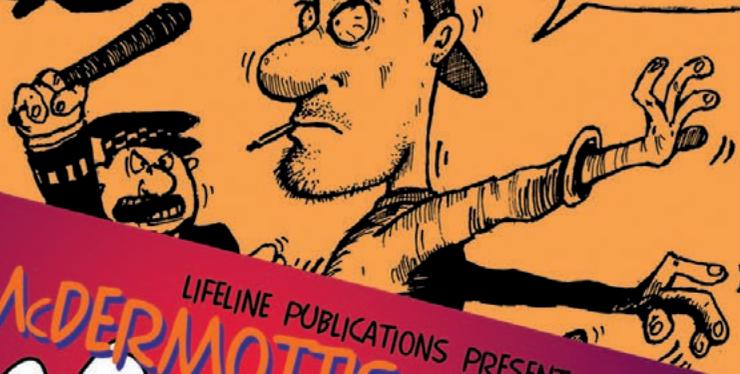


DDDN

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WITH PEANUT PETE

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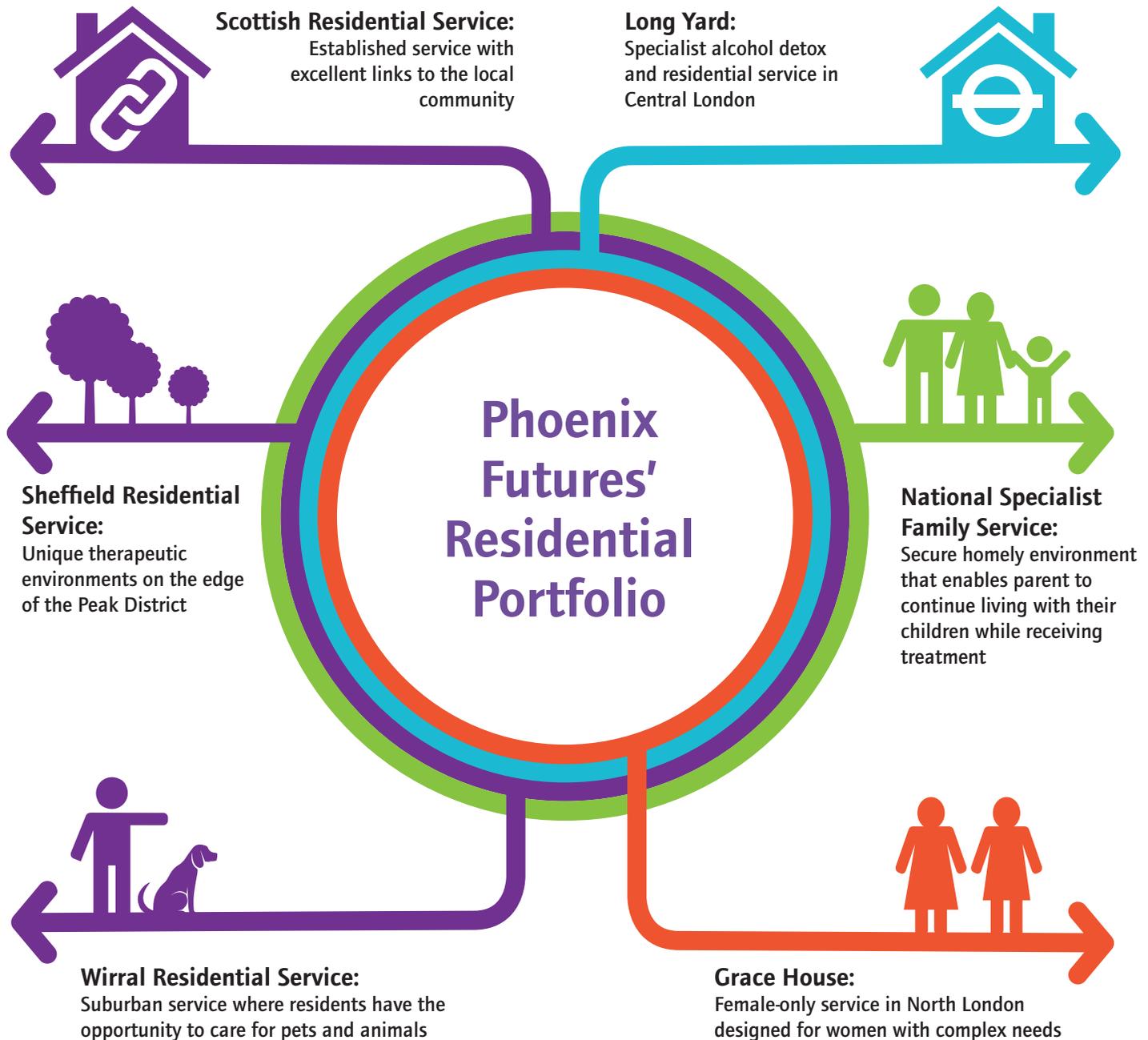
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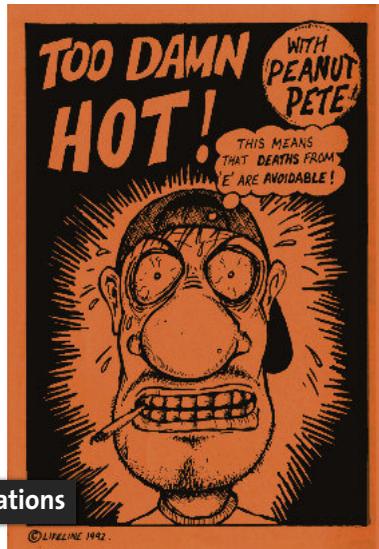
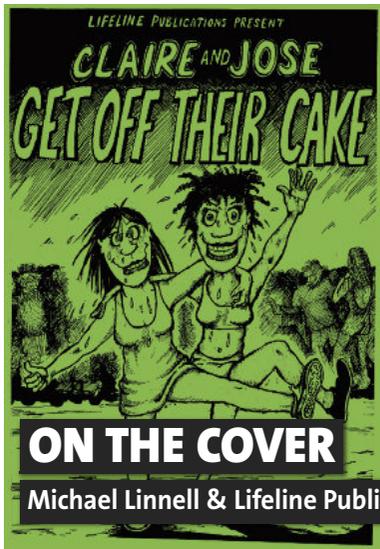
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EDITOR'S LETTER



