DRINK AND DRUGS NEWS ISSN 1755-6236 OCTOBER 2015

DDN

INSIDE

NNEF: reports from the frontline of harm reduction

Turning science into policy

Recovery month round-up

SAFEGUARDING IN TREATMENT SERVICES

EVERYBODY'S BUSINESS

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NEW FORMS, NEW RISKS

THE GROWTH IN POTENT CANNABINOID USE

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SAFEGUARDING IN TREATMENT SERVICES; EVERYBODY'S BUSINESS

BIRMINGHAM, 10 NOVEMBER 2015

ADFAM/DDN, SPONSORED BY CRI, SUPPORTED BY INDIVIOR

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Child safeguarding will always be a priority for everyone coming into contact with families facing substance misuse problems. This one-day event explores ways to improve multi-agency working, and combines practical advice and examples of best practice alongside policy updates.

THE PROGRAMME

9.00 - 10.00am: Registration, tea and coffee

Welcome: **Vivienne Evans**, Adfam

10.00 - 11.00am: **Rosanna O'Connor**, Health and Wellbeing Director, PHE: update on national policy. Emphasising that safeguarding is everyone's responsibility and the importance of multi-agency working.

Joy Barlow, former head of STRADA: 'healthy scepticism', what signs to look out for – aimed at general drugs workers and recovery workers. Defensible decision making, looking at how to keep both clients and their families safe.

11.00 - 11.20am: tea and coffee

11.20 - 1.00pm: Workshops of 45 mins, to be run twice, allowing everyone the opportunity to attend two of the four.

OPIOID SUBSTITUTE MEDICATIONS IN DRUG TREATMENT: TACKLING THE RISKS TO CHILDREN – **Adfam** and **Martin Smith**, Derbyshire Safeguarding Team. Alongside Martin Smith, Adfam will update the data from their April report, *Medications in drug treatment: tackling the risks to children*, as part of a workshop offering advice on training, strategy development and practice improvement for local authorities.

HOME VISITS/ASSESSMENTS – **Sue Smith**, National Safeguarding Lead, CRI. Working with families dynamically: tools for assessments and improving outcomes for both clients and their children.

WORKFORCE DEVELOPMENT – **Carole Sharma**, Chief Executive, FDAP. The need for a well trained workforce, and ongoing assessment.

MULTI-AGENCY WORKING: the challenges and opportunities – **Howard Woolfenden**, Assistant Director, Integrated Services Birmingham, and **Micky Brown**, Safeguarding Lead, Birmingham CRI. Provider and local authority giving their perspectives on partnership working, and looking at developing protocols and building pathways.

1.00 - 2.00pm: Lunch

2.00 - 3.30pm: Panel and closing session

A REAL-LIFE PERSPECTIVE – A personal story, highlighting why safeguarding is important and emphasising that, with the correct support, an individual can turn their life around.

THE PANEL – Using a 'question time' format the panel will address key issues from questions submitted through DDN magazine. There will also be the opportunity for comment and supplementary questions from delegates.

Panel participants: **Sue Smith**, CRI; **Judith Yates**, GP; **Max Vaughan**, Birmingham Commissioner; **Martin Smith**, Derbyshire Safeguarding Team; **Joy Barlow**, formerly STRADA.

CLOSE AND THANKS: **Vivienne Evans**, Adfam

DDN

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EDITOR'S LETTER

'The peer-to-peer route is working well to treat people with dignity and respect'

Our report from the Lisbon Addictions 2015 conference looks in depth at how science and research can translate into policy and practice and neuroscientists spoke of the 'many levels of ongoing research that are essential to understanding addiction and effective interventions' (page 10).

So what better way of looking at the new versions of cannabis than drawing on the experiences of 150,000 cannabis users, as Adam Winstock did in the Global Drug Survey? The data gathered has been used to develop peer-led harm reduction tools – and importantly, has raised the next set of questions we need to answer around behaviours, effects and public health (page 6).

The peer-to-peer route is also working well for the NNEF (page 16), which has created a directory of needle exchanges and a secret shopper project to make sure those accessing services are treated with dignity and respect.

Other observations you might find interesting from the Lisbon Addictions Conference are that for any change in behaviour to occur, three things had to be in place – capability, motivation and opportunity – and that 'spontaneous recovery was usually a reaction to outside events' and 'based on a range of external conditions'. What better way to show this than by coverage of recovery month (page 12), an inspiring demonstration of hope, belief and connection that shows why recovery communities are proving so effective at improving their members' outcomes.

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DRUG POISONING DEATHS HIT HIGHEST LEVEL EVER

LAST YEAR saw England and Wales register the highest number of drug poisoning deaths since records began more than two decades ago, according to figures from the Office for National Statistics (ONS).

There were 3,346 drug-poisoning deaths registered in 2014, almost 70 per cent of which involved illegal drugs. The figures came just over a week after Scotland also recorded its highest ever number of drug-related deaths for the same period (*DDN*, September, page 4).

Deaths involving heroin and morphine increased sharply between 2012 and 2014 – from 579 to 952 – while deaths involving cocaine also jumped dramatically, from 169 to 247 in the space of a year. Cocaine-related deaths have now increased for three years in a row, reaching an all-time high of 4.4 per million population. However, while England saw a 17 per cent increase in its drug misuse mortality rate – to 39.7 per million population – Wales saw its proportion drop by 16 per cent to 39.0 per million, the lowest figure for almost a decade.

In England, the north east had the highest mortality rate and London the lowest. As was the case in Scotland, most deaths occurred among older people, with the highest mortality rate in the 40-49 age group, followed by those aged 30-39.

Treatment charity Addaction said the stark figures meant the government now needed to rethink its proposed cuts in local authority health spending (*DDN*, September, page 4). 'Drug treatment services across the country have seen an increase in the number of people seeking help for opiates and/or crack cocaine, and this is only likely to increase further as the effect of increased opiate availability and purity is felt,' said chief executive Simon Antrobus. 'Meanwhile, the Department of Health are proposing a £200m reduction to the public health grant, which will hit the capacity of drug services commissioned by local authorities.'

The government needed to ensure local authority health spending was given the same amount of protection as that promised to NHS-commissioned services, he stated. 'The stakes are simply too high to do otherwise.'

Deaths related to drug poisoning in England and Wales, 2014 registrations at www.ons.gov.uk

'Drug treatment services across the country have seen an increase in the number of people seeking help for opiates and/or crack cocaine, and this is only likely to increase further...'

SIMON ANTROBUS

PENALTY POINTS

A new tool to instantly compare the penalties for drug possession and supply across Europe has been developed by EMCDDA. Searches can also be refined according to drug type, quantity and the 'addiction or recidivism of the offender'. *Penalties for drug law offences in Europe at a glance at www.emcdda.europa.eu*

BOUNDARY CHANGE

'Locally-led and coordinated' action is vital to support people with multiple and complex needs, according to a new report from the Institute for Public Policy Research (IPPR). Public spending on individuals experiencing problems like addiction, homelessness and offending is still 'largely reactive', says the document – preventative support would deliver better results and save money by avoiding duplication and the need for expensive crisis care. *Breaking boundaries: towards a 'troubled lives' programme for people facing multiple and complex needs at www.ippr.org*

BBV BOOST

A new briefing to support local authorities and drug services in reviewing their BBV prevention and treatment interventions has been published by PHE. *Preventing blood-borne virus transmission among people who inject drugs* draws together published evidence and guidance, as well as feedback from treatment services. *Available at http://bit.ly/1PPxxFq*

PRICING PROBLEM

THE SCOTTISH GOVERNMENT's attempts to introduce minimum unit pricing could breach EU free trade laws, according to an initial ruling by the European Court of Justice's advocate general. The move would only be legal if it could be proven that it was the most effective public health measure available, he stated. A final response is needed from the European Court of Justice before the case can return to the Scottish courts.

EMERGENCY INQUIRY

AN INQUIRY into the impact of alcohol-related incidents on the emergency services has been launched by the All Party Parliamentary Group on Alcohol Harm. Alcohol-related harm costs the NHS an estimated £3bn per year and puts intense pressure on services, particularly at weekends. A central objective of the inquiry will be to 'build a clear picture' of the time and resources lost to alcohol, said group chair Fiona Bruce MP.

