland's alcohol-related death rate remains higher than in other UK countries, the gap has narrowed over the last two decades. In 2001, Scotland's death rate was 2.9 times higher than England's, compared to 1.7 times in 2020. 'The high number of deaths from alcohol in 2021 is devastating and comes on top of a substantial increase in 2020,' said Alcohol Focus Scotland chief executive Alison Douglas. The impacts were 'experienced unequally with many more people dying in our poorest communities,' she added. 'We seem to almost accept this toll as inevitable, but we should not; each death can be prevented.' Support services were 'inadequate' even before COVID, she said, with the problem worsening as many heavy drinkers increased their consumption. 'The Scottish Government has recognised alcohol harm as a public health emergency alongside drugs, but we have not yet seen an emergency response on the same scale; they must act now.'

Last year also saw 4,859 deaths related to drug poisoning registered in England and Wales,– the highest since records began almost 20 years ago and 6 per cent higher than in 2020. More than 3,000 of the deaths were recorded as drug misuse deaths, says the Office for National Statistics (ONS). As has been the case for the past nine years, the highest rate of drug misuse deaths was in the North East, where the rate remains 'statistically significantly higher than all other regions of England'.

Alcohol-specific deaths, 2021 at www.nrscotland.gov.uk

The impacts were 'experienced unequally with many more people dying in our poorest communities... We seem to almost accept this toll as inevitable, but we should not.'
ALISON DOUGLAS

Recovery wings roll out

THE GOVERNMENT is to roll out 'up to' 18 new drug recovery wings in prisons across England and Wales by 2025, it has announced, as well as increasing the number of 'incentivised substance-free' (ISF) living units from 25 to 100. Prisoners in the ISF units will be regularly drug tested but will also receive peer support and incentives such as extra gym time to reward progress. They can then move to the new recovery wings for six months of further intensive treatment, where they will be encouraged to work towards abstinence from all drugs including substitute medications.

The approach will 'follow them through the prison gate, with offenders kept under closer control in the community with more drug testing, treatment and extra support', the government states. Fifty 'health and justice partnership co-ordinators' will also work between prisons, probation and treatment providers to help ensure the smooth transfer of treatment plans from prison to the community. The £120m funding for the recovery wings and ISF units – as well as 'problem-solving courts' – comes from that already announced as part of the ten-year drugs strategy.

Know the risks

JUST 55 PER CENT OF UK ADULTS over 55 are aware that alcohol increases their cancer risk, according to a survey commissioned by the World Cancer Research Fund – meaning that 'those most at risk are among the least aware'. More than two thirds of 25 to 34-year-olds were aware of the link, however. 'These new findings are really striking and go to show we still have a way to go before people are fully aware of the causes of cancer, and the steps we can all take to prevent it,' said World Cancer Research Fund chief executive Rachael Gormley.

Local News

BACK FROM THE BRINK
Liverpool Walton MP Dan Carden is urging people to support the city's newly reopened dry bar and café, The Brink. The venue is a place that 'supports a new way of life, and for many it has saved their life too,' he said. 'The Brink should be in every community, not just in the centre of Liverpool.' *www.facebook.com/brink.liverpool/*

CLINIC CALL
Kaleidoscope is looking to open a dedicated clinic for steroid users in Powys, as increasing numbers of people are attending its needle exchanges as a result of IPED use. A new peer scheme has been a 'phenomenal' success, said Powys service manager Barry Eveleigh. 'We want to expand the scheme for both peer work and a dedicated steroid clinic in Powys.' *Email info@kaleidoscope68.org.*

GAME ON
This year's Recovery Games will take place at Hatfield Activity Centre in Doncaster on 24 September, following a two-year absence. 'Those taking part are on their own journey of recovery and once a year they join in and have fun with others who are also experiencing the recovery process,' said Aspire senior group work practitioner Neil Firbank.
See feature, page 20

TAKING PRIDE

Darren Lacey describes how the homophobia he experienced in his childhood impacted his later substance use issues, and how understanding his own problems has allowed him to help other LGBTQ+ people in their recovery today

I am a proud gay man. I can say that today but it wasn't always that way. I used to feel so much shame, guilt and angst – the list of negative emotions is endless. I knew from primary school that I was different somehow, but I couldn't put my finger on it. I was born in 1978 and witnessed the AIDS crisis of the 1980s as a child. It scared the hell out of me – who can forget those horrific adverts telling us that being gay was a death sentence? I bore the brunt of Section 28 – which banned schools and councils from 'the promotion of homosexuality' – meaning if I was to go to a teacher and tell them I thought I was gay, they were not allowed to talk to me in any way about it. Doing so could mean them losing their job.

My experience of this institutionalised homophobia is something I would later realise had a hugely negative impact on so many elements in my life – from my mental health to my sense of identity and belonging, and ultimately contributing to my experience of addiction and eventual recovery.

On 18 February this year I celebrated three years sober. In those three years, I have learned so much about myself, about my sexuality and how to be proud of who I am. I was lucky enough to get support for my addiction through The Forward Trust, where I completed a community detox. I discovered more about myself in those 13 weeks than in the past 40 years.

About 18 months into my recovery, I was asked to speak at an online meeting. I don't attend Fellowship meetings (though I know

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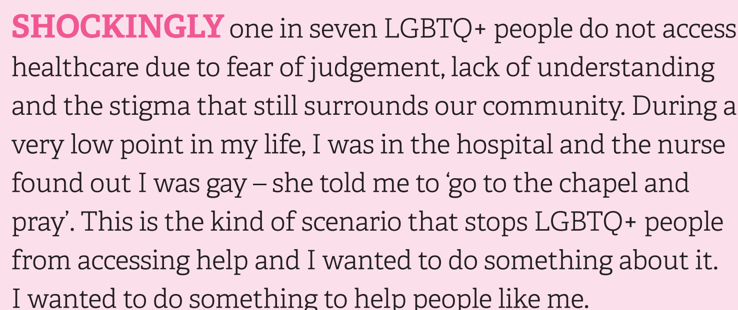
SHOCKINGLY one in seven LGBTQ+ people do not access healthcare due to fear of judgement, lack of understanding and the stigma that still surrounds our community. During a very low point in my life, I was in the hospital and the nurse found out I was gay – she told me to 'go to the chapel and pray'. This is the kind of scenario that stops LGBTQ+ people from accessing help and I wanted to do something about it. I wanted to do something to help people like me.

people for whom meetings are key to their recovery) so I wasn't used to speaking to a large group and I found that I was really nervous. I called on something within myself and went to the meeting and bared my soul, spoke my truth and told all. It was an amazing experience. I found it cathartic. I spoke about things I struggled with as a kid and things I was still trying to work on. I spoke about what I later learned to describe as my 'internalised homophobia'.

I spoke about the self-loathing I felt, the guilt, shame, the battle between my masculine and feminine sides – all these things I thought were unique to me. I was blown away at the response to my openness. Within an hour, I had received messages of love and support which was incredible, but also incredibly overwhelming. These people seemed to like me and understand my experience, and I couldn't understand why – I wasn't even sure I liked myself!

One of these messages was from the meeting host who said so much of what I talked about had resonated with him. He told me that he too had felt he was alone in having those thoughts. We chatted on Twitter for a bit and came up with an idea to host an LGBTQ+ recovery meeting. So, we set one up. It is one of my proudest achievements. In the first meeting, we had people from all corners of the globe – the UK, Canada, the USA, New Zealand, and Ireland. It was incredibly inspiring.

We shared common experiences and struggles around how a lack of acceptance in society and ourselves was a leading cause of our addictions. I started researching the relationship between addictions and the LGBTQ+ community and was shocked, yet not surprised, by what I learned. We know that drug and alcohol use among LGBTQ+ groups is much higher than among their heterosexual counterparts, irrespective of gender or age, and can be a significant problem.

Statistics show that LGBTQ+ adults are more than twice as likely to have substance misuse issues as heterosexual people. As a community, LGBTQ+ people are at a higher risk of experiencing mental health problems than the general population and, to top it off, the LGBTQ+ community has some of the highest addiction rates in the UK but the lowest rates of presentation to healthcare or support providers.

