DRINK AND DRUGS NEWS ISSN 1755-6236 NOVEMBER 2015

DDN

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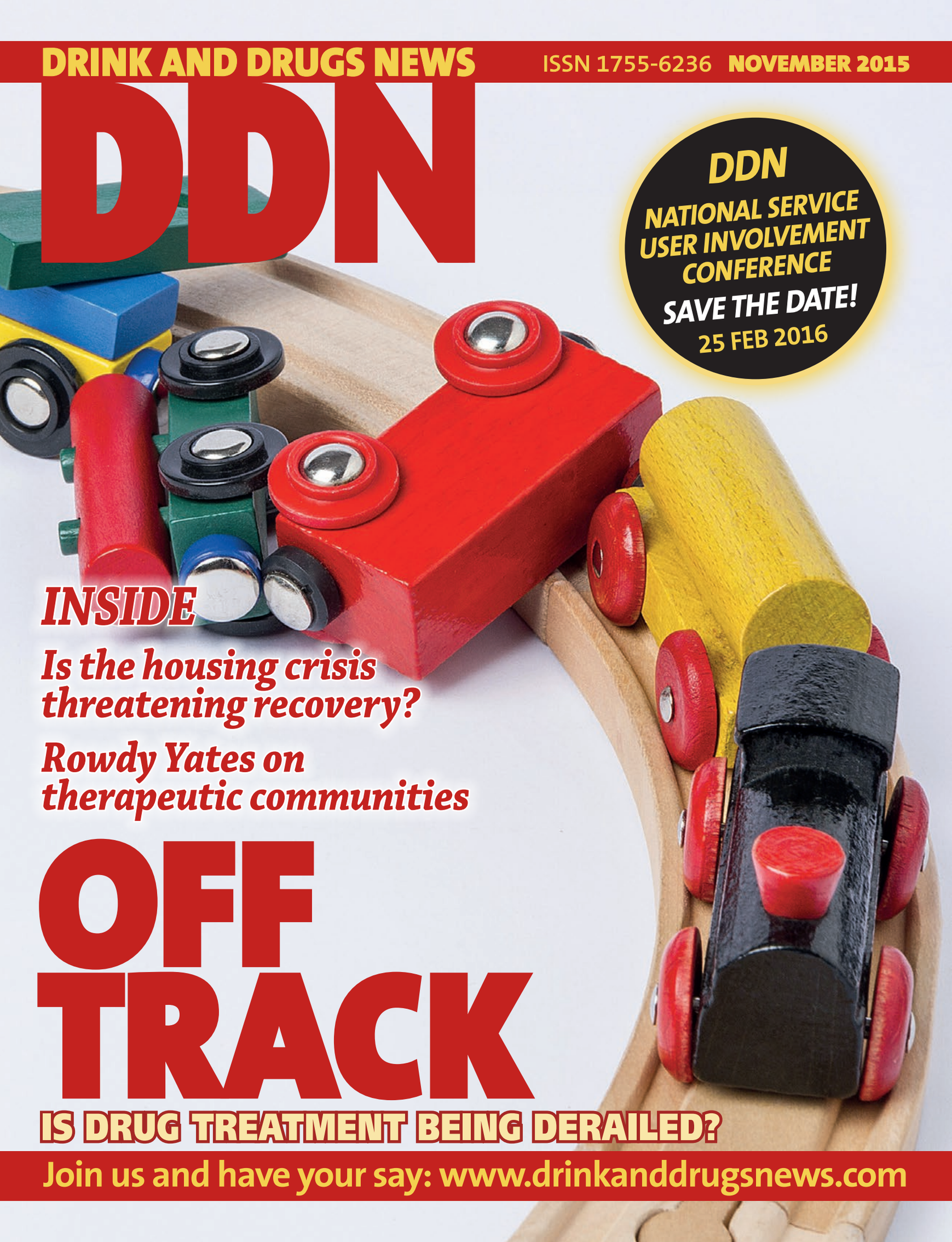

INSIDE

Is the housing crisis threatening recovery?

Rowdy Yates on therapeutic communities

OFF TRACK

IS DRUG TREATMENT BEING DERAILED?

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EDITOR'S LETTER

'There's hope... if we can leave behind massaged targets and management speak'

Has the field lost its voice? Are we avoiding the drug reform debate and unable to take a position, despite the increase in overdose deaths and a critical need for service user equality?

Ian Sherwood is vocal that we are losing the plot (page 6) and frustrated that the sector is letting 'almost everyone else' lead the debate: 'Between those in recovery and those who provide treatment, care and support, there is a tremendous expertise that could articulate a way forward that is broad-based, constructive and reformist,' he urges.

Meanwhile on page 12, Mark Gilman, Peter McDermott and Peter Sheath want us to look at which parts of the drug and alcohol system work and which are failing. They ask some challenging questions and don't gloss over the bleak landscape of contracting resources, but do they offer hope – if we can leave behind a world of massaged targets and management speak, and learn to measure 'real' outcomes such as jobs, houses and friends.

Talking of real outcomes, Phoenix Futures has launched a five-stage pathway to building recovery-friendly communities that looks for safe and secure options to counter the stresses on the housing rental market. Can the partnerships (and the listening ears) be found to make the model work across the country?

There's plenty in this issue to provoke thought. So why not get the ball rolling by emailing your reactions?

Claire Brown, editor

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TREATMENT THREATENED BY CONSTANT RE-PROCUREMENT, WARNS ACMD

THE QUALITY OF TREATMENT for heroin users is being threatened by diminishing funds and 'disruptive re-procurement processes', according to a new report from the Advisory Council on the Misuse of Drugs (ACMD).

Treatment quality now varies significantly across England, says the document, and is being further compromised by 'frequent re-procurement and shrinking resources'. The report stresses that investment in drug treatment needs to be protected, as it is cost-effective and beneficial to society, and it calls for the implementation of a national quality improvement programme. It also wants to see more done to create a 'culture of stability' and reduce 'churn' in local systems.

The document, which also considers issues such as how to tackle low expectations of recovery, how to prioritise resources to achieve better social reintegration, and how to address misuse and diversion of OST medication, is the final of two ACMD reports into opioid substitution therapy commissioned by the Inter-Ministerial Group on Drugs. The first, published late last year, firmly rejected the idea of time limits on substitution treatment (*DDN*, December 2014, page 4).