AN INVOLVING DOCUMENT

A NEW GUIDE detailing the benefits of involving recovering drug and alcohol users in treatment design has been published by PHE. The guide sets out the different levels of user involvement, with useful examples of good practice. 'Those who have recovered from addiction themselves have the experiences, and often the expertise, to help others and can make an important contribution to the development of successful services,' said PHE's director of alcohol, drugs and tobacco Rosanna O'Connor. *Service user involvement: a guide for drug and alcohol commissioners, providers and service users at www.gov.uk*

GÖTZ GOES

ALEXIS GOOSDEEL has been appointed as the new EMCDDA director, the agency has announced. He takes up the position next January, replacing Wolfgang Götz, who has held the post since 2005. Mr Goosdeel has been at the EMCDDA since 1999, before which he co-founded Belgian harm reduction NGO Modus Vivendi. *Lisbon Addictions 2015 conference report on page 10*

Mr Goosdeel has been at the EMCDDA since 1999, before which he co-founded Belgian harm reduction NGO Modus Vivendi.

TRURO FESTIVAL CELEBRATES RECOVERY

A 'FESTIVAL OF HOPE' was held this month at Boscawen Park in Truro to celebrate the recovery successes of people in Cornwall.

The day, organised by Addaction volunteers and staff, was opened by Truro's mayor Cllr Lorrie Eathorne-Gibbons. To keep the crowds entertained, there was live music, good food and local stalls – as well as the opportunity to hear from people who shared their own stories of recovery and volunteering.

The event raised more than £1,000 for Addaction's Cornwall recovery cafés. One volunteer, Mat Wilkin, raised £500 himself by having his head shaved on the day.

The event raised more than £1,000 for Addaction's Cornwall recovery cafés.

'Failure to intervene early in life to tackle mental health problems and other challenges can have profound consequences for people throughout their lives'

DUCHESS OF CAMBRIDGE

DUCHESS OF CAMBRIDGE VISITS TREATMENT PROGRAMME

THE DUCHESS OF CAMBRIDGE visited HMP Send this month to see a RAPt addiction service in action.

The programme, based in a standalone women-only unit, is an intensive 12-step drug and alcohol programme. The Duchess heard personal stories from some of the women about their experiences with addiction and crime, and how the programme was helping them to overcome their addiction.

'I was reminded today how addictions lie at the heart of so many social issues and how substance misuse can play such a destructive role in vulnerable people's lives,' she said. 'I saw again today that a failure to intervene early in life to tackle mental health problems and other challenges can have profound consequences for people throughout their lives.'

RECOVERY FILM FESTIVAL DRAWS TO A CLOSE

THE RECOVERY STREET FILM FESTIVAL ended its nationwide tour in Sheffield on 26 September, after showcasing short films made by people in recovery to audiences across the UK to raise awareness of drug and alcohol problems.

The pop-up cinema event – organised by Addaction, Action on Addiction, Blenheim, Northumberland Recovery Partnership, Phoenix Futures and Turning Point – toured across Durham, Blyth, Manchester, Glasgow, London and Sheffield over two weeks during recovery month.

The aim of the festival was to reduce stigma surrounding drug and alcohol problems by showing the public three-minute films of personal accounts of addiction and how people's lives have changed. The top ten films entered into a competition run earlier this year were chosen by a panel of judges, with the top three entries winning £1,000 worth of prizes.

'The Recovery Street Film Festival has been a huge success and we received a great response from members of the public and people in recovery who volunteered to help run the individual events,' said Bob Campbell, Recovery Street Film Festival organiser. 'We hope the festival has challenged the public's views about people who have overcome addiction, and given hope to people who are currently being affected by problems with drugs and alcohol that there is possibility of a better future.'

PRIMARY SCHOOLS ASKED TO THINK AGAIN ABOUT ALCOHOL

DRUG AND ALCOHOL CHARITY SWANSWELL is asking primary schools to re-evaluate their relationship with alcohol at events such as school fetes and sports days.

Research by the charity suggests that around one in three primary schools in England are serving alcohol to adults at events aimed at children. Swanswell is calling for a change to licensing laws, so that any application from a primary school to serve alcohol at events aimed at children is refused. It is also asking schools to think again before gifting alcohol in raffles or allowing children to take in alcoholic end of year gifts for teachers.

SERVICE USERS OFFERED SUPPORT TO QUIT SMOKING

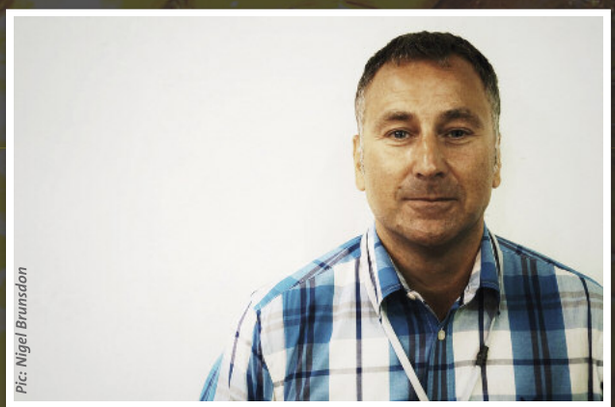
LOCAL PEOPLE IN RECOVERY in Doncaster are being offered support to help them quit smoking.

Staff from Doncaster Drug and Alcohol Service (DDAS), run by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), have been trained to give stop smoking advice and are working with individuals to try to reduce their risk of premature death.

A number of service users have already quit since the start of 2015, and DDAS is encouraging those who use its services to take part in the 'Stoptober 'challenge. DDAS will be offering support, as well as nicotine replacement, across all its Doncaster premises.

Gary Barker (left) and Mark Blandford (right) launch the Stoptober challenge across Doncaster drug and alcohol services.

REINVENTING CANNABIS



Pic: Nigel Brunsdon

Why are 'risky' and 'unpleasant' new versions of cannabis replacing the real thing? **Adam Winstock** shares findings from the Global Drug Survey.

For the last decade much about harm reduction for cannabis was pretty straightforward. Nothing much had changed apart from the dominance of high potency herbal cannabis and its association with higher rates of paranoia, memory loss and dependence.

Then a few years ago things changed with the reappearance and remarketing of hash oil and the emergence from underground laboratories of myriad synthetic cannabinoid compounds. Both have been driven by the potential for huge financial gain, with hash oil riding on the back of the legitimisation – through medicine – of cannabis and the convenient appearance of vaping technologies, and synthetic cannabinoids exploiting a gap in the market for an unregulated cheap 'stone' in the face of very expensive herbal cannabis.

Butane hash oil (BHO, also known as shatter, honey and wax) is a new potent form of cannabis with THC of 60-80 per cent (and varying levels of CBD) that has seen a huge rise in popularity in the USA in recent years, driven by a demand among those with medical conditions for preparations that could minimise smoking-related harms and facilitate easier consumption. So just like the synthesis of opium to morphine, the movement to create a stronger and more potent form of cannabis might have therapeutic value.

These concentrations might also carry harm reduction benefits (eg smoking less combustible product, promotion of oral use, less consumption of unwanted impurities), which could extend to the non-medical use community. The development of a more potent form of drug is often partnered with a more efficient route of delivery. In the case of BHO the rapid evolution in 'vape' technology has been the perfect accompaniment.

Global Drug Survey (GDS) has been researching the use of natural cannabis preparations and the emerging issues associated with synthetic cannabis products for the last five years. Since 2012 we have collected data from over 150,000 cannabis users and have used this huge pool of expert knowledge to produce a range of free, peer-led harm reduction and self-assessment tools. These include the cannabis drugs meter www.drugsmeter.com, where you can compare your use with 100,000 others; the highway code, www.globaldrugsurvey.com/brand/the-highway-code (the first guide to talk about the impact of various harm reduction strategies on risk and drug-related pleasure), and the world's first safe-use guidelines for cannabis at www.saferuselimits.com. All of these tools support our aim of making drug use safer, regardless of its legal status.

More than 2,500 users of BHO took part in GDS2015 and we found that BHO did indeed allow the use of non-tobacco routes of administration. Overall, most effects of BHO were reported to be stronger, last longer, and take effect more quickly than high potency herbal preparations. In terms of risks of dependence and withdrawal, most users reported little difference. As ever, it may be that the risks of harm rest in the unique interplay of drug preparation, individual user and their motivation for use.