In February 2020, I started working for The Forward Trust. Soon after, I decided to start a regular LGBTQ+ group and also suggested that Forward attend Canterbury Pride as an organisation for the first time. Canterbury Pride is the largest in the South East, outside London and Brighton, and we managed to get the newly formed LGBTQ+ recovery group up and running in time for Pride Month that June.

We came together to create a wonderful crew of staff and volunteers and we walked the parade together, singing, dancing, whistling loud and proud. We also had the chance to run a stall to raise awareness of the work that Forward is doing. We met so many lovely and inquisitive people – of all ages, sexualities, genders and pronouns.

In developing this group, I was determined not to make it a 'structured' meeting. I wanted it to be informal and relaxed to give everyone the chance to speak about whatever was on their mind. We have a real mix of attendees. The group is a safe space – warm and welcoming to new members and regular attendees alike, as we all know what it feels like to attend something for the first time. This group is open to anyone working with or for Forward and we have people who are at various stages of their journey: some who are still trying to manage their substance misuse and others who have been sober for longer.

There are recurring themes that crop up – guilt, shame and a lack of belonging, as well as the challenges of trying to explain things to family and friends, talking about pronouns with parents or trying to date whilst in recovery. We talk about the challenges of being part of the LGBTQ+ community, chemsex, the preconceptions that exist around our identities and the 'gay scene' having such a reputation for drink and drugs.

Staying safe and sober in those environments is an especially prevalent issue in our community. The positive impact of these discussions is huge – the openness of our group has allowed members of our community to speak openly and freely about day-to-day concerns and challenges as well as to celebrate our successes. Knowing you are not alone is empowering. Knowing that other people understand you is reassuring and coming together as a community celebrates the positive changes we have made in our own lives.

One of the most inspiring parts of this support network is how we work as a team when someone is struggling. The group rallies around and offers support, advice or a listening ear and it is always a two-way street. Above all, the group is about acceptance and support – not only accepting others as they are but learning to accept ourselves.

I can now say it without hesitation, I am a proud gay man. I can join my community in celebrating our successes and coping with life's challenges every week. As a group, we highlight our LGBTQ+ support network and show people that Forward Trust is truly and fully inclusive, that addiction doesn't discriminate and that recovery is possible.

Darren Lacey is a drug and alcohol practitioner at The Forward Trust. If you would like more LGBTQ+ information or support please contact Darren.Lacey@forwardtrust.org.uk

'My experience of institutionalised homophobia is something I would later realise had a hugely negative impact on so many elements in my life – from my mental health to my sense of identity and belonging...'

COMMUNITY ASSETS

The Achieve partnership's cross-sector approach is making a real difference to people's lives in the Greater Manchester area, says **Dr Jonathan Dewhurst**

Achieve is the community alcohol and drug recovery service for Bolton, Bury, Salford and Trafford, led by Greater Manchester Mental Health NHS Foundation Trust (GMMH). We provide support and treatment to people who are struggling with addictions, to help them on their recovery journey.

The Achieve contract was awarded for Bolton, Salford and Trafford in January 2018, with Bury joining in September 2019. This was the first cluster contract outside of London, enabling the maximisation of resources at a time of disinvestment and efficiencies across the sector. Working with non-statutory providers also meant access to a whole voluntary, community and social enterprise (VCSE) community with which to partner.

We know that most people with addiction problems have been through traumatic experiences, and experience associated mental and physical health problems – alongside other social problems such as homelessness. It is vital that we see the whole person, hear their story, and help to break down their barriers by supporting them in all areas of need. Because if someone is struggling with their mental health or housing situation, for example, it will have a huge impact on their ability to recover from addiction.

Led by GMMH, the Achieve partnership brings together cross-sector organisations to deliver a holistic range of services to support recovery. This includes support for a range of health and social needs, such as psychological support, peer mentoring, housing, employment, training and education, social groups and mutual aid.

As a consultant addiction psychiatrist, it's extremely valuable to be able to refer the service users I work with to this rich and wide-ranging network of support, at any point throughout receiving the treatments and psychological interventions that I offer, and beyond. An external evaluation report, undertaken by independent research and consultancy organisation SQW, found that this innovative, collaborative approach is 'overwhelmingly positive', and successful in responding to 'the multifaceted and complex needs individuals present with'.

One key aspect of the partnership that was praised in the report was the 'Achieve asset fund'. Through the fund, voluntary, community and social enterprise organisations across Bolton, Salford and Trafford have been able to apply for up to £5,000 in grant funding to deliver projects with a focus on recovery. The report found that the fund was 'a valuable aspect of the Achieve offer in supporting the availability of recovery services On 13 July, we announced the positive findings of the report at a celebration event at the Lowry in Salford. We heard from a range of partners about their

ACHIEVE PARTNERS:

- Greater Manchester Mental Health NHS Foundation Trust (lead)
- Big Life Group
- Early Break
- Great Places Housing
- Intuitive Thinking Skills
- Salford CVS
- Salford Royal NHS Foundation Trust (part of Northern Care Alliance)
- Those on the Margins of Society (THOMAS)

Photos: Stars and Stitches supports people to live their lives to their full potential through community arts, sport and environmental activities; Sow the City, based in Moss Side, works to empower communities to grow and live more sustainability.

community support projects, and people who have directly benefited stood up and told their stories. It was inspirational to hear about the grassroots activity taking place, and the huge impact this is having. Here are just a few of the case studies that were shared:

STARS AND STITCHES

Stars and Stitches is a community interest company based in Bolton, run by trainee therapists, and supporting people to live their lives to their full potential and overcome their difficulties through community arts, sport and environmental activities. Through funding provided via the asset fund, Stars and Stitches ran several projects for people recovering from addictions. Projects included:

- A fashion show – featuring headdresses made by the group from recycled materials, and Bollywood dancing – which was filmed and exhibited at the P5 Gallery at Bolton station.
- Wellbeing sessions involving activities such as needle felting and 'junk journaling', a process of creating a personal journal from recycled and creative materials.
- Creative art sessions at Honeysuckle Lodge, a women's mental health inpatient unit.

One participant said, 'At my very first session I was really nervous, but everyone was so friendly. It made me feel seen to meet people with similar experiences as me. I am really proud of myself – my headdress turned out amazing. I really liked the dancing and getting to see everyone on the final day.'

THOSE ON THE MARGINS OF SOCIETY (THOMAS)

THOMAS delivers a range of recovery-focused services which take people from within prison or hospital, through detox and residential rehabilitation, into community-based support. Susan* was referred to THOMAS via the Achieve partnership. At the time, she had a 13-year history of harmful alcohol use. She had a reluctance to engage with support offered and had withdrawn in the past. THOMAS admitted her to their residential rehabilitation accommodation. There, a structured timetable of groups and activities created a therapeutic community where Susan could work with herself and others on her recovery.

After some initial reluctance, Susan began to grow in confidence to voice her opinions, challenging herself and others. This enabled her to see the benefit of having supportive relationships. She developed new, fulfilling hobbies, such as baking and art, and she developed coping strategies and new behaviours to support her in all aspects of her life.

Susan's husband received carer support from Achieve, and together they discussed her ongoing needs following discharge. Her relationships with her sons also improved. Susan reported that living at THOMAS broke down the stigma of addiction for her. She was able to develop a strong support system that enabled her to continue on in her recovery.

She has now taken on a peer mentor role at THOMAS, offering support and guidance to others with similar experiences. She is positive about her future, and plans to continue to live a fulfilling life practicing abstinence.

**Name has been changed to protect anonymity.*

Karl was one service user who took part in the Sow the City project:
'I've always enjoyed plants but never thought I'd feel the pride that I have in growing food. Previously people would have laughed at me for engaging in something like this but I don't care because being involved in the project has given me a real peace for myself in respect to emotions.'

SOW THE CITY

Sow the City is a social enterprise, based in Moss Side, Manchester. It works across Greater Manchester to empower communities to grow and live more sustainability.

In 2022, it received funding to develop the gardens of two THOMAS sites. The benefits of nature are well known, and include improved mood, reduced anxiety, improved sleep quality, better cognitive performance, and increased energy.

Throughout the project, Sow the City ran therapeutic gardening sessions with residents, teaching them to grow their own food and improve their horticultural knowledge and skills. Residents worked together on the gardens – which are now a pleasant area to tend, relax and socialise – and some have gone on volunteer at other Sow the City community gardening projects across the region.