'Everyone with heroin dependency should have access to high-quality drug treatment,' the document states, expressing concerns about lack of progress on helping people 'achieve employability'. More effort is required to achieve this, it says, including vocational training, supported work placements and 'targeted employment schemes', including tackling stigma among employers.

'We need to act to improve, and not lose, this valuable asset to society.'

ANNETTE DALE-PERERA

However, a 'significant number' of heroin users new to treatment appear to be able to complete that treatment and not return, it stresses, particularly if they 'stop using heroin within six months of starting OST'. Those who are stable and remain in OST for more than five years or more, meanwhile, should 'be positively regarded as in "medication-assisted recovery",' which should 'not hinder access to healthcare interventions, peer-led recovery interventions and social integration'. This group should not be discriminated against simply because they are in OST, the report warns.

'Government has done well to achieve widespread recovery-orientated drug treatment for heroin users,' said co-chair of the ACMD's recovery committee Annette Dale-Perera. 'Treatment protects against drug-related death, ill health, chaos caused by addiction, and crime and can help people turn their lives around. We need to act to improve, and not lose, this valuable asset to society.'

How can opioid substitution therapy (and drug treatment and recovery systems) be optimised to maximise recovery outcomes for service users? at www.gov.uk

HOME TRUTHS

A 'perfect storm' of factors in the UK rental market, including the introduction of 'right to buy' for housing association tenants, is posing a serious threat to people's recovery, says a report from Phoenix Futures. Nearly 10,000 people entered drug treatment in 'acute housing need' last year, states *Building recovery friendly communities*. 'Whilst treatment outcomes are better than ever, the challenges faced by our service users in finding appropriate housing are considerable,' said CEO Karen Biggs. 'Having a safe and stable place to be enables our service users to take stock, plan for the future, access the job market and engage positively in their community.' *Report at www.phoenix-futures.org.uk. DDN talks to Karen Biggs, page 11.*

COKED UP

Use of cocaine among those accessing drug treatment in Northern Ireland has risen from 21 per cent of clients to 34 per cent in the last decade, while use of heroin has fallen and use of ecstasy halved (from 27 to 13 per cent) over the same period. A total of 2,262 people presented for drug treatment in 2014-15, 12 per cent down on the previous year. *Figures at www.northernireland.gov.uk*

RECOVERY CASH

PHE has opened applications for the third year of its capital funding allocations for recovery-focused projects. Service providers and local authorities in England can apply for a share of the £10m cash until 4 December. *Full details available at local PHE centres: www.gov.uk/guidance/contacts-phe-regions-and-local-centres*

SPEEDY BILL

The speed at which the government has brought forward its controversial psychoactive substances legislation (*DDN*, June, page 4), along with lack of consultation on the details, has created weaknesses in the proposed laws, says a report by the Home Affairs Committee. The document urges the government to engage more effectively with key stakeholders 'even at this late stage', especially when drawing up guidance to accompany the legislation. *Psychoactive substances at www.publications.parliament.uk*

STAYING PUT

The numbers of drug-related general acute and psychiatric hospital stays are continuing to increase among Scottish over-35s, while falling or remaining unchanged in younger groups, according to statistics from ISD Scotland. There were more than 7,000 general acute stays with a diagnosis of drug misuse in 2014-15, says *Drug-related hospital statistics Scotland*. The country also recently recorded its highest ever number of drug-related deaths (*DDN*, September, page 4). *Figures at www.isdscotland.org*

LEGAL BUSINESS

The Liberal Democrats have set up an independent panel to look at how a legalised cannabis market could work in the UK. Chaired by Transform's Steve Rolles, the panel will study evidence from Colorado, Washington State and Uruguay, and make recommendations for the party to consider next spring. 'With successful legal cannabis markets emerging in different parts of the world, the onus is now on the supporters of prohibition to explain why we shouldn't do the same things here in the UK,' said the party's health spokesperson Norman Lamb.

ALCOHOL ABUSE

NEARLY 80 PER CENT OF POLICE and 50 per cent of ambulance staff say they have been injured as a result of drunken violence, according to a report from the Institute of Alcohol Studies (IAS). The document calls for a range of measures including minimum pricing, a lower drink-drive limit and 'more assertive' use of licensing powers by local authorities. Alcohol takes up 'a disproportionate share of emergency service time, costing taxpayers billions of pounds each year', said IAS director Katherine Brown. The health select committee recently launched a major inquiry into alcohol's impact on the emergency services (*DDN*, October, page 4).

Document at www.ias.org.uk

Alcohol takes up 'a disproportionate share of emergency service time'...

KATHERINE BROWN

ADDICTION CHARITY WINS EXCELLENCE AWARDS

PHOENIX FUTURES has been awarded two UK excellence awards for leadership and customer satisfaction by the British Quality Foundation (BQF).

The awards recognise organisations that have demonstrated excellence in all areas of operation. To become a finalist, Phoenix had to be recommended by assessors who visited their services earlier this year, and former resident Lawrence Smith shared his personal story with the BQF panel as part of their entry.

Phoenix staff received their awards from businesswoman and star of *The Apprentice* Baroness Karren Brady CBE at a recent black-tie event.

'The most incredible part of winning these two awards for leadership and customer satisfaction is that every single staff member and volunteer can feel proud that they helped contribute to Phoenix's success,' said chief executive Karen Biggs.

Above, left to right: Karren Brady, service user involvement coordinator Stuart Plant, locality manager Bea Wheeler, former resident Lawrence Smith, head of quality Amy White, director of external insight and engagement at Barclays Bank, Ellie Renshaw.

DRUG AND ALCOHOL ADVICE OFFERED TO STUDENTS

STAFF FROM FORWARD LEEDS have been educating university students about drugs and alcohol misuse at freshers' events across the city.

Students had the chance to take part in activities such as 'beer goggle darts', while being given advice on understanding the effects of different drugs and alcohol and how to remain safe.

'We'd like to get students thinking about the risk factors around drinking and drug taking. We want them to stay safe,' said Jane Doyle, early intervention and prevention lead practitioner.

PROGRAMME FOR EX-SERVICEMEN RECEIVES FUNDING

THE FORCES IN MIND TRUST (FiMT) has awarded a grant to Edinburgh-based charity Venture Trust to fund the Positive Futures project, which will support ex-servicemen and women across Scotland who are struggling to adapt to civilian life.

The programme will offer participants support in three stages – advice on employment, personal development and referral to services where needed; a personal development programme and one-to-one and group support sessions; and ongoing support focused on internships, employment and peer mentoring to help individuals move forward with their lives.