'Don't be afraid to challenge or offend to get a life-saving message across'

Michael Linnell's cover story will still have the capacity to shock (page 8). Is it the graphic drawings? Is it the confrontation of difficult and taboo subject matter? Or is it the fact that he refused to be deterred in creating campaigns for 'the most marginalised and stigmatised' in society? How many of us would have given up at the threat of prosecution, the press attacks, the repeated obstruction?

'There are two ways of producing a communication,' he told us. 'Either you do something you think will be inoffensive and not upset anybody outside of the target audience, or you do something to appeal to the target audience.' With commissioning so tightly governed by local budgets, this might seem like a wistful glance at bygone days. But it's also a reminder to stay passionate about things that matter, and not be afraid to offend to get a life-saving message across.

Addressing a group of parliamentarians and professionals the other week, Anne-Marie Cockburn placed her daughter's shoes on the House of Commons committee room table, before delivering a resonating speech about the irrelevance of young people's drugs education (page 12). It came from the heart: her daughter Martha's experiment with MDMA would not have become tragedy had she known some basic harm reduction, and Anne-Marie was asking us to confront the woeful irrelevance of 'just saying no'. How hard this routine must be for a grieving parent; but how many people must be revising their views because of those shoes?

Claire Brown, editor

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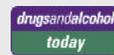
Cover artwork by Michael Linnell

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'NO SLOWDOWN' IN NEW PSYCHOACTIVE SUBSTANCES, SAYS EMCDDA

THERE ARE 'NO SIGNS OF A SLOWDOWN' in the development and discovery of new psychoactive substances (NPS), according to the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) latest report on the continent's drug markets. A hundred new substances were reported for the first time in 2015, and the EU's early warning system is now monitoring close to 600.

As the UK government delays the implementation of its beleaguered Psychoactive Substances Act (see below), the report also warns that, given the nature of the

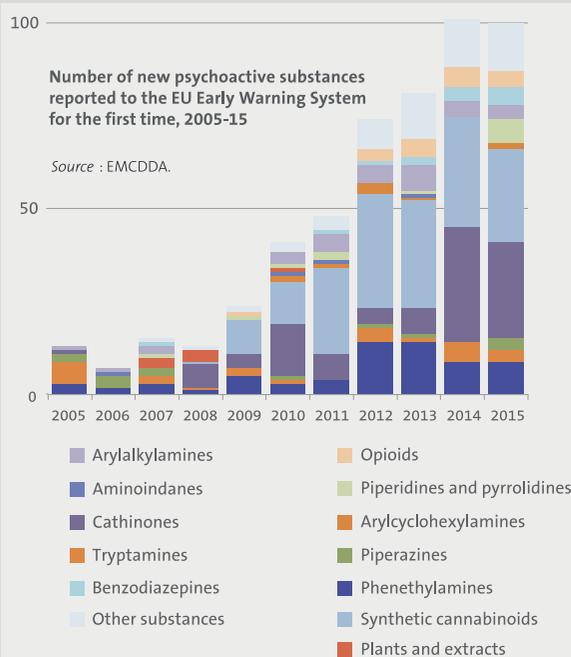
market and the 'continuous stream' of new substances, it is 'unfeasible' that all of them could be controlled. 'It is unlikely that any regulatory system can be designed to sufficiently limit the stream of new substances being manufactured without resorting to a ban on a huge range of chemicals,' it states.