Dr Jonathan Dewhurst is consultant addiction psychiatrist at Achieve Recovery Services, Greater Manchester Mental Health NHS Foundation Trust.

COUNTDOWN TO ELIMINATION

With huge strides being made towards finally eradicating hep C it was vital that we kept up the momentum, heard delegates at LJWG's *Three years to go to* elimination conference

'We now have three years to achieve our shared goal of elimination of hepatitis C as a public health issue in London,' London Joint Working Group (LJWG) co-chair Dr Suman Verma told LJWG's 2022 conference. Despite the challenges of COVID, there had been 'incredible perseverance, partnership working and innovation' during this time, she said.

'I felt shock and fear, because there's such a lot of stigma around hepatitis C,' said Rory O'Donnell, who was recently diagnosed through a blood spot test at a drug service. 'I wasn't aware that I was at risk, even though I'd injected. And I never realised that it could be cured.'

He'd started treatment of one-tablet per day, but found he'd cleared the virus after just one month of the three-month treatment period and was now planning to work as a peer mentor.

LIVED EXPERIENCE

People with lived experience were vital in persuading others to come forward, he stressed. 'People would probably be a little bit more open knowing someone has used out there and contracted the virus, rather than someone who hasn't. There's a lot of fear attached to it, and a lot of people putting their heads in the sand.'

'We've been through this terrible pandemic and when it started people said it would be a great leveller – but as ever, of course it was not,' said senior advisor the mayor of London on health policy, Dr Tom Coffey. The fact that the poorest Londoners were most likely to get – and die from – COVID mirrored the situation with hep C. 'A treatable condition, but again it affects the poorest – people in prison, people who are drug users, the homeless. But what gives me hope is our work with HIV,' with very ambitious targets being met, he said. 'What we've done with HIV, we can do with hep C. So it's really important that we do outreach work to identify people like Rory who are unaware they have the virus.'

PACE OF CHANGE

The pace of change had been extraordinary, and the headline was that fewer people were dying or getting cancer from hep C, said NHS England's hepatitis C clinical lead, Professor Graham Foster. 'Four or five years ago when I said

Vasakna | Dreamstime.com

‘The headline is that fewer people are dying or getting cancer from hep C.’
PROF GRAHAM FOSTER

we should go into drug services and actively treat people there was massive opposition to that. We were berated by colleagues for wasting NHS money on drug users, but now they’re all getting access to treatment. If you go into a drug service you will get tested and you will get treatment – that is transformative.’

The challenge, however, was to keep that going – which was not going to be easy. ‘You need people out on the streets, finding people, engaging them and getting them into treatment. But the funding for that will disappear in 18 months.’ HIV was a ‘poster child’, he said, ‘but why are we second fiddle? There’s more hepatitis C in London than HIV, so why isn’t it “Give the finger to HIV and hepatitis C?”’ There were also a number of hospitals that still weren’t engaged, he said, and where the numbers of people treated remained inadequate. ‘And we still haven’t got a community pharmacy programme. I’m going to call the mayor out, I’m afraid. We’ve heard a lot about some very good work in many areas but we haven’t seen any money for hep C. In 18 months NHS England will walk away, which is where we need the mayor to step up.’

COORDINATION

What was needed was a mayoral post to coordinate the strategy and keep the elimination goals going, he stressed. ‘Given the large amount of money put into HIV I don’t think it’s unreasonable to ask for that. Look at the work being done – people are coming from primary care, from drug services, and we’re treating people in the most deprived areas. We’re getting to people that nobody else gets to, and we give them a hand up. We tell them that they’re not on the margins of society, and just because they use drugs it doesn’t mean we don’t care. We’ve got to think about how we maintain this as the NHS steps back.’

‘If we can do it with HIV we can do it with hep C,’ agreed senior project manager, HCV elimination specialised commissioning at NHS England, Specioza Nabiteeko. ‘We need to build on those pathways that already exist,’ and take an overall, genuinely holistic, BBV approach.

Every time someone offered a test, supported someone through the process or signed a prescription they were working towards elimination, said head of programme for HCV elimination, NHS England, Mark Gillyon-Powell. There had been a massive increase in testing in drug services and people accessing treatment since 2015, and a 37 per cent reduction in deaths. ‘So we’ve already met the WHO targets way early – but it’s not good enough, we need no one to be dying. We keep treating people so we’re emptying the bath, but until we switch off the taps of new people being infected we can’t get to the point of elimination.’

There was still a long way to go in preventing onward transmission and reinfection, he said, while in post-treatment more could be done in terms of offering dedicated support to those more prone to reinfection. ‘If we can identify what the risk factors are for reinfection in a much clearer way, how can we support people better? We need to optimise the support that’s available to enable them to protect themselves.’

GREATEST RISK

‘We really need to think about which populations are at greatest risk of reinfection and think about how we might access them,’ agreed consultant epidemiologist and head of hepatitis C and BBVs at UKHSA, Dr Monica Desai. While there was new focus on harm reduction through the drug strategy, it was also crucial to make sure that investment continued and ‘we monitor needle and syringe provision to fully understand what coverage looks like and where we may have gaps.’

When it came to reinfections, it was essential to make sure harm reduction services were bolstered and that there was genuinely joined-up commissioning, said the Hepatitis C Trust’s director of community services, Stuart Smith. ‘You can’t have one body commissioning treatment and another commissioning harm reduction and preventing new infections.’

LJWG had just begun phase 2 of its work on developing a peer-based needle exchange for London (*DDN*, February, page 5), said LJWG coordinator Dee Cunniffe. ‘We’re looking at the phase 1 recommendations and seeing what a model to do that would look like. We’re doing a start-up – we’re not calling it a pilot because it really has to be long-term’. It would have peer leadership embedded, she stressed, and be fully replicable as a pan-London approach. ‘So any commissioners out there, come and speak to us now.’

‘For me, elimination is simple,’ said Foster. ‘It means you use drugs and you’re pretty sure you’re not going to catch hep C. And if you do catch it, you get it diagnosed and treated very quickly. High-risk people get tested when they go to their GP. That’s elimination. Once we’ve done that, we’ve cleared it. That’s real.’

Dynamic commissioning was essential, he said – ‘doing something, seeing it doesn’t work, then doing it differently. We’ve got to move quickly, keep the momentum going. But we’ve got to maintain the discrimination-free approach. When I started HIV and hepatitis C were feared diagnoses because there was terrible, overt discrimination. All of that’s gone, but it will come back if we’re not careful. So we’ve got to maintain the focus – to keep talking about stigma and getting rid of it.’

Underfunding and fragmented care were among the levers creating stigma, along with other issues like restrictive and coercive treatment policies, said principal public health specialist at the London Borough of Hackney, Maggie Boreham. A recent paper had stated that illicit drug use was the most stigmatised mental and physical health condition worldwide, ‘because it’s considered to be about bad choice, bad character, some form of weakness’, she said. ‘This is 2022 – it’s just not good enough.’

WORKING TOGETHER

‘We’re all thinking in the same way, and working together as a system – and that’s pretty rare in healthcare,’ director of corporate services at the Hepatitis C Trust, Leila Reid, told delegates. ‘We’re in a brilliant place, with a couple more years of the elimination programme, and it’s been amazing seeing the role of people with lived experience being so front and centre to this. We’re doing brilliantly on treatment, brilliantly on engagement but we’re not doing quite so brilliantly on harm reduction. So that will be pivotal over the next couple of years.’ **DDN**

THE KEY TO SUCCESS

In the first of a new series looking at careers in the treatment field, **DDN** highlights the vital role of the recovery/keyworker

People find work in the drugs sector through a variety of routes and for a range of different reasons.

DDN is partnering with Addiction Professionals to explore the pathways into the field, and how to progress once you're there. As everyone knows, working in the sector has its challenges – as has especially been the case in recent years – but it can also be hugely rewarding. It's not everyone who can honestly say that their work is making a real difference to people's lives – with those people being some of the most vulnerable in our society.

The desperately needed infusion of cash following the Carol Black review and the drug strategy will hopefully mark a genuine turning point for the sector after years of disinvestment, and with it come new opportunities for those wanting to enter the field or further develop their existing careers.