RECOVERY HOUSE OFFERS BETTER ACCESS TO SUPPORT

A NEW RECOVERY HOUSE has been opened in Staffordshire for those who have completed rehabilitation and want to return to their home area.

The centre will help people access support, short-term accommodation, and education and skills training, as well as engaging families in the recovery process. Langan's tea rooms, a social enterprise, will also offer volunteering and employment opportunities.

The house was opened by Secretary of State Iain Duncan Smith and representatives from Burton Addiction Centre, Cannock Chase District Council and Staffordshire County Council.

The new service offers an holistic approach and supports people within their own communities by offering life skills such as finding a job and rebuilding past relationships.

LAUNCH EVENT CELEBRATES NEW RECOVERY SERVICE

REACH OUT RECOVERY (ROR), a drug and alcohol recovery service in Birmingham, has recently celebrated the opening of its new service.

The facility, which opened in March, offers an holistic approach and supports people within their own communities by offering life skills such as finding a job and rebuilding past relationships.

CRI's executive director Mark Moody and director Nic Adamson opened the launch event, which was attended by staff, service users and representatives from local services and communities.

The event included presentations and workshops, highlighting the support being offered and sharing success stories from the service.

PEER MENTORS GAIN FULL-TIME EMPLOYMENT

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.

Below: RDaSH volunteer and mentor coordinator Lydia Rice (centre) with Joe Sheerin (left) and Daniel Bowden (right).

OFF TRACK?

Drug treatment is being derailed by the sector's refusal to push for reform, says **Ian Sherwood**

The distressing reality of drug dependence alters little over time, but society's response to drugs and drug users has changed markedly over 30 years. During this time the field has developed an avoidance of the drug reform debate including decriminalisation, legal regulation and the role of criminal sanctions in treatment.

So why has this happened? The even-handed position we took then was usually a pragmatic one stemming from overriding priorities at the time; firstly to call for services for drug users in the 1980s, and then to argue the necessity and priority of harm reduction in the 1990s. Treatment providers were urgently distancing themselves from the moral panics stirred up in the tabloid press about drugs and HIV/AIDS, placing themselves within a safe, rational medico-therapeutic narrative.

For those on public platforms or official business representing treatment services it was a necessary but painful tactic to close down legalisation questions quickly, to ensure that the message about services wasn't derailed by being 'legalisers, soft on drug users'. Statements such as 'my organisation is involved in treatment not politics' became a default position.

It now appears that the parameters of acceptable debate have shifted to 'recovery' and little else. Despite a major upsurge in overdose deaths, talk of 'harm reduction' is increasingly taboo – and completely absent from government communications. The term 'recovery' has become a banner for anything broadly related to care, self help, therapy, coaching, training, social support, treatment and mutual aid. 'Full recovery' is the government's preferred term, signalling a shift away from methadone towards abstinence-based interventions.

But the deployment of 'recovery' to mean everything to everyone leads again to the avoidance of debate and an inability to take positions. In 2015 this feels distinctly out of step with most informed opinion and global debate, disdainful of service user arguments for equality and social justice and ultimately negligent in reducing the risks and harms of drug use.

We all know that drug dependence only affects a very small minority of the many people who use drugs to the extent that they may require significant interventions. It is these clients of drug treatment services in the community and in prison that are cited by ministers as the justification for the Misuse of Drugs Act and the reason why legal regulation will not be entertained.

Treatment providers' fear of biting the hand that feeds may have strong historical justification. But the factors that prohibition creates – a thriving black market with easy credit and violence – reduce the ability to provide treatment, undermine the communities in which drug use is most prevalent and demonise people who use drugs.

Now that's what I call an obstacle to recovery and it's time for the field to find its voice. It's time to recognise that between those in recovery and those who provide treatment, care and support, there is a tremendous expertise that could articulate a way forward that is broad-based, constructive and reformist. Disappointingly, it seems that the sector is content for almost anyone else to lead the way in this debate – even though it has potentially profound implications for them and their clients. Most recently police and crime commissioners have called for a 'comprehensive review of strategy' in a letter to the home secretary, with many chief constables also supporting reform.

When Portugal decided to decriminalise possession and replace it with a health response it wasn't because they had discovered a radically effective approach to treatment; it was because they saw the criminal justice-led response as being both ineffective and harmful. In adopting a health-based policy they were choosing treatment approaches that have been used in the UK for more than 25 years – methadone, rehabilitation, detox, care planning, social

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reintegration – where people may still drop out of treatment, but can re-engage later without the threat of criminal sanctions.

Recent statistics on overdose in the UK are a depressing but timely corrective to the complacency regarding the success of drug treatment in the UK, and it seems very peculiar that no one is arguing for anything other than naloxone and training. It appears that an older cohort is dying, probably linked to the increased availability of imported heroin.

There hasn't been any mention of drug consumption rooms (DCRs) – a widely researched, effective harm reduction intervention, again commonplace in Europe (and also found in Switzerland, Australia and Canada). Similarly, is anyone arguing for supervised injectable heroin – a well-researched intervention that comes under the heading of legal regulation? Surely if we are serious about wanting to stop people using and dying from illegal heroin we would look at quality evidence-based interventions for the hard to reach and the even harder to keep in treatment.

Another voice in the debate belongs to those who have been bereaved by drugs. The Families for Safer Drug Control group (now under the banner of Anyone's Child, http://anyoneschild.org), are simply people who had lost a loved one to drugs and found the prohibitionist rhetoric hard to reconcile with their experience that in no way are drugs actually 'controlled' in the UK; all the laws seem to do is make drug use more risky and create vastly profitable, often violent, illegal marketplaces.

This, I would suggest, is the reality that most drug users, their families, service user organisations, the police and treatment providers see everyday – but the treatment providers aren't talking about this, with some honourable exceptions.

Does your organisation take a position on drug reform? Take a look at the Count the Costs of the War on Drugs campaign (www.countthecosts.org), an in-depth and fully referenced resource on the reform debate, and sign up to examine the alternatives.

Ian Sherwood is a volunteer at Transform, www.tdpf.org.uk. He worked in drug treatment from the mid 1980s in voluntary and statutory sectors, as a clinician, manager and commissioner, and served three terms on the ACMD. He would love to hear from you at ian@tdpf.org.uk.

'It now appears that the parameters of acceptable debate have shifted to "recovery" and little else. Despite a major upsurge in overdose deaths, talk of "harm reduction" is increasingly taboo – and completely absent from government communications.'