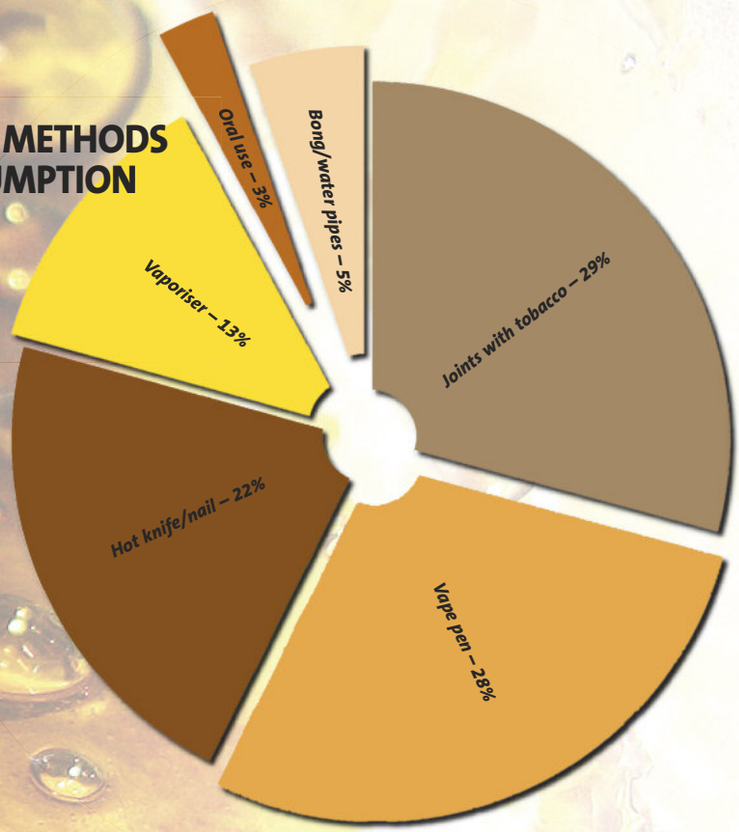
BHO is not the only potent cannabinoid product out there, however. GDS has been fascinated by synthetic cannabis and surprised at how such an 'unpleasant' drug has flourished. We've been researching them since 2010 and have found that synthetic cannabis (SCs) products are far less desirable (93 per cent prefer the real thing) and more risky than natural high potency weed, with the risk of seeking emergency medical treatment at least 30 times higher.

But this doesn't take account of the massive profits to be made in flogging a cheap high. With emergency room presentations in some US states exceeding that of traditional drugs, and many UK prisons reporting high rates of inmate use and severe complications, it is fair to say that SCs are going to be more than a little challenge to regulators, law enforcement and health providers.

Unlike THC, SCs are full receptor agonists – meaning that there is no ceiling on how stoned you get. Manufactured with varying quality control, dosing is with varying amounts of active product being found on each gram of inert herbal material. Many SCs are much more potent (sometimes hundreds of times more) than THC, and SC products contain no counter-balance such as CBD.

The laws of common sense and basic economic theory (there are

COMMON METHODS OF BHO CONSUMPTION



lots of natural weed supplies in the world) would suggest that the market for SC products should be dying. And yet they represent the fastest growing group of novel psychoactive drugs reported to international monitoring agencies like the EMCDDA. One reason is that when one set of synthetic cannabinoids is regulated, there's a whole truck full waiting to be dissolved in acetone and sprayed on damiana and lettuce leaf, dried, packaged and sold for huge profits with no need for elegant hydro set-ups, electricity and water.

But why is there still demand? Why use a less desirable product when a preferable one is usually available? At least in some cases, it will be to avoid workplace drug screens. Working in a prison, I know these products have had real currency, and the same could be said for those in transport, mining and other risk-critical areas. But it's not just avoidance of detection that can be an issue – it's also price, potency and bang for buck, because over the last decade, high potency weed has increased in price relative to other drugs in many parts of the world. At a mean price of around €10/gram (and most people getting three to four joints out of gram), pot smoking has become an expensive habit.

For some people, using a more potent but less desirable product might just be down to economics. I bumped into a guy in a head shop in London, who was buying 3gm of cherry bomb for £25. I asked 'wouldn't you rather smoke some nice weed?' 'Yeah,' he said, 'I'm a weed man, but I only get three spliffs from a gram. I can get 25 spliffs out of this. I use it to sleep – saves on my use of nice weed.'

Two minutes later in walked a mother in her mid-30s with her nine-year-old son: 'I'll have the usual – three blueberry bags please.' So it is out there and people are using it. And sometimes users end up in the ER room, agitated, sweaty, paranoid and psychotic.

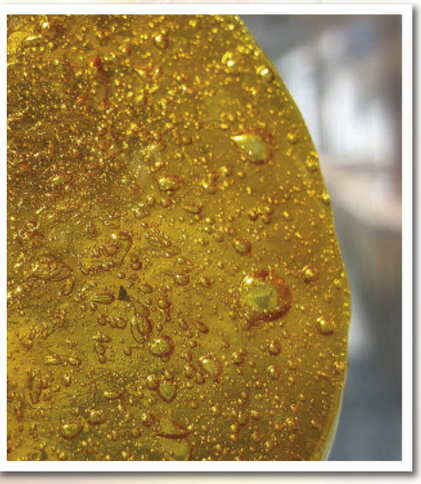
I also worry that, given all we know about the harms of early onset cannabis use impacting on the developing brain and increasing the risk of schizophrenia, use of SCs by young people might be a real public health issue. I have to remind them, 'before you try and expand your brain, you have to let it grow.'

This year GDS is continuing its assessment of synthetic cannabis products. We'll be looking at the risks of getting dependent, whether or not people get withdrawal, and whether vaporisers and potent new preparations are leading to a whole new range of health risks – or benefits.

Dr Adam Winstock is the founder of Global Drug Survey and a consultant psychiatrist, addiction medicine specialist and researcher, based in London.

To contribute experiences to GDS2015, visit https://www.globaldrugsurvey.com/GDS2015

More information at the GDS YouTube channel: http://bit.ly/1OBLjxW



BHO: QUESTIONS WE NEED TO ASK

Will the use of more potent forms of cannabis such as BHO lead to higher rates of dependence, unwanted psychological experiences and withdrawal?

Could the adoption of BHO in countries dominated by tobacco-associated routes of administration allow safer routes of use?

Could BHO broaden consumer choice and allow both medicinal and recreational cannabis users to obtain their preferred THC/CBD preparations?

Could the promotion of vaping technology attract cannabis-naïve users to try the drug?

Will BHO be more or less commercially attractive to dealers/manufacturers?

Should the risks of BHO production (explosions) support the public health dissemination of safer production methods avoiding the use of volatile solvents?

LETTERS AND COMMENT

DDN WELCOMES YOUR LETTERS

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

MARTEAU COMPLEX

We were shocked to see the title of a key article on the cover of last month's *DDN*, *Kill or cure: the dangers of diverted methadone*. *DDN*'s approach was more in keeping with a tawdry tabloid splash rather than its usually more balanced magazine. Dave Marteau's article (page 6) asks: is it time 'to reappraise our relationship with the life-saving drug methadone?' He says he will discuss the evidence and this is what we want to challenge.

He starts with how methadone reduces deaths by 50 per cent, reduces HIV infection and how it has been positively evaluated by NICE. Then it seems as if Marteau does not know that methadone and buprenorphine are very different drugs. It is no revelation that methadone is potentially more dangerous than buprenorphine. Thus they are in different legal classes and schedules – unusually a sensible use of the classification system. But simply saying methadone is more dangerous than buprenorphine is like saying insulin is more dangerous than oral hyperglycaemic drugs and therefore we shouldn't prescribe insulin.

He references the Auriacombe review of drug-related deaths in France between 1994 and 1998, which found buprenorphine was safer. This was when buprenorphine was first licensed and was first used in primary care and prescribed to people with less complex issues. This is a very important point. Many of us writing here are clinicians and have between us many, many years of experience. We will have cared for thousands of patients with drug problems and as a broad generalisation, the more complex, vulnerable, more likely to overdose and sick patients were settled much better on methadone and few of this group did well on buprenorphine. Keeping these patients in treatment is the most important thing – especially at the start. So using the medicine that does this most successfully is the obvious and right thing to do.

> 'Might the diverted methadone actually be keeping many people alive who aren't able to access treatment or couldn't manage daily supervision?'

In his own study on which this article is based, *The relative risk of fatal poisoning by methadone or buprenorphine within the wider population of England and Wales Marteau D, Macdonald R, Patel K. BMJ Open 2015; 5:e007629*, they used fairly simple drug-related mortality data from two sources but posed some complex questions. We feel there is not nearly enough data to make any recommendation on 'safe or unsafe' prescriptions from this paper. Marteau needs to recognise that the nature of methadone – or buprenorphine – related deaths is a very broad church and association does not necessarily imply causation in all cases.