In the coming months we'll be exploring a wide range of roles including pharmacist, therapist, psychologist, social worker, nurse and volunteer, but we kick off by looking at one of the mainstays of the profession – the recovery/keyworker.

Keyworkers are the primary point of contact for the client, and their aim is to build a strong and trusting relationship that will form the basis of a successful treatment journey – something that's become more of a challenge in an era of ever-shrinking budgets and ever-expanding caseloads. The keyworker works with the client to formulate exactly the right care plan, and will also liaise with a range of other professionals – inside and outside the sector – to try to secure the best possible outcomes for their client across areas like housing, health, family issues and employment.

There are no nationally recognised training requirements for keyworker jobs, although some services may specify a minimum necessary level of educational achievement. In community treatment settings this might be a level 3 health and social care diploma, while in residential rehab settings employers may insist on a care certificate. Some keyworkers will be former service users or volunteers themselves, while others may already have professional qualifications from other disciplines such as social work, nursing, counselling, youth work or probation.

While there's no formally recognised accreditation system for the keyworker role, there is accreditation available through Addiction Professionals and there's also accreditation for family workers developed in partnership with Adfam. When it comes to career progression, some employers are happy to support their staff to study for vocational degrees or attain managerial qualifications, or they may encourage them to develop specialisms within the field – such as blood-borne viruses.

Below and opposite we hear from two people about the challenges and rewards of the role.

See careers pages at **www.drinkanddrugsnews.com** and **www.addictionprofessionals.org.uk**

We'll soon be launching a regular feature in *DDN* to match your questions on qualifications, training and employment with expert advice from Addiction Professionals – email your questions to the *DDN* editor with 'Careers Clinic' as the subject

NeoLeo / iStock

A CHANCE TO CHANGE LIVES

AS A RECOVERY WORKER, my role is to support drug and alcohol users within a prison setting to make changes to their substance use – throughout their sentence and prior to their release. I'm responsible for managing a caseload, completing comprehensive assessments and creating individual SMART care plans tailored to a client's individual needs. As well as carrying out tailored one-to-one sessions, I also facilitate group sessions using a range of motivational interviewing skills, as well as CBT.

A person's recovery journey can change a lot whilst in prison, and everyone starts at a different point. I personally feel it is a huge privilege to be involved in this process and play an active part in helping someone change their behaviour. I have clients who have been actively using substances at the point of assessment (yes, people do use drugs in prison!), and not recognised their use as a problem. Through motivational one-to-one sessions they come to view this use differently, and are then motivated to explore it further during group sessions. Sometimes a seemingly insignificant conversation plants a seed which a client later reflects on. Nothing makes me happier,

LEARNING ON THE JOB

THESE PAST 12 MONTHS working for Cranstoun have been a fantastic and insightful learning experience. When I applied for the job, I was equipped with my GCSEs, less than 12 months of experience working in mental health care, and zero experience working in a substance use setting. Within a matter of months training with Cranstoun I felt confident and knowledgeable in the field, and by the end of my trainee programme I had been awarded a level 3 NVQ in adult care and a full-time job as an engagement and recovery worker, independently managing my own caseload of over 60 clients.

A typical day working as a trainee with Cranstoun is split between academic training and working on-the-job. There are a number of training sessions focused on the various elements of good practice in adult care, as well as many opportunities to engage directly with service users by developing care plans, conducting a range of tests and assessments, and assisting with their queries and concerns both in-person and over the phone. Most of my time is spent in or around our general office, where I'm surrounded by experts in the field, all of whom are willing to support and guide me in my training. To me, the most rewarding aspect of this job is having the opportunity to make a genuine impact on the lives of others, and be witness to their recovery journey first-hand.

If I could change anything about the current trainee scheme, it would be to place an even greater focus on opportunities to work alongside the existing staff and support them with their duties, as it was during these experiences that I believe I learned the most about the job.

The apprenticeship scheme that has been developed by Cranstoun has granted me the opportunity to go from knowing almost nothing about this industry to being fully trained and working independently in only 12 months. I would absolutely recommend to anybody interested in a career in substance use to consider becoming a trainee with Cranstoun – it's one of the most rewarding experiences that you can have in this field.

Liam Topping, engagement and recovery worker, Cranstoun

however, then seeing a client the morning of their release from prison and hearing them say they are never going to use again, thanks to yourself and the Forward Trust.

At present there are no nationally recognised training requirements for this role, merely an ability to demonstrate transferable skills, knowledge of the recovery agenda, and a desire and ability to support people to make changes to their behaviour. People with substance misuse histories and who are in prison are often the most negatively stereotyped and stigmatised individuals in society. I don't see clients in this way. I see them as people, who have a history, and who are in need of support. If you believe a person can change, then you can help them to believe this too. So, for anyone considering a career in this field, think about all the lives that you can help change, and how fantastic that can be.

Laura Clark, recovery worker, Forward Trust

KNATCHBULL ROAD

Knatchbull Road is an abstinent supported housing program for adults in recovery from substance use and other issues.

Funded by Housing Benefits and accessible by clients from any borough in the UK. We provide an environment that enables our residents to:

- Maintain abstinence (via the group work and daily testing program)
- Better manage their health and wellbeing
- Build and develop personal resilience
- Address the reasons behind their substance use
- Adopt healthier coping strategies
- Improve, increase and strengthen support networks
- Prepare for independent living
- Move on into independent accommodation

TO MAKE A REFERRAL CALL 02073261882

PHOENIX FUTURES LAMBETH SUPPORTED HOUSING

CRANSTOUN
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Become a Buddy, become a lifesaver

Could you help people injecting drugs alone to stay safe? Our BuddyUp app offers remote support & will send help in a crisis

Sign up to help reduce drug related deaths from your own home with full training, equipment & aftercare supplied.

Find out more:
cranstoun.org/buddyup

EVERY LITTLE HELPS

Rather than being overwhelmed by the challenge of completely reshaping services to provide trauma-informed care, there are countless small changes that can make a real difference. **DDN** reports

'One of the challenges of trauma-informed care is it can feel that everything has to change,' clinical psychologist at Nottingham charities Framework and Opportunity, Dr Anna Tickle, told the RCGP and AP *Managing drug and alcohol problems in primary care* conference earlier this year. Often this led to nothing happening in services because 'no one knows where to start', she said. 'But I would say there are a lot of very easy, very quick things that you can do to work towards this kind of approach.'

Trauma-informed care was an amorphous term, but essentially meant everyone in the organisation having knowledge of trauma and its impact on individuals – 'that's your reception staff, your professionals, your volunteers, potentially even your cleaners. Anyone who's going to be around when the service is being used.' It was also 'much easier to claim than it is to achieve'.

Many aspects of trauma-informed care were simply good practice, she pointed out, but among the key principles were recognising that trauma happens, and the impact it can have – and that it can be very hidden. It was also vital to consider how a service's processes and power differentials might have an impact, as people who'd been in care 'may well view all services with suspicion and believe that services harm them. Because that's been their learning experience'. Different types of power in services included coercive power (threats, sanctions), incentive power (such as scripts) and informational power – 'what you write about people, how you talk about them, has a real influence on how other services see them, particularly in relation to risk'.

> 'Genuinely trauma-informed care is also about trying to create a sense of safety, being trustworthy and transparent, trying to be as collaborative as possible...'
>
> DR ANNA TICKLE

Genuinely trauma-informed care was also about trying to create a sense of safety, being trustworthy and transparent, trying to be as collaborative as possible, and trying to give as much empowerment, trust and control as possible – which was 'easier said than done', she acknowledged. It was not about 'referring everybody to see a psychologist. I often say that an hour a week with me will make very little difference for somebody if none of the other stuff is in place for them.'

While more and more organisations were now using the language of trauma-informed care, and there was good correlational evidence of increased number of adverse childhood experiences (ACEs) and problematic substance use, 'I would really caution against looking for the number of ACEs, although that's very popular for some services', she said. 'One significant adverse childhood experience can significantly impact you for all of your life.'

There was 'an ideal implementation, which I'd love to see happen' and then there was the reality of day-to-day work, she said. Organisational and culture change took time, but there were simple things that services could do around the physical environment to make people feel safer, for example, or asking people who'd experienced domestic abuse which services they wanted to be available. 'Rather than be overwhelmed, I hope you can see it as lots of different opportunities. I'd love to see whole-system change but you're more likely to be chipping away for years, and that's OK.'