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The writing's on the wall

Literacy issues can be a barrier to participant engagement and successful outcomes in substance misuse treatment programmes. **Richard Homer** explores the reasons why

THERE'S A HOST OF COMMON CHALLENGES when delivering drug treatment programmes. One of the biggest is how to ensure participants understand and retain the content presented to them.

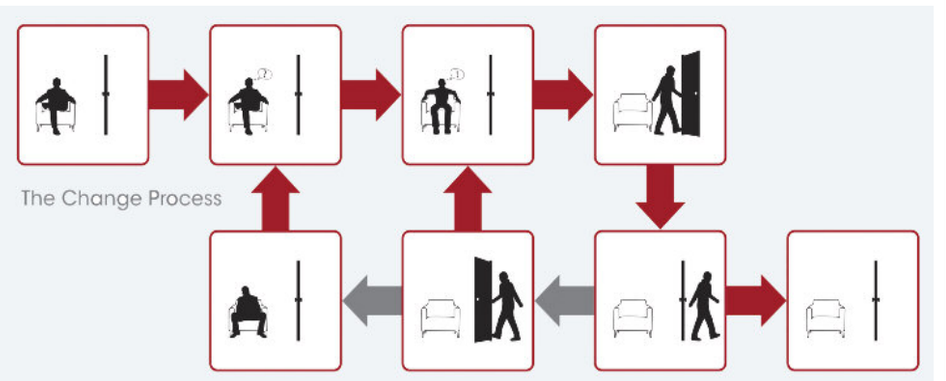
There are five persistent limitations that prevent individuals from accessing the right treatment for their level of understanding: many programmes place emphasis on written work, but classroom environments can be difficult for those with negative experiences of school and topics and terminology can confuse those who struggle to grasp the extent of their substance misuse. People with English as an additional language, meanwhile, are rarely provided for, and basic training for facilitators is sometimes missing.

With the right approach, these are preventable – even when coupled with additional factors such as poor concentration (often due to detox) and restrictive attendance criteria. However, another key limitation in many cases is the comprehension of a programme's content. Many programmes do not allow for personal academic ability, mental health, language or cultural differences. As a result, programme content can be confusing due to the diverse way in which teaching can be delivered and learned.

Substance misuse programmes are often 'word-heavy', and require participants to express themselves in a universal way. Government data shows that a high percentage of individuals accessing treatment have low literacy levels and learning disabilities. Many have jumped hurdles to start a treatment programme, only to discover the material requires a level of focus, comprehension or language beyond their ability

So why does this problem need to be tackled? While low literacy doesn't necessarily lead to drug and alcohol issues, it is imperative that we address substance misuse in a way that is accessible to all abilities and learning styles. Ignoring this will result in certain groups of people falling through the cracks of the treatment system and never reaching their potential for recovery.

Richard Homer is managing director of Vivid Training www.vividtraining.co.uk



By using a pre-printed flip chart (above), Vivid Training highlights key learning areas.

'I still love my work – I see positive change. It's about people... learning to love life...'

The times they are a changin'

As Spitalfields Crypt Trust (SCT) celebrates 50 years of helping people in recovery, CEO **Graham Marshall** looks back at the changing landscape of addiction and recovery in East London

WHEN I WAS YOUNG I experimented with drugs and got into trouble. After spending a year in rehab, I started volunteering for SCT in the late '70s and have stayed ever since. My first job mainly involved giving sandwiches and clothing to homeless callers at the crypt, and talking to them. It was run from Christ Church Spitalfields, and we provided a supportive environment and an increasingly challenging programme for about 18 men with alcohol problems who came in straight from the streets or the local detox in Whitechapel.

The crypt was once a 'dry house' for homeless alcoholic men. In the early days, these were the most hardcore drinkers around. Cider, wine, methylated and surgical spirits were the most common drinks then, and in that order. This was back when Spitalfields was a big fruit and veg market, with countless places or derelict building sites where people could sleep, called 'derries' and 'skippers.'

We moved our residential programme to Shoreditch where we now support 16 men, recovering from their addiction in a much more intense way than we ever could back when I started.

Back in the days of the crypt, we realised that just keeping the men warm and dry was not enough and many of them had very basic living skills. They might know how to get by on the streets, but they did not know how to 'do life' – find a job, a home and cook a meal for themselves. There was no aftercare. They got sober, but didn't have a recovery programme. So we set one up, drawing heavily on the 12-step programme.

We run a personal development and training centre, and three social enterprises where individuals can learn the skills of working with people and gain experience that will give them a chance of finding a job. Much of our work is supported by our own fundraising efforts and charity shops.

I still love my work – I see positive change. It's about people coming off dependency and recovering their sobriety, and learning to love life, themselves and others.

Graham Marshall is CEO of Spitalfields Crypt Trust. www.sct.org.uk

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More service user-led ideas at www.drinkanddrugsnews.com

THE WORM HAS TURNED

The Worm, a new service user-led magazine recently launched in Haringey, is tackling stigma and promoting a positive image of people in recovery.

BACK IN JULY 2014, a group of individuals accessing treatment at Haringey's alcohol treatment service decided to get together and use their personal experiences to do something to address the stigma faced by those in recovery.

They settled on the idea of a magazine to promote understanding about recovery, and, slowly, a team began to form, encouraged to use the skills they already possessed. With the backing of the service staff, founding member Jac Geraghty applied for – and ultimately received – funding for the project.

The Worm was born, and after much hard work, an event – which included music, poetry readings and a film screening – was held in July at Haringey Recovery Service to launch the first issue. It has been distributed by hand to more than 70 locations including libraries and GP surgeries, both locally and nationally.

Everyone who contributes their time to the magazine receives Haringey time credits – a community currency that recognises voluntary support of other people and services, which can then be spent at a number of time credit partners. This helps the team to continue making *The Worm*, as they can use the time credits to rent meeting spaces or go to the cinema to review a film for the magazine.

Once the funding for the first issue has been used, the magazine aims to be self-funding, so the team are busy contacting local businesses and charities to invite them to advertise in future editions and keep the positive message going.

Founding member and editor-in-chief Jac Geraghty talks about how it all began

ONE DAY I HAD AN IDEA FOR A MAGAZINE – and that idea was realised by extremely talented people, all of whom are in recovery.

We received funding for one issue from Haringey council's Bright Sparks scheme. They gave us nearly £2,000, which allowed us to buy a computer and print our magazine. With this investment, we will be able to be self-sufficient in producing our upcoming issues, and the plan is to produce four a year.