It is also an area where reporting bias may feature. In the Bell study there were 60 sudden deaths positive for methadone (32 in treatment) and seven buprenorphine-positive decedents (none in treatment). Most out-of-treatment deaths occurred in people with known histories of drug misuse, so is this a failure by drug services to engage with people? Might the diverted methadone actually be keeping many people alive who aren't able to access treatment or couldn't manage daily supervision? Also, isn't it possible that those who were in treatment were inadequately dosed and self-treating with street methadone? It's notable that the average dose of methadone across the six years of the Marteau paper was 46.6mg per day, way below the accepted therapeutic dose – what part did this play?

Using a single study, which like any academic paper has weaknesses as well as strengths, to suggest blanket recommendations on policy is indefensible. It's a sensationalist, self-aggrandising approach that does an enormous disservice to public health. Methadone has many complex issues but it is a medication that has saved many lives in this country and around the world and continues to do so. Of course the issue of diversion is important and should be dealt with, but this article is at the very least unhelpful, and at the worst dangerous, particularly in this climate of rising poverty, social exclusion and drug-related deaths.

We implore Marteau to think seriously about the limitations of his paper before recommending potentially dangerous and unjustified policy changes.

Dr Chris Ford, clinical director, IDHDP; Dr Euan Lawson, deputy editor, British Journal of General Practice; Dr Clare Gerada, GP and ex-chair RCGP; Dr Judith Yates, GP and chair IDHDP; Dr Roy Robertson, professor of addiction medicine, Edinburgh; Dr Garratt McGovern, specialist GP, Dublin; Niamh Eastwood, executive director, Release; Dr Icro Maremmani, president, World Federation for the Treatment of Opioid Dependence; Dr Alex Wodak, emeritus consultant, Alcohol and Drug Service, St Vincent's Hospital, Australia; Dr Robert Newman, director, Baron Edmond de Rothschild Chemical Dependency Institute, US; Joycelyn Woods, executive director, National Alliance for Medication Assisted Recovery, US; Dr Jasna Cuk Rupnik, MD, Center for Prevention and Treatment of Addiction of Illicit Drugs, Slovenia; Professor Barbara Broers, vice-president of the Swiss Society of Addiction Medicine; Dr Herman Joseph, NAMA, US

DAVE MARTEAU RESPONDS:

I am reassured that experts now all seem to agree that methadone is more dangerous than buprenorphine. The published evidence to date indicates that it is around five times more lethal. Again, all seem to agree that methadone diverted from the treatment system is the main source of these tragedies. A total of 2,366 of our fellow citizens dying with methadone in their systems in just six years is hundreds, if not thousands, too many.

I have already given my views on this very important subject, so I (and I imagine *DDN*) would welcome the thoughts of other readers.

DDN is a non-partisan forum for debate and all views are welcome. Editor

RED ALERT

I work in an emergency accommodation facility, and I recently completed a two-day trainer course on naloxone. Now we have been told we cannot store naloxone on the premises – neither will they fund a kit for myself! Red tape gone mad... again!

Jim Kirkwood, Glasgow

To find out more go to:
www.drinkanddrugsnews.com

ON THE SAFE SIDE

We mustn't be afraid to engage with parents about sensitive safeguarding issues, says **Kevin Crowley**

AS A SOCIAL CARE AND HEALTH CHARITY, CRI works with individuals, families and communities across England and Wales affected by drugs, alcohol, crime, homelessness, domestic abuse, and antisocial behaviour.

Working with this at-risk group of people, it is imperative that certain safeguards are observed. Service users who seek our help are often in an extremely vulnerable position and may need support with not only the physical effects of substance abuse, but with the effects it can have on their lifestyle, family and professional lives. Our priority is to always help service users create a safe environment, which will ultimately help their recovery process.

Safeguarding particularly applies when the service user is caring for children. As an organisation, CRI has a shared responsibility to ensure that the children of parents struggling with alcohol or substance misuse are safe and protected. While we can never completely eliminate risk, we put our energy and resources into reducing it as much as possible.

A key concern for these often vulnerable children is to limit, as much as possible, exposure to substances. At CRI, we treat heroin-dependent service users with opiate replacement medications which are by their nature potentially dangerous drugs. Any service user who is given methadone, for example, will be provided with a safety-locked box that will prevent children from directly accessing it. Staff conduct home visits, starting from as close to the initial distribution as possible. A vital aspect of these home visits is to ask questions and not make assumptions, as well as educating parents on the risks posed to children around medication. Frontline staff are trained to use their expertise and professional initiative to assess the home environment of a child.

We work with multiple organisations across the social care sector, including local authorities, police, and social services, to provide a well-rounded and holistic care system. Collaboration and communication is key to giving parents the best possible support, ensuring that separating a child from its parents will only ever come as a last resort. As a drug and alcohol rehabilitation charity, we support parents with substance issues but will always work with or refer cases to other organisations, should their expertise be better placed.

> 'In an ideal world we would reduce risk to zero, but as we are often tragically reminded, in the real world of recovery this is not possible.'

Our safeguarding approach at CRI is to do everything we can to minimise risk. In an ideal world we would reduce risk to zero, but as we are often tragically reminded, in the real world of recovery this is not possible. A fundamental principle is working with our service users and other professionals openly and collaboratively, and not being afraid to engage with them on risk and safeguarding issues. Welfare of their children is not only paramount for us but for the vast majority of parents in recovery.

Kevin Crowley is executive director of quality, governance and innovation at CRI

Experts on safeguarding will be speaking at a national conference in Birmingham on 10 November, presented by Adfam. Details and booking at www.drinkanddrugsnews.com

MEDIA SAVVY

The news, and the skews, in the national media

LAWS AGAINST SMOKING have irreversibly shifted attitudes. The same drive is needed for alcohol consumption. The police, magistrates and judges must insist on rehab for alcoholics as they do for drug addiction. And finally, while the NHS must care for those already addicted, it needs to get tougher on those who won't stop drinking till they are blotto. Inform their employers or the benefits office. Show them there is no such thing as a free bed. Shifting a culture is not easy but it can be done.
Yasmin Alibhai-Brown, *Independent on Sunday*, 6 September

THE [CHARITY] SECTOR is crying out for rationalisation through merger. It's been talked about for years; but the holier-than-thou approach many charities take to their cause, combined with their ad hoc back offices, means that there's little motivation to develop in this way... We need a Big Bang in the sector, with potential and existing charities required to justify why they are not joining others sharing the same purpose.
Matthew Patten, *Telegraph*, 3 September

PEOPLE REFER TO OUR CULTURE as 'alcogenic'. It isn't, it is alcophiliac. Drink is not merely the socially acceptable addiction, but the socially approved fix. Alcohol is how our society detaches itself from stress, be it the angst of work or parenthood. It is how it celebrates and mourns, marks the holiday and the everyday. Millions of people – like me – come under the category 'functional alcoholic', as if the 'functional' somehow negates the disease.
Hannah Betts, *Telegraph*, 14 September

THE DEBATE ON MINIMUM PRICING for alcohol will now switch from the courts to the academic arena and the researchers will be asked to provide the proof of the policy the government wants to implement. When a government looks to academia to provide evidence for its favoured policy we should all be uncomfortable. Universities love government funding – they depend upon it. So the temptation will be to accept the government's largesse and to deliver the findings the government wants to hear. Only in this case, the audience will not be sympathetic Scottish Government ministers, but sceptical European legal experts.
Neil McKeganey, *Scotsman*, 7 September

A MOTHER WHO PAID £300 for a dozen packets of cocaine as a birthday present for her daughter's 18th has been spared jail. Nicola Austen, 37, with six previous drugs convictions, expected to be sent to prison and turned up at Maidstone Crown Court with an overnight bag. But the judge gave her a suspended sentence and community service because she is a 'carer' for her 14-year-old son and her elderly grandmother. Run that by me again. A woman who buys cocaine for her teenage daughter is spared jail because she is considered a suitable person to look after a 14-year-old boy? Am I missing something here?
Richard Littlejohn, *Mail*, 11 September

THE APPLIANCE

The first pan-European multi-disciplinary conference on addictive behaviours looked at how science and research can translate into policy and practice. **DDN** reports

'ADDICTIONS, ABOVE ALL, ARE A HEALTH PROBLEM – but they can't be solved by health interventions alone,' state secretary to the Portuguese Ministry of Health, Fernando Leal Da Costa, told delegates at the opening session of *Lisbon Addictions 2015*. Portugal's groundbreaking policy of decriminalising personal drug possession was one that other countries could learn from, he said. 'We acknowledge that it's not perfect, but we do believe that it's a sensible and rational approach.'

The policy had been fully monitored and the plan was now to further develop it in cooperation with other Portuguese-speaking countries, he said – 'a way to expand our interventions'. However, Portugal was struggling with the reintegration of people who'd had drug problems, particularly in terms of employment opportunities in the current economic climate, and was aware that more needed to be done in terms of prevention. 'Much more also needs to be done, Europe-wide, on the issue of alcohol,' he stated. 'We need to revisit the alcohol strategy in terms of the whole continent.'