While the temptation was 'just to train everybody in trauma' – and training was, of course, vital – it wasn't enough on its own, she stated. It was also important to think about policies and procedures. 'How can you implement them flexibly where possible, for example service exclusion. That's an example of not very trauma-informed practice.' Asking every patient about trauma as a routine enquiry was also dangerous, she pointed out – 'it's about who asks, when, and how do you do it sensitively'. It was also about keeping people involved in their key decisions, and informing people about what was available locally. 'That's not just statutory services – there's loads of good third-sector work, lots of survivor groups and more community-based interventions.'

Ultimately, it was about 'what can we do differently, rather than why won't they change', she said. It was vital to bear in mind that often it's 'years of bad experience you're working against'. Building trust first was more important than trying to get all the information straight away – and invariably led to better information – while understanding and responding differently to aggressive behaviour was also key. 'It's easy to just exclude people and call the police, but my experience of the police is that they're not particularly trauma-informed, although some are excellent.'

Be persistent and don't give up, she stressed. 'It might take someone many weeks, months, even years to make use of an offer. So that persistence is really important.' **DDN**

A TRAUMA-INFORMED APPROACH

The key goal of trauma-informed practice is to raise awareness among all staff about the wide impact of trauma and to prevent the re-traumatisation of clients in service settings that are meant to support and assist healing.

A programme, organisation or system that is trauma-informed, as defined by the US Government,

...realises the widespread impact of trauma and understands potential paths for recovery

...recognises the signs and symptoms of trauma in clients, family, staff and others involved in the system

...responds by fully integrating knowledge about trauma into policies, procedures and practices

...seeks to actively resist re-traumatisation.

napac.org.uk

AN INSIGHTFUL APPROACH

Humankind's Insight services have been providing vital help to young people in London who've suffered early trauma, explains **Sharon Pedliham**

Over the last decade, Humankind's Insight young people and family services have provided drug, alcohol and sexual health support to thousands of young people and families across London. The Insight services, which operate in Haringey, Kensington and Chelsea, Westminster and Lewisham, provide information, advice, guidance and support to children, young people and families who are impacted by, or living with, drug and alcohol use.

Many of the young people that Insight support have experienced early childhood trauma which can result in disrupted attachment, cognitive delays and impaired emotional regulation. Parental drug and alcohol use can create conflict in families which may also cause trauma in childhood.

Through a range of approaches including one-to-one support, group work, digital interventions and family sessions, children and young people are supported in a safe place to understand their emotions and build on their resilience, and are taught healthy ways to manage things differently.

Insight services, which operate in Haringey, Kensington and Chelsea, Westminster and Lewisham, provide information, advice, guidance and support to children, young people and families

We know that adverse childhood experiences (ACEs) during the early years of development, such as abuse and neglect, can do lifelong harm – often referred to in our sector as hidden harm.

So we use a strength-based, age-appropriate, approach to listening to the voice of the child or young person, developing an improved sense of wellbeing and positivity to help them recover, and providing them with life skills which will help them reach their potential.

Insight Platform and Insightful Families have been commissioned by the London Borough of Haringey since 2013. Sarah Hart, senior commissioner for substance misuse and sexual health services described the value of the services, stating that a standalone young people's and families service is 'important to us in Haringey, and together we have done innovative work around children affected by parental alcohol use and created a whole family approach. We have many ways to address family trauma, including having hidden harm workers in schools, parenting programmes and, really importantly, family activities. We are also just about to launch a page for parents on DrinkCoach, which has been made by our families to help others.'

Sharon Pedliham is Humankind area manager for London and the South

To find out more about the Insight children, young people and families services, visit https://insightyoungpeople.org.uk/

TIA, 15-YEARS-OLD, INSIGHT PLATFORM

TIA was impacted by trauma from a young age, and this caused them to struggle with anxiety. When Tia started secondary school, they were bullied daily and this, combined with their earlier childhood trauma, led them to use drugs, initially recreationally. Tia's drug use quickly escalated, and they were using cannabis daily and self-harming. After getting caught using drugs by teachers, Tia was excluded from school and referred to Insight Platform in Haringey.

Tia found Insight really helpful – 'I felt like I was in a safe space and able to talk about what was going on. The service was friendly and it was really easy to connect with my key worker and we gelled. I could talk about why I was using drugs and how it was linked to my trauma and anxiety. I learnt about the harms to my mental and physical wellbeing that using cannabis caused. My one-to-one sessions were both face-to-face and online which I liked, and I also enjoyed coming to the events at the service.'

Tia has now started at a new school, is no longer using cannabis and has new friends who are supportive and understanding Tia has also discovered a renewed love of photography and focusing on this has really helped them.

This article was developed and funded by Gilead Sciences

HEP C: A CLEAR PATH TO ELIMINATION

Despite the disruption brought about by the pandemic, England has made promising strides towards eliminating hepatitis C (HCV) in recent years. But if we are to meet our ambitious targets, we must strengthen our efforts.[1]

In 2016, the WHO set out its roadmap to eliminate HCV as a public health threat by 2030.[2] NHS England gave a more ambitious target of HCV elimination by 2025, recently amended to 'as quickly as possible'.[3,4]

Thanks to the efforts of drug treatment service (DTS) providers such as Change Grow Live, We Are With You, Turning Point, NHS Addictions Provider Alliance (APA), Westminster Drugs Project (WDP) and Humankind, England has made impressive progress. However, the COVID-19 pandemic undoubtedly brought about setbacks, and England faces numerous other barriers to effective diagnosis and treatment.[1]

These barriers were addressed in a recent conference funded by Gilead Sciences, *Hep C Elimination: The Time to Act is Now*, which brought together over 300 representatives from DTS providers, patient advocacy groups and public health experts.

FROM TESTING TO TREATMENT

'It was very difficult to support people with hepatitis C through the pandemic,' says Peter Smethurst of Gilead Sciences, referring to a crisis that threatened the UK's 2030 elimination target.[1] However, thanks to an incredible joint effort, testing rates bounced back. By the end of 2021, they exceeded pre-pandemic levels.[5] In May 2022, Gilead-partnered DTS providers carried out 6,418 hepatitis C tests, a new record for the number of tests performed in a single month.[5]

That said, treatment levels have plateaued: 'We're finding more people but we're not treating more people,' Peter notes. For this reason, 'our challenge is now to look at patient pathways and reimagine them, so we can treat as many people as effectively as possible'.

HEPATITIS C ELIMINATION: A SUCCESS STORY

Perhaps no one is better placed to advise on how to tackle this challenge than Dr John Dillon, professor of hepatology and gastroenterology at the University of Dundee.

Professor Dillon spearheaded an award-winning project that eliminated hepatitis C in Tayside – the first region in the world to do so.[6,7] In his keynote speech, he shared NHS Tayside's path to success.

Most importantly, he says the focus must be on turning national strategies into action. 'It doesn't matter what the strategies say,' he says. 'Just make sure they happen.' With this commitment to action in mind, he urges people to think critically about their testing strategy. Repeatedly testing where you have always tested, where you find no one new, should lead you to seek new patients in new places.

He also stresses the importance of testing people in familiar surroundings, however. 'Having to go somewhere new and strange makes a new set of barriers and fears.' Instead, if those at risk of having hep C accept a test in 'places they are familiar with, where they have trusting relationships,' they'll feel safer coming back for treatment if they do test positive.

'People have experience of stigma in using health services, it adds to the fear of engagement with new services,' he says. 'We must break that down by bringing services to surroundings and venues familiar to the people we are trying to reach.'

He then lays out the five patient pathways Tayside used to get high numbers of people tested and treated: primary/secondary care settings, pharmacies, drug treatment centres, prisons and needle exchange points.

'Each pathway is equally important,' he says. Even though more testing happens in primary and secondary care settings, a higher proportion of positive cases are found through community testing. In Tayside's GP practices, 3 per cent of all tests were positive, while at needle exchange points, this figure was 26 per cent.[8]

Finally, Professor Dillon says we must give members of the community the tools to test and prescribe themselves. For him, dry blood spot testing – a blood test for hepatitis C that requires a simple finger prick – 'makes the biggest difference so people don't have to travel to their test' and we can 'reach those we otherwise wouldn't reach'. Tayside is a glowing reminder that hepatitis C elimination can be achieved.