We have also been greatly supported by Haringey time credits and Haringey Recovery Service – a partnership between St Mungo's Broadway and alcohol support charity HAGA.

The idea came about during a tea break at Breaking Ground, part of the HAGA sustainment programme. It was then realised during the abstinence-based day programme, and has gone on to be a phenomenal success.

The plan behind *The Worm* was to hone and build on already established skills within our recovery programme. To be honest, it started out slowly, but once word spread we were inundated with ideas and contributions. We have a Facebook page, Twitter account, blog and, of course, our magazine. We are actively recruiting new members – from feature writers and researchers to sales and marketing managers.

I am extremely proud that *The Worm* has grown, and we are now a force of nature. The magazine is a community, and an extremely strong one at that. *The Worm* stands for Working to Overcome Recovery Misconceptions, and I think we are living up to that statement.

SPREAD THE WORD – WE ARE *THE WORM* AND WE HAVE ARRIVED!

For more information, visit www.haringeyrecovery.org.uk or *The Worm* Facebook page, www.facebook.com/groups/790169471102851/

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

NO PLACE LIKE HOME

Phoenix Future's new report *Building recovery friendly communities* makes the case for specialist recovery housing as a pathway to long-term recovery. Karen Biggs tells **DDN** why this is an opportunity not to be missed

From its unique position as both a drug and alcohol treatment charity and a housing association, Phoenix Futures has seen how pressures on the housing rental market are affecting people with drug and alcohol problems.

'Changes in the housing world are increasing potential for people with substance misuse issues to have reduced housing options, either in treatment or when they exit treatment,' says Phoenix Futures' chief executive Karen Biggs.

At the same time, she points out, there are opportunities to bring together the housing and health agendas – 'and if substance misuse isn't in there when those conversations are happening, if we miss this opportunity, our service users will be seriously impacted... we will face the consequences further down the line.'

The charity's new report (see news, page 4) sets out a housing pathway, starting with residential rehabilitation and moving through bridge housing – which prepares people to leave formal treatment – then into supported housing where they develop life skills, and on to recovery houses, and finally independent living.

'This is what we think a housing pathway could look like in a local area,' says Biggs. 'It doesn't have to be provided by one provider – use it as a starter to look at what you have in your area and how it supports someone as they're moving through their recovery journey. Think about whether you are giving yourself the best opportunity to create that recovery friendly community.'

Phoenix are working effectively with partners in different areas, with the aim of making the housing recovery journey easier and helping people with tough choices.

'Leaving treatment, housing options often restrict people from moving at their own pace and still getting the support they need,' says Biggs. Working with other housing associations in some areas is proving effective in providing housing – independent living is central to the strategy they are now actively developing, and this involves finding landlords who understand about the recovery journey.

An understanding landlord can make a real difference to someone's chances, she adds, as 'if there's a lapse they can be open and honest about it, rather than having to hide it from one of the most important stakeholders in their recovery. If there's something that can be done to support them in independent living, that could be a conversation they could have with their landlord.'

Biggs hopes the document will open up a conversation between treatment providers, commissioners and housing providers. Many commissioners are already keen, she says, while community services have also welcomed the idea. Many housing associations also understand the issues, but there is a challenge in making sure these 'don't get lost' with larger housing associations. Seeing initiatives come together can culminate in projects like Grace House, Phoenix's new service in London for women with complex needs – the result of many conversations around how hard it is to achieve good quality, safe, stable housing for this group (and their families) and how hard it is for them to sustain treatment gains.

Keeping the service user at the centre of the model gave it clear direction from the start.

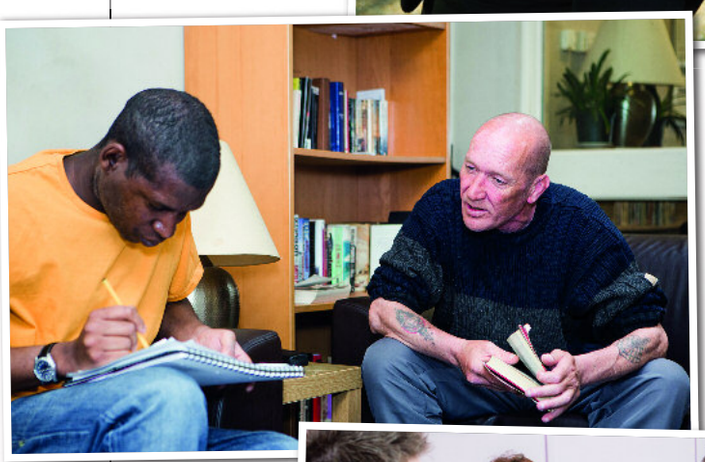
'We came at it from a service user's perspective,' says Biggs. 'We'd get them to think "what can I achieve before I leave?" and it's about keeping that ambition. Peer support also played an important role: 'It's scary moving on to the next stage, so it's helpful to see other people who've done it,' she says.

Establishing a timescale for the recovery housing pathway involves a balancing act between being specific for the commissioner and being flexible enough not to impose too many constraints on the service user, particularly as 'things get harder' for them in the current climate.

'Many of our service users have settled for "not good enough" when it comes to housing,' she adds. 'What we want to make easier is access to good, safe, secure housing and provide a full pathway. If we put the same effort into housing as everything else, it would be the best option for maintaining treatment gains.'

Building recovery friendly communities at www.phoenixfutures.org.uk

'...if we miss this opportunity, our service users will be seriously impacted... we will face the consequences further down the line'



TACKLING THE

Can an entrepreneurial recovery culture overtake an ailing treatment system? Mark Gilman, Peter McDermott and Peter Sheath examine the politics

'To get a clearer picture of what drug treatment is actually achieving, we need to be measuring real world social outcomes such as jobs, homes and friends...'

Join the debate by visiting www.drinkanddrugsnews.com

DEFICIT...

'Homophily': the idea that if you want to stop smoking, overeating and getting divorced, you need to stop hanging around with smokers, fat people and divorcees. If you sit in the barber's chair long enough, you'll eventually get a haircut. If you're seeking recovery it makes sense to hang around other recovering people.

Mutual aid groups are the obvious place to meet those people, but if you do throw yourself into recovery culture, be prepared to have pre-existing beliefs brutally challenged:

'I've been thinking'

'Stop it – your best thinking got you here.'

'Take the cotton wool out of your ears and stuff it in your mouth. You might hear something that will save your life.'

'Oh and get a job! Any job – it doesn't matter what.'