Even defining addiction could present problems, said Robert West of University College London. 'It's a complicated subject, with a lot of different components. But we do know that it arises out of learning, which means there's a huge overlap between neuroscience and behavioural science.' The question was how to get the best return on investment – not necessarily in monetary terms, but in terms of benefit to society, he said.

There was a tendency for people in the field to compartmentalise their favourite model of addiction, he pointed out, whether that related to 'reward, self-medication, relief from withdrawal, habit, acquired drive' or other models. 'All of them have some validity, and in terms of interventions we can educate, persuade, coerce, incentivise, enable, restrict and more. They're broad-brush things, but all will be relevant at some point.'

For any behaviour to occur, three things had to be in place, he said – capability, motivation and opportunity. 'So if we do ever manage to crack the problem of addiction, that would be quite a scary thought – it means someone will have a very powerful behaviour-change tool at their disposal.' Policies and interventions could be informed by neuroscience, he said, and it was now time for a 'major review of the research strategy underpinning the approaches we take to combatting addiction. I don't mean a bunfight about where the money goes – just an analysis of how we do it.'

'There are many levels of ongoing research that are essential to understanding addiction and effective interventions,' added neuroscientist Marina Picciotto of Yale University. 'But we do need research that determines the efficacy of the interventions out there.' One example was Alcoholics Anonymous, she told delegates. 'Are there options that aren't being used because there's this dominant paradigm?'

Neuroscience research had permeated the study of addiction, and public policy, to the extent that it was now 'practically invisible' she said, and had been highly successful in developing new interventions. 'It can identify the primary molecular targets for drugs of abuse, as well as defining circuits, neurotransmitter systems and the really long-term changes that can explain cue and use and so on. It's even defined the exact molecules in the brain that nicotine binds to.'

However it was important to remember that neurobiology and holistic approaches were not mutually exclusive, she stressed. 'We do need hybrid neurobiological and behavioural interventions based on what we know about neural systems, and we need to get beyond the "one pill will fix it" philosophy.'

'The world is a very complicated place,' agreed Robert West. 'It's about finding the right angles to approach things from.'

On the issue of whether treatment was even the correct first response to addiction problems, Mark Kleiman of UCLA's Luskin School of Public Affairs told the conference that 'most people who use habit-forming substances do not go on to form bad habits, with the exception of nicotine. With all other substances, rates from initiation to problem use are low. Addiction is not a characteristic property of the use of addictive materials, and I'd also say that most people recover spontaneously – that is, without formal interventions.'

However, spontaneous recovery was usually a reaction to outside events, he stressed – 'getting a job, pressure from loved ones, things like that. Most people who seek help do so through voluntary self-help programmes such as AA, and the outcomes tend to be just as good as paid treatment. So

'We have to show that there's a positive impact on society or the economy... to improve the supply of evidence – but that tends to ignore the importance of other factors. It's very often a long game.'

LINDA BAULD

OF SCIENCE

if you're a clinician the people you're going to see are those who didn't recover spontaneously. But spontaneous recovery is based on a range of external conditions, so we need to make sure the right external conditions are in place.'

This was very different from addiction being a chronic relapsing disorder, he argued, 'so when we require treatment of someone who's been arrested for drug possession, for example, we're making a mistake that can start a cycle of unjustified and ineffective punishment. Involuntary treatment should not be a first resort, as it is in too many cases. If one definition of addiction is to continue to use in the face of adverse circumstances – for example, very intense enforced treatment – then your diagnosis is made. In the US a very large percentage of people with drug problems are under criminal supervision.'

However, the outcomes of treatment were 'multi-dimensional', he said. 'One way to think about treatment is to think about the other problems that people have – treatment should be measured by overall outcomes, not just drug outcomes. The goal should be achieving the best available outcomes for people with substance problems, and the people around them, by whatever means.'

'Do we need treatment as a first response? Yes,' countered Gabriele Fischer of the University of Vienna. 'It reduces deaths, reduces use, reduces HIV and HCV risk and saves money. Some say, "why spend the money when people relapse?" Well, relapse isn't limited to drug treatment – it also applies to the treatment of chronic conditions like diabetes, asthma, hypertension. And when people talk about dependence on methadone, remember that people are also dependent on drugs for diabetes, asthma, hypertension. What's unique in our population is the percentage of people who are ending up in the criminal justice system.'

In terms of whether those polices would change, Mark Kleiman told the conference that, 'I'm sure cannabis will be fully legalised in the US in ten years. But I'm only moderately happy about that. If you were going to pick a country to legalise cannabis in you wouldn't choose one where the courts had ruled that any legal activity can be advertised and promoted without limits. I think we will lurch from prohibition – which admittedly doesn't work – to the most extreme version of legalisation, and you only have to look to alcohol to see the model for what we'll have.'

'Science is very good at identifying emerging problems, and it can also suggest new polices and determine whether existing policies are working. But it can't tell us what we care about... You can't fund every-thing. Just because we're experts in science doesn't make us experts in government.'

KEITH HUMPHREYS

When it came to whether academics should even try to influence policy, views varied, said Linda Bauld of the University of Sterling. 'It's very context-specific, and we have to show that there's a positive impact on society or the economy.' A great deal had been written about the gaps between research and policy, she said, and addictions research often responded to policy ambiguity by 'trying to improve the supply of evidence – but that tends to ignore the importance of other factors. It's very often a long game.'

Alcohol policy was a case in point, she said, where research findings came up against the power of the drinks industry, government indifference, media hostility, low levels of public awareness and other factors. 'So research alone isn't enough, but being an advocate for the evidence certainly helps.'

Research into new psychoactive substances (NPS), however, had helped to both inform policy and practice and challenge myths, said Felix Carvalho of the University of Porto. 'Those myths included that NPS are safer than street drugs, contain fewer contaminants and are associated with lower health risks – general addiction pathways are the same.' However, researchers tended to publish their findings in scientific journals, he said. 'And politicians don't read those. So we do need the mass media.'

Things had changed dramatically for people with addiction issues in the US over the last few years, said former White House 'drug czar' Keith Humphreys, now at Stanford University's School of Medicine (*DDN*, June 2012, page 16). The 2010 Affordable Care Act – or 'ObamaCare' – had defined mental health and substance use as an 'essential healthcare benefit', as well as allowing parents to keep their children on their private insurance plans until the age of 26 – and 'almost all substance use problems have an onset early in life,' he said. 'So access to, and insurance coverage for, substance treatment has never been better in the US.'

This meant the law was driving the integration of previously ghettoised specialities into the mainstream, 'where they belong', he said. 'But is science supposed to define policy by itself? Science is very good at identifying emerging problems, and it can also suggest new polices and determine whether existing policies are working. But it can't tell us what we care about.' Ultimately, politicians had to make value judgements, he said. 'You can't fund everything. Just because we're experts in science doesn't make us experts in government.'

The main routes through which findings eventually translated into policy were media coverage, professional and grass-roots organisations, scientists engaging the bureaucracy – both formally and informally – and scientists in policy-making roles themselves, he said.

'US healthcare policy around substance use has changed dramatically. Scientists did not cause that to happen – they shouldn't expect to, and no one should expect them to. But when you have political will combined with good research and evidence – that's when you can really make a difference.'

RECOVERY ROUND-UP

Throughout September, thousands of people across the UK got together to celebrate recovery – with fund-raisers, festivals and plenty of fun. **DDN** gets a glimpse of some of the action.

GETTING STRONGER

With more recovery events taking place than ever before, UKRF founder Alistair Sinclair looks at why UK recovery month is going from strength to strength

ON 1 SEPTEMBER 2013, around 100 folk climbed Snowdon to mark the beginning of the first UK recovery month. While recovery month has been celebrated in the US for many years, and the UK recovery walks started with a memorial walk in Liverpool in 2009, 2013 was the first year we saw a range of recovery activities all over the UK in September. There were 49 events in 2013, and 2014 saw 102. This year, we're aware of 166.

Recovery month 2015 kicked off in Manchester at the seventh national UKRF event, where around 250 UK activists gathered to explore the role of recoverists in an 'age of dislocation'. Thousands of people made recovery visible at recovery walks, around 26 of them across the UK – including walks in Dublin, Glasgow and Durham.

Other communities held family fun days, music festivals, dance events, film nights, harm reduction cafés, plays, sports events, workshops and unity days. One recoverist, Lexi West, set off to climb to Everest Base Camp to raise funds for recovery communities and plant flags for the fallen.