Professor Graham Foster, national clinical chair for NHS England's hepatitis C elimination programmes, says that while there's a 'narrow line between forcing and persuading', the key is giving people a choice and being persistent. 'People have the right to say "I don't want this", but saying "no" today doesn't mean you'll say no next year or the year after.' He encourages service providers to offer the same treatment to everyone: 'We want services to meet the needs of

This non-promotional meeting was organised and funded by Gilead Sciences Ltd

people who aren't willing to attend a clinic on a regular basis.' Equally, 'if people want to spend time with a consultant, they have every right to do so'. Professor Foster also recommends using peers – people who've been treated for hepatitis C themselves and often have a history of injecting drugs. He notes that those who work with peers are 12 per cent more likely to come in for treatment than those who don't.[9]

REACHING OUT: COMMUNITY PEER PROGRAMME

The Hepatitis C Trust's community peer programme, which has now been running for over a decade, shows just how effective working with peers can be.[10] Stuart Smith, director of community services at the Hepatitis C Trust, reflects on the programme's journey to success.

At first, the Hep C Trust 'realised it was powerful for a patient to stand up and tell their story', Stuart explains. 'So, we decided to run peer-led workshops where we'd ensure key messages about testing and treatment came through in the patient stories.'

The response to these workshops was overwhelming. Peers said that 'people came up to them afterwards wanting to get tested'.

Between 2019-22 alone, the trust reached over 32,000 people in the community. Peers reach more than 100 people in prisons and communities each day, and since 2019 have helped just under 10,000 people access treatment through the care pathway.[11]

MAKING HISTORY

All those who attended *Hep C Elimination: The Time to Act is Now* know there is some way to go to eliminate hepatitis C. However, there was resounding agreement on barriers they all face, especially the need for a clear path between testing and treatment. Thanks to the monumental effort of clinicians, DTSs, patient advocacy groups, industry and public health experts, England is close to elimination. If we follow the example of teams like NHS Tayside and their DTS partners, our 2030 target is within reach.

To find out more about hepatitis C, visit http://hepctrust.org.uk/

In a previous article on Hepatitis C elimination in our July issue, a photograph was mistakenly labelled 'hepatitis C nurse'. The caption should have read 'Hepatitis C Trust peer'. We are happy to make this correction.

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UK-UNB-2696
Date of preparation: September 2022

MAKING INROADS

An intensive and innovative outreach service is making a life-changing impact on the streets of North London, say **Adam Denny** and **Mike Coffey**

PERSONALISED AND INTENSIVE SUPPORT

Adam says...

Our teams are small but powerful – made up of outreach workers, a women's specialist worker and dual diagnosis coordinator, as well as having a clinical prescribing element to provide rapid OST prescribing, opiate treatment support and health and wellbeing checks such as BBV testing.

Most of our days are spent walking the streets and talking with rough sleepers about the support and treatment we offer, and attending the sleep sites and hostels of our clients to provide ongoing care.

A key objective is to help stabilise the people we work with and reduce the barriers for them to access structured community support. This is a heavily marginalised group, and we work hard to use an accommodating and trauma-informed approach, which can have a hugely positive impact on their health and wellbeing.

It can be challenging to help our clients maintain their OST prescriptions, because of the complexities of addiction, mental health and homelessness, but engaging individuals into treatment as soon as possible is vital to minimise the risk of overdose. Identifying people that may be struggling and providing them with the support they need to re-engage with treatment is also essential, especially when they're released from prison or hospital.

JOINED-UP APPROACH

We work closely with housing teams, hostels, community drug and alcohol support services and other outreach teams (such as Routes off The Streets in Camden and various outreach partners in Islington), prison and criminal justice partners, and community safety teams to help us build a full picture our clients' history and needs. A day can quickly shift from meetings into supporting a high-risk individual by escorting them to an appointment, delivering an OST prescription to a pharmacy, or even calling an ambulance in an emergency situation – so being flexible and adapting to what our clients need is key!

Vladimir Vinogradov / iStock

Blown away

'We have been absolutely blown away by the professionalism, commitment, and trauma-informed practice of your team. They have been brilliant. Since working with WDP we have been able to support two of our clients – both with long histories of entrenched homelessness and chaotic substance use – to access a script. I strongly believe that the is a result of the assertive outreach and in-reach support that your team has offered.'

A DAY IN THE LIFE

Mike says...

Today starts outside Angel tube station. I'm meeting my colleague and we're on outreach patrol. We have a set of bedding-down addresses, a list of rough sleepers who may be facing challenges with drugs and alcohol, known hotspots, and clients who have fallen off-script or who aren't engaging.

Nearby a young man is sleeping at the back of a supermarket. He says he doesn't drink or take drugs, so we have a discussion around him being offered temporary accommodation.

The absolute priority is an initial conversation and to gain a level of trust. For those with accommodation, it's easy to be open about who we are and what we're doing. However, for those bedding down on the street, there are more risks associated with exploitation, robbery, and violence. For some rough sleepers it's not a safe environment to discuss alcohol and drug use with someone who has just introduced themselves. However, our conversation with this young man is good natured, and I leave having developed enough rapport to say hello next time we meet – either on the street, or ideally in a hostel.

Our next stop is a stairwell at a block of flats, and I almost miss a man huddled in a corner asleep under some blankets. We introduce ourselves but the man refuses to talk and would rather go back to sleep, so we leave him saying we'll pop back another time. We make our way to a popular local site for rough sleepers. It's here I meet one of my clients who has recently fallen off his methadone script. He has a bed space at a nearby hostel which he's not been using.

FEELING THREATENED

It can be quite challenging for our clients to stay at a hostel/bedspace for many reasons. Common issues are owing money to, or feeling threatened by, other tenants, being unsettled by noise, or just not being happy living in a room with a set of rules to follow. I offer to make an appointment to get my client back on his script and after a flurry of phone calls, one is made at one of our clinics for the following day. I agree to meet my client at his hostel to take him to clinic, but suggest that I'll look for him at the current vicinity if he's not at his hostel, to which he agrees.

I head to one of our office spaces where I meet with my colleagues on a video call and catch up with my notes from the morning's outreach. I inform the team of my plan to visit a local hostel where a number of my clients are staying. I quickly make my pharmacy checks to see who is on script and check my email before leaving.

I arrive at the hostel and sit with the keywork staff to discuss my clients before making room visits. I have a varied caseload with people who differ greatly in their personal challenges with drugs, alcohol and/or mental health. Working in a hostel environment is a good time to talk about current drug or alcohol use and to offer naloxone and safety advice. If the opportunity presents itself there are a number of conversations to be had such as general health and weight, are they using and if so, how much are they spending and do they feel safe.

Next, I arrange to meet my colleague to visit some popular begging and bedding-down sites. We chat to a man who looks rather unkempt and is selling pictures and drinking beer in a doorway. He becomes animated when I ask if he requires support with drug or alcohol use and asks us to leave, so we oblige.

STREET ASSESSMENT

We then attend an appointment for a street assessment, meeting a rough sleeper in the corner of a park. We find a park bench which is private and secure, and a long and detailed conversation begins. One of the challenges is to keep it concise, and answers to later questions can often be found in earlier discussions. As the assessment comes to an end, we arrange another clinic appointment for the next day and my colleague arranges to attend with this individual.

We visit a client of mine at a hostel who is struggling with alcohol. Detox and rehabilitation are on the agenda, but it's something my client doesn't feel ready for.

> 'The script has helped settle me down, and now I'm ready to start going to activity groups, something I've never done before, but I know it will help me... Thanks a million for everything.'
> SERVICE USER

We're working on completing alcohol diaries and extending the window between drinking each morning and starting to drink again in the afternoon. This window is a great time for them to think about eating some wholesome food and we talk about making egg and beans on toast and the sort of food they should be looking to eat.

When our session is finished, my working day is nearly over. I hop off the train at Caledonian Road to check for one last client who is reported to be sleeping rough in the area, but I can't find him. I make a mental note to check again later that week before heading home.