Recovery narratives can sound moralistic, conservative and Conservative. Moral relativism is rare among people in long-term recovery. There are right and wrong ways of living. The right way is to get a job, pay your rent and care for your friends and family. The wrong way is methadone, booze, benzos and benefits; watching daytime TV while the state takes care of your kids.

In the aftermath of the general election we noticed something peculiar. There seemed to be a political, ontological divide between two tribes – those affiliated with the harm reduction model, and those affiliated with the recovery model. It didn't seem to matter whether the person expressing the view worked in the field, or was in treatment/recovery themselves.

Harm reductionists saw the outcome as an attack on the entitlement to remain on long-term sickness benefits. They were supportive of a large publicly funded treatment system, which was threatened by the Tory victory.

Recovery messages were about voluntarism, about the need to take personal responsibility and building community – messages that were completely consistent with those of the Conservative government.

Despite Public Health England's excellent facilitated access to mutual aid (FAMA) programme, few people make the journey from treatment services to mutual aid based recovery. There are exceptions to this and there is cause for optimism in those areas covered by the new grouping of commissioners for recovery who will find their collective voice via the British Addiction Recovery Group (BARG). The real problem for many community treatment service providers is that they simply cannot live with the uncertainties and risks of recovery:

'These people – my patients, clients, service users – need me to do something. They might die if I don't provide medical treatment.'

And of course this is true. Some patients might die if they attempt abstinence-based recovery. Life is a risky business but people with ambition and hope take these risks all over the world every day. Leaving the protection of methadone maintenance treatment may increase the risk of death. But it might also be the way to a brand new life beyond your wildest dreams, where you find jobs, homes and friends.

If successful, you might even create a firewall in the intergenerational transmission of addiction in your families. The question is, where should the responsibility for that decision lie? With the commissioner? With the service? Or with the patient themselves?

Again, this risk-taking, entrepreneurial approach to recovery can seem conservative and Conservative and at odds with the risk averse, managerial state bureaucracy where artificial targets, massaged figures and management speak replace experience, strength and hope.

At the moment we have a bureaucratic system measuring inputs and outputs such as access, retention and completion of treatment. In order to get a clearer picture of what drug treatment is actually achieving, we need to be measuring real world social outcomes such as jobs, homes and friends.

Take Successful Sid. Sid accessed methadone maintenance treatment as a heroin addict within days. He was retained there for years and left over six months ago. We can be sure that Sid won't be returning to treatment because he is dead. People like Sid aren't dying from acute opioid overdoses, they are dying from chronic physical health problems exacerbated by cheap alcohol – which he started drinking while in treatment.

It seems essential that we continue to look at which parts of the drug and alcohol treatment system work, and which parts are failing. The bulk of what happens in recovery actually happens outside of services – outside the formal treatment system.

Asset based community development (ABCD) has become something of a buzzword of late, but it is happening – often without any formal support or recognition. One strong example of a project based on ABCD principles is Jobs, Friends & Houses in Blackpool. It isn't a treatment programme, but a business and a great example of a strengths rather than a deficits-based approach to the issues of drug and alcohol dependence.

At the UKRF conference in September, David Best argued that addiction/recovery are human rights issues, and the human rights deficit is most clearly shown by the exclusion of recovering people from the labour market. Programmes like Jobs, Friends & Houses provide an important model for how we can start correcting that deficit, but that's just a single programme, in a single town.

Every year, thousands of people make the transition out of treatment into recovery in a very quiet, unsung way. Many want to reach out and offer the opportunities they have created for themselves to others seeking recovery who don't want the formality of treatment or mutual aid within which to do it. Their politics is also probably more in line with the Conservative model of the Big Society, but rather than getting bogged down in labels and ideology, they just get on and do it anyway.

It's always sad to see resources contracting in a field that you care about, but the truth is, drug treatment has been living high on the hog for much of the last 20 years. It's going to be interesting to see the extent to which the reduction has an actual measurable impact on outcomes.

For the future though, we in the field need to start building on and making best use of those unpaid, unsung heroes who are delivering recovery both inside and outside the formal treatment system.

Mark Gilman is managing director of Discovering Health, www.discoveringhealth.co.uk; Peter McDermott is a policy professional and service user activist and Peter Sheath is senior associate with Emerging Horizons

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.


METHADONE

KILL OR CURE?

Is it time for us to reappraise our relationship with the life-saving drug methadone? **Dave Marteau** discusses the evidence

'How is it that a drug with the potential to halve a patient's risk of dying ends up killing so many people? The answer is horribly simple: while most patients are safer on methadone, the wider population are at continued risk from diverted supplies of the drug.'

NO OFFENCE

Although we feel strongly about the subject of our letter (*DDN*, October, page 8), on reflection some of the language used was perhaps inappropriate and we apologise to those concerned. In particular we in no way wanted to offend Mr Marteau, who has worked tirelessly in this area for decades and helped to improve care for those with addiction problems.

Dr Chris Ford, Dr Clare Gerada, Dr Euan Lawson et al

JUST TO CLARIFY

Dear Chris and all, I am grateful for your generous words. To clarify your letter's point about France, the French treatment system as a whole now has 70 per cent of OST patients treated with buprenorphine, 30 per cent with methadone. The latest French drug-related deaths and OST data (OFDT, 2014) indicate that methadone was seven times more dangerous than buprenorphine in 2012.

If we are to retain methadone as first line, it is incumbent on us to demonstrate that methadone is several times more effective than buprenorphine at keeping the population alive. If it is not, and I have deep concern that this is the case, then we are in the realm of avoidable deaths.

Dave Marteau

DANGEROUS WORDS

In a climate where those undergoing treatment with methadone are increasingly finding themselves on the end of daily supervised consumption, I found the letter 'Marteau complex' signed by Dr Chris Ford et al in last months *DDN*, which seemed to condone diversion, wholly unhelpful.

It may be OK stating this as a 'what if?' academic flight of fancy, but when you're a service user facing an increasingly punitive drug treatment system, this kind of statement merely provides more ammunition for those voices against OST and methadone in particular.

Peter Simonson, London

MISLEADING STATS?

I am writing to express my disappointment at the way in which the drug poisoning deaths in England and Wales were portrayed in your article (*DDN*, October, page 4).

The article as written suggests that drug poisoning deaths have risen in Wales as well as England. This is clearly not the case.

In 2014 there were 168 drug poisoning deaths in Wales, a decrease of 40 (19 per cent) compared with 2013, and the lowest since 2008.