The variety of events in recovery month and the passion behind them was incredible and inspiring. It was a month dedicated to community building and hope. The UKRF believes we all need a month like this – highlighting our similarities as human beings, the core values that connect us and the belief that we can, all of us, recover.

www.ukrf.org.uk

WALK THIS WAY

The UK recovery walk has just completed its seventh year on the trot. Its founder Annemarie Ward talks about how it's kept up momentum

THIS YEAR, the annual UK recovery walk was held in Durham, writing another chapter in the history of addiction recovery in the UK. At the recovery, spirituality and families conference in Durham Cathedral the day before the walk, and during the walk itself on Saturday 12 September, we went some

RECOVERY MONTH...RECOVERY MONTH...

Read the reports, see the pictures:
www.drinkanddrugsnews.com

INSIGHTS

'We all need a month like this – highlighting our similarities as human beings, the core values that connect us...' ALISTAIR SINCLAIR

'We have celebrated greater unity in strength and experienced greater strength in unity...' ANNEMARIE WARD

way in challenging the social stigma attached to addiction. The UK recovery movement has matured further this year. As in our personal recovery, masks of arrogance and intolerance give way to greater humility and acceptance, and as a movement overall we have celebrated greater unity in strength and experienced greater strength in unity.

There have been many people who have worked tirelessly to make sure recovery month events went off without a hitch. It's fantastic to see it go from strength to strength. With the conference and the walk in Durham this year, many of the people of the north east got to know, see and feel what recovery is.

As a charity, we are grateful for that, and even more so for how the people of the north east worked with, cared for and loved us. Our sincerest gratitude goes to every single person who played a role in international recovery month.

GOING FOR GOLD

Neil Firbank of New Beginnings recaps the activities of this year's recovery games

WOW, did this year's games really exceed our expectations! We knew, based on the last one, that it would be popular, but I never expected that 25 teams would turn up on the day. That meant in total around 400 competitors took part, battling against each other in a wide variety of events.

The games drew around 300 spectators, from family members and the local community, who were all amazed at the message we were spreading, and hopefully went some way to reducing the stigma faced by those taking part.

The original idea for the games came from watching how the Olympics 2012 really pulled everyone together and ignited a community spirit. I wanted to organise an event that somehow captured that, and showed people that we do get better – that you would never believe that the person next to you could ever have had issues with substances. It also had to be fun.

Eventually, the games drew to a close with five teams facing each other in a grand finale of didicar time trial racing. Active Recovery from Scunthorpe came away the overall winners, and took away the coveted recovery games shield.

The games turned out to be a fantastic day, and we managed to raise over £500 for Aurora, a local cancer respite charity. Watch this space for next year's recovery games – it can only get bigger and better.

www.drughub.co.uk

RECOVERY MONTH...RECOVERY MONTH

INSIGHTS

'We do get better... you would never believe that the person next to you could ever have had issues with substances.' NEIL FIRBANK

'The recovery festival... celebrates recovery from addiction... bringing people together to share their strengths, hopes, achievements and, most importantly, their talents.' JACK HALL

MOVING FORWARD

FORWARD LEEDS staff, volunteers and service users also attended the UK recovery walk to meet and connect with the local recovery community. The walk led crowds through the city centre, past Durham Cathedral, and provided live music, stalls and activities – as well as a performance by the UK recovery choir and rap artist Ben SoS Riley.

The Le Tour de Recovery also joined the walk, after cycling to Durham from Leamington Spa. The ride raised money for UK FAVOR, as well as awareness for the importance of communities sustaining recovery.

FESTIVAL FEELING

Jack Hall of Bristol Drugs Project shares what went down at the third recovery festival

THIS YEAR'S FESTIVAL captured its biggest audiences ever, with attendees from recovery communities across the south west.

Established in 2013, the recovery festival is a free annual event that celebrates recovery from addiction by bringing people together to share their strengths, hopes, achievements and, most importantly, their talents.

This year's festival featured an array of local musicians, as well as fantastic performances by Bristol's recovery choir Rising Voices and the Bristol Drugs Project theatre group. Topping the line-up were guest speakers Annemarie Ward, founder of the UK recovery walk, and Tony Mercer of Public Health England.

The day featured a selection of great food and refreshments, as well as alternative therapies, taster support groups, and the opportunity to browse the stalls of local communities and services to find out what opportunities are available to people thinking about treatment, or in recovery.

www.therecoveryfestival.co.uk

POST-ITS FROM PRACTICE

'We are trained to ask difficult and/or embarrassing questions, yet so often we don't..'

A BREATH OF FRESH AIR

Sometimes the drug or alcohol problem isn't obvious, says Dr Steve Brinksman

MARCO RARELY CAME TO THE SURGERY. He was a 44-year-old restaurant owner with two young children but on a routine screen had been picked up as having high blood pressure. He had been given advice to lose a little weight and exercise more, but this made no significant difference. He was started on an anti-hypertensive and his blood pressure improved; but 12 months later it was up again, and as he was adamant he was taking his medication every day, a second drug was added in.

Three months later one of our registrars noticed his blood pressure was again poorly controlled. Rather than add in a third drug she decided to discuss this with me as part of her learning portfolio.

We went through his notes. He had been overweight but his body mass index (BMI) was now 26, so this was unlikely to be a significant factor. He had stopped smoking when his first child was born seven years earlier, his renal function was normal and no significant past medical history was recorded. I asked her if he drank alcohol. 'I'm not sure,' she said and indeed nothing was recorded in his notes about alcohol consumption. I explained that excessive alcohol use was a major factor for hypertension and cardiovascular disease.

He was due for review the following week and after this we caught up. He had told her he drank a bottle of red wine every day, as it was good for his heart! She had explained to him about the effect alcohol has on high blood pressure and cardiovascular disease and he had been shocked by this. He decided to try and cut his alcohol down rather than take a third medication. His blood pressure improved over the next few weeks and it was possible to stop one of his tablets.

I was the next person to see him and this time his blood pressure was within the normal limits while he was still taking a single drug to control it. He told me he had reduced his alcohol to half a bottle one night during the week and half a bottle each day over the weekend.

I wonder how many patients have physical and mental health problems related to their drug or alcohol use that pass unnoticed because a health professional doesn't ask. We are trained to ask difficult and/or embarrassing questions, yet so often we don't.

As part of our commitment to improving the treatment of alcohol users, SMMGP have launched an online training module about the community management of alcohol use disorders which can be completed free of charge at www.smmgp-elearning.org.uk

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

The British Psychological Society Approved

BPS Approved 8 days Certificate Course in Third Wave CBT

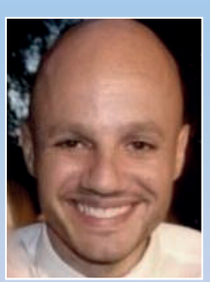
3rd Wave CBT Certificate

The Certificate in 3rd Wave CBT is an intensive 8 day course spread over 4 months combined with a unique online overview presentation. It is taught by significant figures in the field who have both extensive theoretical knowledge and practice experience.

The course links Acceptance & Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT) and Compassion Focused Therapy (CFT) through the linking theme of Mindfulness in its various forms.

A wide range of learning techniques will be used during the course of the Certificate. There is also the option of engaging in this Certificate through **Interactive Webcast** anywhere in the world as well as through live participation at the BPS in London.

We always aim to provide you with the highest standards of training to enable you to immediately put your learning into practice.



Course Structure:

Online overview	**Paul Grantham** **Consultant Clinical Psychologist**
Mindfulness **12-13 Jan 2016**	**Dr Fiona Kennedy** **Consultant Clinical Psychologist**
Acceptance & Commitment Therapy (ACT) **11 - 12 Feb 2016**	**Dr Nuno Ferreira** **Lecturer in Clinical Psychology**
Compassion Focused Therapy (CFT) **15 - 16 Mar 2016**	**Dr Chris Irons** **Director - Balanced Minds**
Dialectical Behaviour Therapy (DBT) **19 - 20 Apr 2016**	**Dr Fiona Kennedy** **Consultant Clinical Psychologist**

VENUE: BPS Offices, London OR via Interactive **WEBCAST**

LIVE WEBCAST

Book at: www.skillsdevelopment.co.uk

More harm reduction at:
www.drinkanddrugsnews.com

Matt Johnstone brings harm reduction news from the annual NNEF meeting

THE NATIONAL NEEDLE EXCHANGE FORUM (NNEF) held its annual meeting in Birmingham last month. The meeting brings together members of the NNEF to present the latest news and updates on harm reduction for needle exchange workers, harm reduction advocates and service users, with a number of exhibitors including Frontier and Exchange Supplies displaying the latest products for needle exchange programmes.