Adam Denny is dual diagnosis coordinator and Mike Coffey is outreach practitioner at WDP

WDP INROADS services include:

- **Drug and alcohol outreach workers** who will build relationships with street-active individuals.
- **A specialist women's outreach worker** who will work with women with additional support vulnerabilities including experiencing domestic abuse or being involved in sex working.
- **A dual diagnosis coordinator** who will work with those experiencing both complex mental health and substance misuse problems.
- **A nurse** who will provide healthcare access for rough sleepers, including GP registration, BBV testing/treatment, and urgent healthcare.
- **A clinical lead** who will deliver rapid prescribing and opiate treatment support.

GAME ON

This year's Recovery Games is on course to be the best yet, says **Stuart Green**

The Recovery Games is back, bigger, bolder, louder and brighter than ever before. We have some exciting new themed games and developments this year, and there'll be some amazing street entertainers wandering through the audience. We'll also be blending an amazing music and dance set with the games on a bespoke stage to bring a festival feel to the day, managed by Drywave who are quickly becoming the leading sober nightlife experience in Manchester, if not the UK.

The journey over the years has been amazing. When the games started in 2013 at a local water park, little did we know that this was the beginning of recovery activism and contagion. We saw 250 people attend the games that year and realised that we had some key ingredients which tied into the five ways of wellbeing and CHIME, and the last on-land event saw in excess of 1,000 people attend despite the rain.

Year-on-year the games have grown, and as we've added more and more events and activities we've had to increase the team events to four teams competing in each. There are currently 40 teams now actively taking part in a myriad of events and fun challenges.

The games have been presented on an international stage at the CND (Commission On Narcotic Drugs) at the UN in Vienna, and consequently we saw teams from Bosnia and Sweden take part in the

SAYING IT OUT LOUD

Fred's poetry is helping him connect with his community and move forward

Fred Mansfield is a volunteer for Red Rose Recovery (North Locality) and is a well-loved member of the team. He uses his lived experiences of addiction, recovery and relapse to write poems to support both himself and others within the recovery community.

'The reason I write poetry is that it gives me that peace, it gets everything out of me,' he says. It's easier for me to put it down on paper than it is to speak to someone. I think it also comes out better on paper than when I say it out loud. Plus I know that it helps people and that's all I want really. It helps my recovery because it gives me that satisfaction.'

Here is an extract from one of Fred's poems, which he says is 'about me and my feelings before, during and after relapse and how it affected others around me'.

I believe I'm one of the lucky ones
You could say I love being saved I suppose
But only with the help given to me
From organisations, especially Red Rose
Now I usually have a beaming smile
As it is rare to see me looking with sadness
Or I'm unsure I would've been stuck in the madness
Each of us knew it wouldn't be easy
Like using feathers to try squash a grape
Yet with all the help that's out there now
Addicts can now find an escape

So visit any town or city
Stop anywhere to have a look around
You can spot the addicts from a mile off
They're the ones with their heads to the ground
It doesn't matter what you were using
Prescription drugs, illegal ones even beer
To break free you have to be brave
Have the courage to take on our fear

virtual games in 2021. We see teams return year-on-year to take part and it's become a key talking and focal point of the recovery diary.

This year's games is due to be held on 24 September at Hatfield Activity Centre and Waterpark, kicking off at 9:30am sharp. It's free for all participants, spectators, and friends of recovery to come and join in the festivities.

After a difficult couple of years due to the pandemic, we're bringing an amazing line up of fun activities on and off the water for both participants and spectators, as well as the famous festival of colours at midday.

A fallen warrior trophy will be presented after a minute's silence for those people that were unfortunately lost to addiction – something that has been brought into even sharper focus as a result of the pandemic.

We've reached out to LEROs and their supporters, inviting teams across the treatment and recovery ecosystem to come and join in the fun, and bring health stands and interactive stalls to the event.

To see a video of our last event visit https://youtu.be/2FxPd6yhjL8 and for more information about sponsoring, getting involved or visiting please contact Neil Firbank Recovery Games co-ordinator on neil.firbank@nhs.net.

Alternatively contact stuart.green4@nhs.net for the most up-to-date information, or find us on https://twitter.com/recovery_games or https://www.facebook.com/recoverygames

Stuart Green is Aspire service manager

More recovery activities at **www.drinkanddrugsnews.com** – email the DDN editor using the title *Recovery Month* to have yours included!

Even when we used to see good people
we would not ask for help at all
while deep inside a voice would be screaming
please help me to break down this wall
Even when they were leaving
we would stare, watch then walk away
Proper hating ourselves for not speaking
Saying we would do it another day
Yet even knowing that would not be
No chance that would ever occur
As the addict inside our head
Don't want us to ever go there

I used to look in the mirror
At my reflection staring right back
Now I myself the question
What makes me want smack or crack?
I've even heard people laughing
Like the life I have lived is so funny
But the smile soon disappears
Once they know how fast it eats your money

I would love to invent time travel
Go back to that first fateful day
And whisper right into my own ear
Say no mate, just walk away
I would love for that to be possible
But it is not as we all know
You see for us that are in recovery
It's a chance to give life another go

You will know when you have got it
We could easily run a mile
And every time you see your reflection
On your face is a beaming smile
Others around you will notice
Some may even say it too
But what I believe is the best part
Is everyone meets the real you.

Faces & Voices of Recovery UK

Join us for the Annual Recovery Walk & Conference this September in Newcastle!

UK Recovery Walk
2022 Newcastle
FAVOR UK
Together we're canny

CONFERENCE - FRIDAY 16 SEPTEMBER 2022 - NEWCASTLE COLLEGE

RECOVERY WALK - SATURDAY 17 SEPTEMBER 2022 - EXHIBITION PARK

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Micheal, resident

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Our work is person-centred to support individuals who have chosen to continue to drink alcohol by helping them live and thrive within a harm minimisation model, using a managed alcohol programme approach.

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Social Interest Group

A special exhibition for National Recovery Month is highlighting the power of art as a vital recovery tool, says **Kenn Taylor**

CREATING RECOVERY

Landmark is an art project created through collaboration between artists Emilie Taylor and Christopher Jarratt and 11 people they met at local drug and alcohol support service Project 6.

Emilie was a drug and alcohol worker in Sheffield for 11 years before training as an art therapist, and this is her third collaboration with Project 6.

The project is now the subject of an exhibition in Sheffield during National Recovery Month. The aim is to highlight the importance of place, community and belonging and encourage people to reflect 'on how our personal journeys are part of the fabric of the city'.

MOMENTS OF CHANGE

I met up with six of those 11 collaborators – Sam, Ben, Ruth, Matt, Lee and Dave – along with Emilie and Christopher, who details the concept at the heart of the project: 'We wanted to map and tell the stories of people's journeys and moments of great change in their lives through the languages of imagery, colour and craft. Inspired by the symbolism from Sheffield's past, we settled on pilgrim flasks and banners as the artefacts to hold and tell these stories.'

I ask the group what they thought of these themes when they were presented with them. 'We were going in blind,' says Lee. 'But I like history and the references were medieval, so I was quite happy with that. The broader context of us all going on a pilgrimage, that's what we've done through this process.'

'When we presented it, I did sense some hesitation, understandably so, but everyone got on board,' says Christopher. 'Dealing with hard things in your life, if you can abstract them a bit, I think it helps. Embedding our stories into craft I feel is one of the most ancient and effective ways of making sense of the world.'

They met every Friday over 14 weeks, beginning each session talking about whatever came up for them, then drawing and printing in response. 'The most evocative part, drawing something every week, from our thoughts and feelings, opened up something new,' says Lee. 'That really connected us, was the glue that tied us in.'

After talking and drawing, they moved to creating objects. For the first seven weeks, they crafted the clay pilgrim flasks. For the remaining seven, they dyed and sewed large cloth pennants. 'Making the drawings and letting what was under the surface speak could be emotionally deep and very heavy,' says Emilie. 'Moving into material processes offered a way to sit with the weight of feeling in the room. Craft holds space. There were times, I remember dyeing the fabric after very difficult conversations, the mood transformed into all of us having an absolute riot.'