Gareth Hewitt, head of substance misuse policy and finance, Welsh Government

DDN RESPONDS: Our news story does state in the third paragraph, 'While England saw a 17 per cent increase in its drug misuse mortality rate... Wales saw its proportion drop by 16 per cent to 39.0 per million, the lowest figure for almost a decade.' The reference to England and Wales registering the highest number of deaths reflects the ONS reporting region.

LET'S CONNECT!

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

CLARA BELLA
@Dudleygirl79 *30 Sep 2015*
@DDNMagazine @BBCNews legal highs have been a problem in prison for a long time it's not a new problem

KIERAN
@kierandhamilton *19 Oct 2015*
#legalhighs are largely the result of current #drugpolicy – pushing people towards more harmful substances

CHANGING LIVES
@ChangingLives__ *19 Oct 2015*
Worrying figures highlighted by @bbcnewcastle significant rise in #999 call outs because of #legalhighs. English ban can't come soon enough

SOBERCYCLIST
@susanroeder *19 Oct 2015*
@MungosBroadway @DDNMagazine @cafeartuk I believe art & an individual's ability to express it, plays a huge role in overall mental health.

DAVID NUTT
@ProfDavidNutt *22 Oct 2015*
@DDNMagazine presume as real lemon drizzle cake is psychoactive it will be banned too?

ACTIVERECOVERY
@RecoveryNLincs *27 Oct 2015*
Brilliant to see a mention of the recovery games and our overall win in the October 2015 edition of @DDNMagazine!

MR CLEAN
@AssembleTheArmy *27 Oct 2015*
@DDNMagazine @damiengayle the 1 big drawback to guys in recovery weightlifting is the urge to use steroids, itll take u down again #drugfree

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www.drinkanddrugsnews.com

More good practice stories at www.drinkanddrugsnews.com

TAKE A BOW

Nicky Goulder talks about how an acting workshop is helping vulnerable women in east London

FOR OVER FIVE YEARS, arts charity Create has helped vulnerable women in east London make steps to reshape their lives through the creative arts. In collaboration with international law firm Reed Smith LLP and U-Turn Women's Project, Create's workshops reach women of all ages who have been trapped in cycles of prostitution, drug addiction, physical abuse and homelessness from an early age.

Since July, the women have been working with Create's professional actor and playwright James Baldwin, collaborating to write original stories and outline plots that feature a problem, a journey, an obstacle and a solution, echoing the challenges that they have experienced themselves. This has allowed them to share their experiences and expand their support networks to include other vulnerable women within their community.

Every year, women are forced into prostitution through a combination of homelessness, drug use, poverty and domestic violence, which accounted for 30 per cent of all violent crime in Tower Hamlets in 2009-10. Create uses the creative arts to inspire self-confidence in vulnerable women who attend the U-Turn centre, encouraging them to develop trust, friendships, communication skills and pride through collaborative activities. These skills and qualities can then be used in day-to-day life, helping the women reclaim control over their futures.

Margaret has a history of drug use but is currently in recovery and has been abstinent for seven years. She attended the centre initially for general support with benefits and some ongoing confidence issues, but is more confident and independent now. 'You learn so much,' she says of the workshops. 'Communicating with other people that you really don't know and things like that. A lot of my confidence went and I have just started to get my confidence back since coming here. It had been gone for years and years.'

Nicky Goulder is CEO of Create

https://www.facebook.com/create.transforming.lives

'I have just started to get my confidence back since coming here...'

MEDIA SAVVY

The news, and the skews, in the national media

IF THE LIB DEMS HAVE ANY FUNCTION NOW, it's on issues such as drug decriminalisation, child detention, prison reform, surveillance: civil liberties. With Jeremy Corbyn's Labour we have a puritanical left where personal freedom is less important than some holier-than-thou posturing. The hair shirt opposite of Theresa May's nastiness... We could do with a party that believes in personal freedom. It's a shame it's led by the semi-vicarish Tim Farron, but if they can puncture some of the hypocrisy on drug laws, good for them. This is hardly radical, just sensible.

Suzanne Moore, *Guardian*, 12 October

HAD THE E-CIGARETTE BEEN INVENTED and patented by a pharmaceutical company and promoted by the government, it would have failed. Big Pharma would have called the device Niquo-Stop453, made it from plastic, packaged it in boring green and white and sold it in chemists' shops. No bureaucrat or corporate lackey would have thought, 'What if we call it Unicorn Puke and sell it like a high-end electrical product?' To smokers, switching to Niquo-Stop453 would have felt like a sad compromise: like being treated for a disease. Switching to Unicorn Puke feels like a choice.

Rory Sutherland, *Spectator*, 24 October

WHATEVER ALCOHOL COMPANIES DO to fight back against the declining popularity of booze, deep changes in British culture have made booze less attractive. Forget the horrific tales of drunken escapades from Magaluf to the Bullingdon Club. The real story is of the strange death of boozy Britain.

Tim Wigmore, *New Statesman*, 9 October

THERE IS A CONTRADICTION at the heart of the policy agenda, where a rhetorical commitment to patient choice turns out to be fatally compromised by a paternalism that the health service claims to have abandoned. Patronising people and protecting them from themselves just won't wash anymore. If we choose to smoke or vape, or drink or eat too much, that should be up to us.

Dave Clements, *Guardian*, 1 October

A BALANCED ASSESSMENT of the evidence, rather than the ideology, surely is the best guide to policy. For my own part, a softening of the legislation on drug use (coupled, of course, with access to medical treatment), combined with a hardening of social attitudes against it appears the most fruitful way forward.

Hamish McRae, *Independent*, 21 October

Read the full interview online
www.drinkanddrugsnews.com

Drug sector veteran Rowdy Yates talks to *David Gilliver* about the value of therapeutic communities, and the therapeutic value of music

ACADEMIC NOTES

'IT'S KIND OF SCHIZOPHRENIC FOR ME BECAUSE ONE DAY I'M AN ESTEEMED ACADEMIC DOING MY PRESENTATION AND THE FOLLOWING DAY I'M UP ON STAGE PLAYING,' says Rowdy Yates of last month's annual conference at the San Patrignano community in Italy.

A passionate commitment to both therapeutic communities and music has defined his 46 years in the field, and although he resigns his post as senior research fellow at the University of Stirling at the end of this year, he's staying on as president of the European Federation of Therapeutic Communities (EFTC) until 2017. And the community of San Patrignano (*DDN*, March 2014, page 8) is a shining example of what the sector can achieve, he believes.