There were presentations on the latest developments on naloxone and updates from Public Health England (PHE), as well as updates on the work of the NNEF over the past year. Alongside some of the presentations there were overdose and naloxone training sessions, delivered by NNEF deputy chair Philippe Bonnet and Kevin Jaffray.

NALOXONE CHANGES 'JUST A START'

The morning sessions focused on updates and changes to legislation regarding the provision of naloxone. Kirstie Douse from Release presented the legal implications of the changes, highlighting that the new regulations are a good start but don't go far enough as there is still no national programme or requirement to provide naloxone, resulting in a postcode lottery.

Nigel Brunsdon spoke about practical ways to embed naloxone provision into services, showing the importance of developing protocols and policies as well as working with local partners to raise awareness.

'When it comes to starting naloxone within your service, it is so important not to let the development of paperwork be a barrier to getting started,' he said. 'However we do need to monitor the programmes to evidence the effectiveness to others, as well as working with commissioners at all levels to make naloxone provision a key performance indicator.'

POLICY UPDATES

Speakers from PHE and the Home Office provided the latest news from public health. Among them were Viv Hope who outlined the recent emergence of mephedrone injecting in the UK from the unlinked anonymous monitoring survey (UAM) among people who inject drugs. He highlighted that 'there are higher levels of risk and infections among those who have injected mephedrone, with one in 12 among survey respondents having injected mephedrone within the last 28 days.'

'INTERVENTIONS NEEDED'

Katelyn Cullen from PHE drew insights from the UAM survey into neck injectors, outlining that interventions are required to improve injecting technique and reduce misconceptions around this practice.

There were also updates from the Home Office with David Ryan-Mills looking for services to get involved with their plans to evaluate foil provision in England.

NNEF DEVELOPMENTS

Jamie Bridge, chair of the NNEF, gave an overview of the work completed by the NNEF within the past year, including the creation of a directory of all the needle exchanges in England following the Freedom of Information request to 152 directors of public health.

'NICE guidance recommends that directors of public health ensure that services are commissioned to deliver a range of generic and targeted needle and syringe programmes to meet local needs,' he said. 'Without a central database or map of exchanges, it is difficult to assess the implementation and coverage of NSPs.'

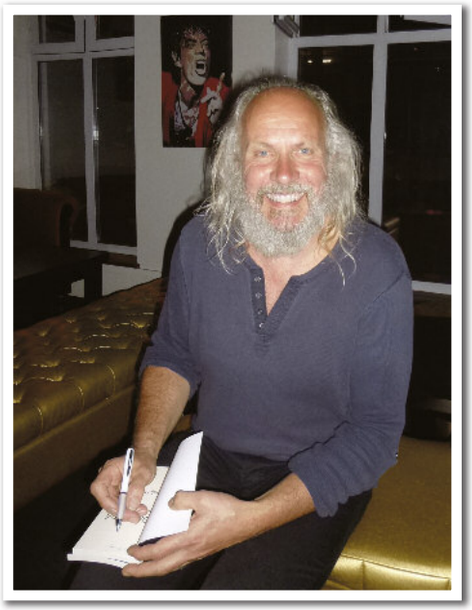
As deputy chair of the NNEF, I launched the 'secret shopper' project to assess the service offered by NSPs within drug services and pharmacies. The main aims are to assess the availability of access to clean injecting equipment, and whether people accessing NSPs are treated with dignity and respect.

> 'It is so important not to let the development of paperwork be a barrier to getting started...'
> NIGEL BRUNSDON

The NNEF is currently recruiting service users, service user groups and harm reduction advocates to become secret shoppers to find out what is happening in the real world.

The day finished with keynote speaker Sara McGrail, who gave an inspirational presentation on what the increase in drug-related deaths might be telling us about our drug treatment system. Highlighting the concerns for the sector with the de-prioritisation of harm reduction, changes in the culture of drug services in England as well as the impact of service commissioning and recommissioning every few years, she called for the 'urgent and focused thematic CQC review of service and commissioning, including contracts in those areas which have the highest rises in opiate-related deaths.'

For more information about the presentations and to join the NNEF (membership is free) visit www.nnef.org.uk
Matt Johnstone is deputy chair of the NNEF
Pics by Nigel Brunsdon



In Search of the Ancients
A quest to find the spiritual source of the English nation on the paths of Albion... and the best ale houses on the way
Andy Stonard, published by Quartet Books. Available on Amazon

ANCIENT EVENINGS

DDN regular Andy Stonard pens an entertaining tale of ancient history and middle-aged mayhem

FROM AN IMPROMPTU PLANNING SESSION in his regular hostelry, via some of London's more obscure bookshops, Andy Stonard invites you to join him and his friends on a tour of Britain's ancient monuments... and public houses.

In a very different publication to his last book on alcohol harm reduction, *A Glass Half Full*, this latest offering is a light-hearted ramble recounting tales from road trips that took him to some of the UK's oldest historic sites.

With school history lessons leaving them with only a loose knowledge of pre-Roman history, Stonard and his group of regular Wednesday night drinking buddies set out on a quest to find out more about the ancient civilisations of this island. With a narrative that weaves between the Council of Nicea in 325 AD, the last ice age 10,000 years ago, and Everton football teams of the '80s, this book educates and entertains in equal measure.

Often battling farmers' efforts to hide footpaths and rights of way, their own sometimes inept map reading, and several ale-induced hangovers, the friends visit the world famous Stonehenge and several lesser-known examples of the architecture of ancient Britain in order to broaden their understanding of who the ancients really were.

Peppered with interesting, well researched facts and information on pre-history, as well as entertaining discussions from the meaning of life to fish-related bands – Pike and Tuna Turner – this book will provide an insight into both ancient history and the working of the minds of the modern middle age man. For those who have met Andy, this book will bring back memories of nights out and anecdotes told. For those who haven't, don't miss this chance to get to know him.

Andy Stonard was a social worker and former head of Rugby House ARP (now part of Phoenix Futures). He lives in France and spends his time writing and organising events.

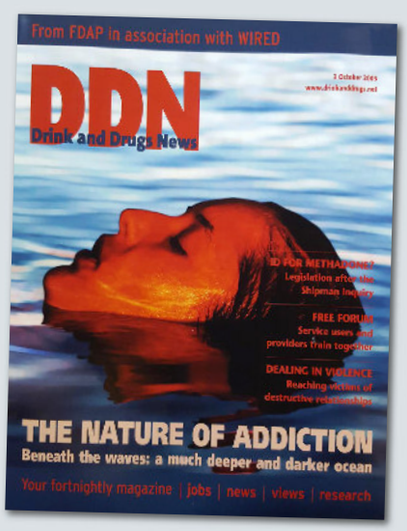
A DECADE OF DDN

In October 2005 William Pryor, 'ex-heroin addict, writer, film producer and entrepreneur', introduced his concept of 'unhooked thinking'

THE ADDICTION INDUSTRY IS AN ODD ENTERPRISE because it is concerned with a shell, a mythology, a drama of symptoms, not a thing in and of itself. It is not an illness that can be caught or inherited. Addiction is the map, not the territory. When I was a junky, I learnt to present addiction, to be labelled an addict, because what lay beneath was too difficult, too unacceptable to express or deal with.

So medicalised has become our inner life, so distanced and handed over to figures of authority, that we find it hard to go beyond the map to find the territory within ourselves. So we have this burgeoning industry of carers, doctors, social workers, psychologists, policemen, gaolers and therapists all spending vast amounts of time and money on 'solving' the 'problem' of 'addiction', when this 'solving' is, in fact, no more than a metaphysical bandaid.

Yes, the mythology of addiction is so entrenched, so powerful, that we have to deal in the apparent and pressing reality of the miseries of addiction, but the more it gets treated, the more policies are developed, the tighter the grip of the mythology. As Virginia Woolf wrote, no doubt in reference to her own mental affliction: 'On the outskirts of every agony sits some observant fellow who points.' The addiction treatment industry is pointing in the wrong direction.



'So medicalised has become our inner life, so distanced and handed over to figures of authority...'

DDN back issues are available to search and read online at www.drinkanddrugsnews.com

DDN

SAVE THE DATE

NATIONAL SERVICE USER INVOLVEMENT CONFERENCE

25 February 2016

Birmingham

Alcohol Concern

Promoting health; Improving lives

Annual Conference

17th November 2015

The Impact of Alcohol on Health and Society

17th November 2015

Glaziers Hall, London – Just £99

Alcohol Concern's Annual Conference, 'The impact of alcohol on health and society', will be this year's key event for everyone with a professional interest in alcohol issues, from local authorities to the police, from public health professionals to those who work in the social care system.