> 'Embedding our stories into craft I feel is one of the most ancient and effective ways of making sense of the world.'
> CHRISTOPHER JARRATT

SIGNIFICANCE

Locations around the city that had significant meanings to individual group members became a focus as the project developed. They decided to dedicate one session to visiting places they'd each chosen. After arriving, they'd share what it meant to them and this was audio recorded. Later, footage was taken of the places and merged with the audio to create a film which forms part of the project. It's clear this revisitation of locations which held strong and sometimes painful memories had a significant impact on them. 'My place was the Millennium Gallery,' says Ruth. 'I went in again recently. It's almost like it's been exorcised from me, through this process. I used to only associate it with bad things, but it's very different now for me.' Dave agrees, 'Like the park, I have found peace with it now. I go and sit at the bridge and listen to the running water. It's that journey.'

I ask about the images they chose for their flasks and banners. 'I drew a wheelie bin full of empty wine bottles,' Ruth explains. 'I never realised how much stress that would cause me during my

Jules Lister

From left: Emilie Taylor at work, Lee unloads a flask from the kiln, Ben's pilgrim flask finished.

addiction. I like to listen now when they empty my bin, it's not the nosiest, not the heaviest on the street anymore. This has aided my healing, to me forgiving myself.'

'The symbols on my flask, I initially described them very matter of factly, they're just magnifying glasses with eyes,' adds Ben. 'Then someone said they're quite surreal. And then I talked about how at the time I was under so much scrutiny with psychiatrists, and it links to being under that lens, stigmatised by society.'

JOURNEYS TRAVELLED

Images from the exhibition will also be displayed on billboards across Sheffield, which Emilie links back to the original concept. 'Pennants would have once hung from Sheffield Castle ramparts, welcoming travellers home,' she says. 'The flags of journeys travelled today will hang across the city on advertising hoardings.'

'For me what's important about the banners being detached from the exhibition,' says Lee, 'is if someone is driving past, they'll be like "what's that?". It will reach a far bigger audience.' The billboards will also feature QR codes, to encourage people to find out more. 'They'll go on a journey with us – there's a lot more to say,' he concludes.

GROWING CONFIDENCE

I ask the group what difference they think the project has made to them. 'I've grown and made myself well through this process,' Ben says. 'Of course it's been alongside therapy and other things I engage with, but this has helped no end.'

'I have a friend who has been supportive through my recovery,' Ruth says, 'but doesn't get it, me taking part in a project like this. Why would she. I didn't get it either, before I came. It's made me braver, to try new things. My confidence has grown.'

Formally trained artists and those not formally trained coming together to share time, skills, knowledge and experiences to create something in collaboration, has a long tradition. It's given many different names – social practice, community – but the kernel is how it can carve a new space for all of those involved. Exploring and exposing parts of your inner self through making art can be a challenging process, and this can contribute to personal development and healing. But in creating these works around their experiences of recovery, the group have also opened up new channels for others engaging with the artworks to reflect on their own lives.

'I've got hardened to the prejudice and the stigma – I can play out how it is going to go,' says Lee. 'It doesn't define me as a person.' Those dealing with addiction, like many with less power in society, so often have their stories defined by others. Having access to your own forms of creative expression, being encouraged and given a platform for them, is essential in people being able to turn that around and speak directly of their own experiences to others. Doing this is a reclaiming of power. And it is partially because of how powerful this can be, that such access to creative expression is frequently denied and discouraged in people, one way or another.

CREATIVE PASSION

The more you get used to expressing yourself, the more comfortable it can feel. Earlier steps though require bravery and often support. I ask the group if they plan to carry on their creativity after Landmark. There is a chorus of agreement. Two members of the group have recently enrolled in degrees, influenced by taking part in the project.

'It's reawakened in me a passion I have always had for art,' Ben says enthusiastically. 'I will definitely be continuing the journey.' Lee agrees. 'I've started to write poems again and I have carried that on. It's a nice creative process for me and I don't think I would have done that if it wasn't for this project.'

Dave sums up. 'We're waiting for the next one,' he says.

Landmark exhibition runs until 1 October at Persistence Works Gallery, Sheffield S1 2BS

Kenn Taylor is a writer and creative producer

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WE NEED TO TALK ABOUT... THE HISTORY OF HARM REDUCTION

We can't have the future we want without properly understanding the past, says **Nick Goldstein**

Harm reduction's history. History! I suspect there's a whole lot of eye rolling going on out there. I mean, who cares? It's all in the past and harm reduction has much bigger problems in the here and now, right?

Well, no. History matters a lot, but we'll get into that later. First things first – let's have a look at the orthodox history of harm reduction. According to the accepted version, harm reduction appeared in a blinding flash of light in mid '80s Liverpool as a result of wildly escalating drug use spawned by Thatcher's economic 'reforms'. Harm reduction became the 'Mersey model'.

There's only one problem with this – it's not true. I can tell you, definitively, that harm reduction wasn't created, discovered or born on Merseyside. I can say that because I predate the mid '80s and back then I had only visited Merseyside to score rather than learn. Yet I'd already received a full harm reduction education – wound care, safe injection, and so on.

What happened in Liverpool in the mid '80s was not the creation of harm reduction, but instead the adoption of a harm reduction model by the state – as an attempt to improve public health by reducing the harms associated with drug use. Harm reduction as a philosophy has been around, I suspect, since man came down from the trees, started eating plants and discovered some made him feel *really* good. Ever since then users have been helping each other with harm reduction. I came across an old Georgian recipe for milk mixed with soot the other day, which is supposed to stop the shakes that come with gin DTs. I doubt it works, but without a doubt it's harm reduction and without a doubt it predates the 1980s.

There's a big difference between harm reduction and the adoption of harm reduction as a public health model. And the impact of this misremembering of history has had some serious effects on drug policy and treatment provision, not to mention the poor long-suffering drug user.

There's lots of quotes on the nature and importance of history, ranging from Aristotle to George Santayana, but my all-time fave comes from Rudge in Alan Bennett's *The History Boys*. He's asked to define history to which he responds, 'History? It's just one fucking thing after another'. Hard to argue with that. The problem comes when you get those 'fucking things' – those events – in the wrong order. You get lost because those events are like a chain linking the past to the present and future. If you don't know your past, your future becomes even more hazy and at this time of changing patterns of drug use, harm reduction getting 'lost' is about the last thing drug users need.

I have nothing against Liverpool. It's a great northern city, but harm reduction wasn't created there and if we allow this orthodoxy to persist it can only damage the development of harm reduction. If we accept the orthodoxy we wipe out the centuries of harm reduction history and learning that came before. So who developed harm reduction over these centuries? Drug users! Harm reduction used to employ a peer-to-peer model – one user teaching another user how to use drugs and survive.

Now obviously, when the state adopted harm reduction (in desperation) in Liverpool in the '80s it was a generally a positive development, but the state-adopted model was fundamentally different to the old peer-to-peer model. For example, if I got my hands on some opiate or opioid I'd never come across before, back in the day, one of my peers would tell me the equivalent dose of drug so I could use and not overdose. I have never seen this done in modern state-run harm reduction, because giving dosage advice is not seen as appropriate.

In fact the old peer-to-peer model covered a lot of ground the modern version doesn't. How to make money, how to not be arrested, how to scam doctors. The reason for this is obvious, but worth stating – the modern version of harm reduction isn't really for drug users. Its aim is to protect society from drug users, and that's a very different beast.

This misremembering of history never ends well because history is the roots of the future. If we fail to remember harm reduction's past, its future looks bleak. Without an appreciation of the peer-to-peer based model and all it achieved, how can we evaluate or improve the state-sponsored model we employ today?

Patterns of drug use are changing rapidly. Different groups of people are using new and different drugs in new ways. We need a clear, focused philosophy of harm reduction to be flexible enough to cope with new challenges – the age of giving out works and condoms and a little education are long gone. The philosophy of harm reduction is still the best answer, but it needs to change and develop and for that to happen we need to learn from the past.

If we're not careful, harm reduction will morph from drug users helping each other to what – a means of state control? Business? The future is up to us. Let's not mess it up by forgetting the past.

Nick Goldstein is a service user

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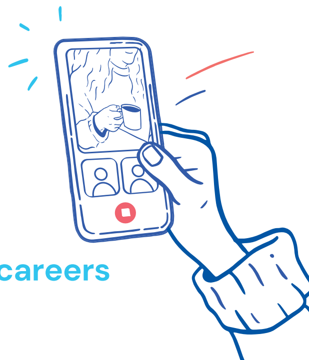

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