'It's great,' he says. 'I mean, you're talking about 1,500 people – it's the biggest rehab in the world, really, and there's a very strong, therapeutic community emphasis on self-help, self-governance.'

Is it a model that we could perhaps look at a little more closely in this country? 'My view is that we could look at residential rehab much more closely and favourably than we do,' he says. 'We've had 20 years of thinking that residential treatment is profoundly expensive and therefore a last resort.'

Much of the research comparing residential and non-residential models 'doesn't compare like with like', he argues. 'They'll include the accommodation costs in the residential side of the equation, for example, but not in the non-residential side. I can understand why they do that, but the truth is that the majority of people receiving long-term methadone maintenance are probably also receiving housing benefit, so their accommodation is still costing the state.'

He came into the field in the late 1960s via his own heroin use and a belief that if people wanted effective support they'd need to create it themselves. 'A group of us ex-heroin addicts had been attending Alcoholics Anonymous, which at that time was about the only game in town. Drug dependency units, as they were known, were prescribing heroin and clearly didn't believe in recovery, so we decided we'd set up our own little support group.'

Does he feel that the value of therapeutic communities has been properly recognised, or is there still a way to go? 'No, there's a very long way to go, and unfortunately I think the track we set out on was the wrong one. One of the major mistakes therapeutic communities made was to accept that they were about drug treatment. That effectively made them part of the health service, measured by those kind of randomised control trials that are very, very difficult to implement in such a complex intervention.'

What such communities are really about is people learning to live and behave in a different way, he believes, and helping each other to do that in a structured environment. 'In some respects we've hamstrung ourselves into being simply about drug treatment, and I don't think the approach is simply about that. I think it's much broader.'

Is it too late to reverse that now? 'I think so,' he says. 'One of the problems therapeutic communities and other residential agencies have faced over the last 20 or 30 years is the hijacking of some of the radical psychiatry notions about closing down big psychiatric institutions and moving people into the community. Right-wing governments – like Margaret Thatcher's – hijacked that notion because they saw an opportunity to save huge amounts on health costs, not because they thought people could be cured in the community but because they thought, "We can close down this massive loony bin and sell it to Tesco".'

That bred a notion of 'residential bad, community good' that still exists, he argues. 'But I think we're beginning to move out of that and recognise that it's not really about residential and non-residential, it's about treatment dosage. Some people will need a higher level of treatment intensity, a bigger dose, and the most effective way of delivering that is probably in a residential setting.'

So how does he feel about his imminent retirement? 'I think it's time, really, although I'm going to retain some of my responsibilities. Looking back, the major milestone for me was being made Phoenix Futures' first – and only – honorary graduate. That was far more important to me than my MBE or other appointments over the years.'

His retirement will also give him the time to indulge his other passion, music, especially with his band Running wi' Scissors. 'I love playing music, but I kind of came out of it for a number of years and didn't play at all, because for me my involvement in it was associated with my involvement in drugs. I was frightened to play music, I suppose.'

The value of music and other creative activities in people's recovery is something else that remains hugely under-appreciated, he says. 'Music and drama and dance are often seen simply as ways of filling residents' time – something they can do in the evenings. I think it's much more important than that. We know from studies that playing music fires off synapses in the brain that don't otherwise fire, so it has a profound effect on people's thinking and self-esteem. That's a really interesting area to explore.'

Toodle pip Kayleigh

This month DDN waves 'au revoir' to Kayleigh, who leaves the team after four and a half eventful years. Known for one of the best 'can do' attitudes ever witnessed, she has turned her extremely capable hand to many different roles on the magazine, website, social media and events – not to mention cake-making, dog-minding and all the other duties of a busy assistant editor.

As she heads out into the big wide world of copywriting we wish her all the best for the future and will miss her, as will any of you who had the good fortune to meet her or be greeted on the phone by her cheery voice.

Kayleigh, we wish you every happiness in your future career.

A DECADE OF DDN

In November 2005, FDAP's annual conference debated 'This house believes that there should be drug consumption rooms in this country'.

FOR THE MOTION: Kevin Flemen, KFx

As long as we don't have consumption rooms, people have to inject in public areas. There are risks to the public from discarded needles and more chance of people having fatal overdose. There's far more chance of wounds and infections...

The model will vary according to local need – there's no 'one size fits all' – and it's not a panacea for solving problems. But the suggestion that this is legalisation through the back door is utter flimflam. How many deaths per year are we willing to have for this argument?

AGAINST THE MOTION: Peter Stoker, National Drug Prevention Alliance

Double standards flaw too much thinking in harm reduction... As guardians of public health you must design around the worst cases, and there is too much of concern here. The health of most of the public does not feature in these discussions – nor for that matter, the damage to public health from users who are not yet addicted...

We should be striving for worthwhile progress – not the variety commented on by a Polish writer, who asked: 'Is it progress if a cannibal uses a knife and fork?'

VOTE RESULT: Motion carried

'There are risks to the public from discarded needles and more chance of people having fatal overdose...'

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

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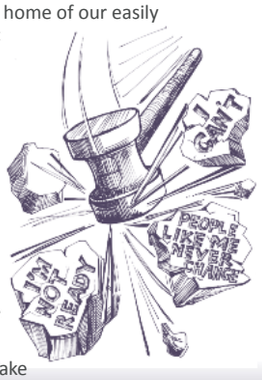

We have launched a new cutting edge website – **www.intuitivethinkingskills.com**. The site also includes an e-learner portal, through which we will be developing our online presence over the coming years.

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You'll provide advice and information to service users, as well as an outstanding service for their families. You must be able to build rapport quickly with clients, and motivate them to make appropriate decisions.

Having handled a significant caseload in a busy environment as a Recovery Coordinator or similar, you'll have a deep understanding of substance misuse, complex needs and the Recovery Agenda. It's an extremely varied role, so flexibility, a track record of DANOS compliance and knowledge of relapse and other barriers to recovery will be vital.

We also look for excellent communication skills – ideally, a vocational qualification such as an NVQ 3 or equivalent. These roles require a high level of administration, organisation and time management, and it is desirable that you hold a full UK driving licence with access to your own transport.

Leading by example, you will provide line management support to team members while holding a reduced caseload, and support the Operations Manager to ensure service delivery targets are met. Significant substance misuse experience is essential, as well as experience of providing line management or mentorship support.

To apply... https://careers.turning-point.co.uk/search-vacancies/?ref=2353
Closing date: 12th November 2015