Delegates will have the chance to hear from leading experts on a broad range of topics including the impact of alcohol on emergency services, lessons from the Scottish Government, alcohol and mental health, forthcoming guidelines on alcohol and the latest research on alcohol and cancer. There will also be a chance to participate in workshops, network with peers from different sectors and meet our exhibitors.

Click here for booking details and an agenda

www.alcoholconcern.org.uk

For more information , please contact Charlene on corr@alcoholconcern.org.uk or 020 7566 9800

Lundbeck

addaction

Join us to Learn Share Network and celebrate Addaction's 5th National Recovery Conference 2015

19th/20th November 2015 **Greater Manchester**

Book now at recoveryconference.org.uk

Registered charity no. England 1001957 | Scotland SCO40009

RAPt

THE REHABILITATION FOR ADDICTED PRISONERS TRUST

stopping addiction. stopping crime.

VARIOUS POSITIONS ACROSS THE ORGANISATION – RAPT DRUG & ALCOHOL TREATMENT SERVICES

Hours: Dependent on role (please see website)
Location: Various Prison Locations and central services
Salary: Competitive + Benefits Package

We are RAPt, a UK leading provider of Psychosocial and 12-Step drug and alcohol treatment services. We deliver treatment and aftercare programmes – in prisons and in the community – which help people move away from addiction and crime. These services provide a variety of support, including advice, counselling, group work and intensive treatment.

We currently have a variety of exciting opportunities for skilled and experienced professionals working within the substance misuse field to join our organisation.

RAPt offers an excellent benefits package including work-related clinical supervision allowance, Simply Health coverage, competitive annual leave entitlements and a contributory pension scheme. We also support our employees to achieve both professional and personal development.

Please visit our website to apply
https://recruitment.rapt.org.uk/Vacancy.aspx
Unfortunately we are unable to accept CVs

Improving Outcomes.

We're with you every step of the way.

At CPI, we help commissioners & providers to develop innovative solutions that maximise the impact of services and make a positive difference to the lives of your clients.

With a focus on continuous improvement, measuring outcomes and innovation, we help our clients to improve the lives of some of society's most vulnerable people.

CPI has over 15 years' experience working with commissioners and providers within substance misuse, earning a reputation as one of the most forward thinking social enterprises in the UK.

So, whether you need a research project, support in commissioning a service, or just want to talk through issues that you are dealing with in relation to substance misuse, contact us today.

T. 020 7922 7820
E.info@cpi.org.uk
www.cpi.org.uk

the centre for Public Innovation
working together | delivering change

CPI exists to help public and third sector organisations improve the lives of their clients.

CASSIOBURY COURT

RECOVER REBALANCE RENEW

- *Specialising in Addiction & dual diagnosis*
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- *Detox from Alcohol and/or drugs*
- *10-day to 28-day detox program*
- *24 hour care*
- *Psychiatric assessment on arrival*
- *Pre admission assessment required*
- *Holistic approach*
- *Structured day care program*
- *Excellent out comes*
- *Links to family and support groups*
- *In house chef providing all nutritious meals*
- *Excellent links to M1, M25, London (15mins) & Airports*
- *Pick up from stations*
- *Block and spot purchased beds*

REFERRALS ACCEPTED ACROSS THE UK

CENTRES IN WATFORD AND BLACKPOOL

Working with DAAT Teams, DIP Teams & Social Services.

For enquiries please call Darren, Admissions Director, on 01923 804139 or 0800 5003129 or email darren@cassioburycourt.com

www.cassioburycourt.com

Phoenix Futures
Experts in recovery for more than 40 years

Would you like to experience first hand what it's like to go into rehab?

Join us at our Hampshire Residential Service for a Virtual Rehab Day

A free, unique and interactive day designed to give professionals and potential service users an in-depth understanding of a service user's journey through a Therapeutic Community.

Wednesday 21st October/ Wednesday 20th January/ Wednesday 20th April
11.30am-4pm
Phoenix Futures Hampshire Residential Service, Wickham Road, Droxford, Hampshire, SO32 3PD

Please confirm your attendance one week before the event to Caroline Bazin
caroline.bazin@phoenix-futures.org.uk/ phone: 01489 872 816/ fax: 01489 877 555
www.phoenix-futures.org.uk
*this is a free event, lunch and refreshments are provided

Peer Mentor

£15,428 - £16,240 per annum plus excellent benefits
Fixed-term contract for 24 months
Birmingham

We're looking for an enthusiastic and determined individual to join us as a Peer Mentor at our Birmingham Changing Futures Together project. It is open to anyone who has previously experienced homelessness and multiple needs services, and who can bring their invaluable insight into these services.

Benefits include 30 days holiday (pro rata) and flexible working.
We are committed to giving all applications equal consideration.

Shelter – National Campaign For The Homeless is a charity registered in England and Wales (263710) and in Scotland (SCO02327).

For full details and to apply online visit
england.shelter.org.uk/jobs Shelter

Abstinence Facilitator

Swansea • 30 hours pw • £19,809 – £21,104 pro rata

Welsh Centre for Action on Dependency and Addiction
WCADA
Canolfan Gymraeg am Weithredu ar Ddibyniaeth
Inspiring Change & Achieving Potential

WCADA is a registered charity and limited company providing a wide range of services across Swansea, Neath Port Talbot and Bridgend. WCADA aims to reduce, treat and prevent the harm caused by dependency and addiction to individuals, their families and the wider community. We are currently looking for a motivated, enthusiastic and dedicated individual to join our innovative and passionate team.

To request an application form for this role please email *humanresources@wcada.org*

Applications should then be submitted to the Human Resource Department by *12 noon* on *Tuesday 20th October 2015*. Please contact *Lisa Shipton* or *Angie Evason* on *01792 646421* for informal discussion, or for any queries regarding this vacancy. *Successful candidates will be subject to an enhanced DBS check.*

Build On Belief

We are pleased to invite applications for the following opportunity:

Operations Manager

London • Hours: 22 hours per week • Salary: £19.2K p.a. (£32K pro rata)

A rare opportunity to join a unique service user charity working with individuals who have, or have had substance use issues, Build on Belief is looking for a part-time Operations Manager to help develop our peer run services, support and supervise our service managers and help deliver training to our volunteers and staff.

We are particularly interested in recruiting someone who has direct working, or lived experience of substance use problems.

You will work closely with the Chief Executive to develop and promote this exciting, and growing organisation across six London boroughs. Some weekend working will be inevitable given that all of our services open at that time.

Closing date: Friday 23rd October 2015

For further information and details of how to apply please visit the Build on Belief website at www.buildonbelief.org.uk, or alternatively please e-mail timsampey@buildonbelief.org.uk

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inclusion
Fulfilling Potential. Forging Success.

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Team Leaders – Hampshire

Inclusion as part of an NHS Trust offers excellent career and development opportunities and the potential to really make a difference to our service users and the wider communities in which we serve. Inclusion currently provides a comprehensive service to those clients who have substance misuse problems across Hampshire.

WE ARE CURRENTLY RECRUITING FOR TEAM LEADERS for the service in a number of areas within our North, Mid and South sectors of the county.

On application please advise if you have a preferred option of the Team you wish to lead within our three sectors; North, (Andover, Basingstoke and Aldershot); Central (Eastleigh, Winchester, New Forest); South, (Fareham).

Inclusion aims to combine public service values, which drive the most progressive elements within the NHS, with the commitment to tackling social exclusion shown by the best of the voluntary sector. We deliver a range of both criminal justice and community based drug and alcohol services across the country and IAPT services in the Wirral.

Inclusion, as part of the NHS, offers staff first rate supervision, training and personal development programmes together with an excellent pension scheme and occupational health services.

If you are energised by our vision of an innovative NHS focused on tackling social exclusion and feel that you have the qualities to join our community based teams then come and discuss with us how our needs might match your aspirations.

For Further information re applying please contact
Kirsten Webb on 07580448416 or Kirsten.Webb@sssft.nhs.uk.

If you wish to enquire about the role please contact on
07966899096 or Jane.Wilcock@sssft.nhs.uk

NHS **Inclusion:** South Staffordshire & Shropshire NHS Foundation Trust. Stonefield House, St George's Hospital, Corporation Street, Stafford ST16 3AG **T:** 01785 221662 **W:** www.inclusionuk.org

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- DIP Management
- DAT Co-ordination
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- Project Management
- Group & 1-1 drug workers
- Prison & Community drug workers
- Nurses (detox, therapeutic, managers)
- many more roles...

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