Europeans spend at least EUR 24bn a year on illicit drugs, says the document, with evidence of increasing links between drug trafficking and other criminal activities, including terrorism. Criminals have also been quick to exploit the opportunities presented by the internet and increased globalisation, it says, and warns that instability in regions neighbouring the EU could also have a 'profound' effect on Europe's drug market.

Cannabis is estimated to account for 38 per cent of the entire retail market for illicit drugs, while cocaine is the continent's most commonly used illicit stimulant, with a market estimated to be worth at least EUR 5.7bn per year. The heroin market, meanwhile, is estimated at EUR 6.8bn a year, with recent signs of increasing availability that 'may signal increased harms'. Levels of opium production in Afghanistan have remained high, and there is evidence of 'increasingly flexible and dynamic' production techniques and trafficking routes, says the report, including via the Southern Caucasus, Africa, Iraq and Syria.

'The EU drug market is driven by two simple motives: profit and power,' said EMCDDA director Alexis Goosdeel. 'Understanding this, and the wider impacts of drug markets on society, is critical if we are to reduce drug-related harm.'

*2016 EU drug markets report at
www.emcdda.europa.eu*



POPPING OUT

THE IMPLEMENTATION OF THE PSYCHOACTIVE SUBSTANCES ACT 2016, which was due to come into force last week, has been temporarily postponed by the government. Alkyl nitrites ('poppers') have also been exempted from the controversial legislation after the ACMD wrote to drugs minister Karen Bradley to say that, in its view, they did not fall within the scope of the act's current definition of 'psychoactive substances'. A proposed amendment to exempt poppers from the legislation was defeated earlier this year (DDN, February, page 4).

CHANGING TIMES

CRI HAS CHANGED ITS NAME to change, grow, live, the organisation has announced. 'Our priority is to work with service users, who are some of the most vulnerable people in society, and help them to make the changes they need

to make to live independent and purposeful lives,' said chief executive David Biddle. 'We believe that everyone is capable of positive and lasting change and we wanted to have a charity name that more closely reflects this vision.'

DECRIMINALISATION CALL

ALL 'MINOR AND NON-VIOLENT DRUG USE, possession and petty sale' should be decriminalised, according to a commission established by the *Lancet journal* and Johns Hopkins University. Existing drug policies are directly contributing to 'many of today's most urgent public health crises', says the commission's report, which was produced to coincide with this month's UN General Assembly Special Session (UNGASS) on the world drug problem. *Public health and international drug policy at www.thelancet.com*



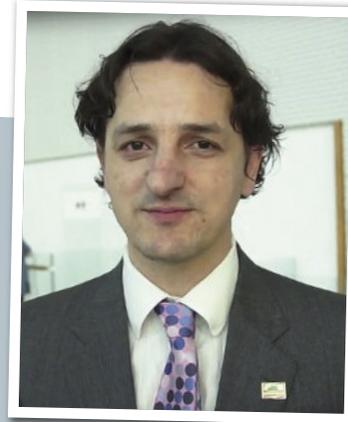
'We believe that everyone is capable of positive and lasting change.'

DAVID BIDDLE

TAKE IT TO THE LIMIT

NINE PER CENT OF DRINKERS in the UK had drunk more than the new recommended weekly limit in a single day, according to the latest alcohol figures from ONS. While the proportion of 16-24 year olds who had drunk in the previous week had fallen from 60 per cent in 2005 to less than half, those young people who did drink were the most likely to have consumed their weekly recommended limit in one day, and almost three in five adults reported drinking some alcohol in a typical week. 'It's clear from these figures that although there are now more people, especially younger ones, who don't drink alcohol at all, there is still a significant group of other people who are drinking well in excess of the latest health advice,' said ONS statistician Jamie Jenkins.

Figures at www.ons.gov.uk



CANNABIS CASE

CANNABIS SALES SHOULD BE ALLOWED TO ADULTS from 'specialist, licensed' stores, according to a report published by the Liberal Democrats. The document is the work of an expert panel commissioned by the party to look at how a regulated cannabis market could function in the UK. 'Millions of people use cannabis in the UK and there is a pressing need for government to take control of the trade from gangsters and unregulated dealers,' said panel chair Steve Rolles. *A framework for a regulated market for cannabis in the UK at www.libdems.org.uk*

'Millions of people use cannabis in the UK and there is a pressing need for government to take control of the trade...'

STEVE ROLLES

SERVICES CONTINUE TO FEEL CUTS PAIN

NEARLY 60 PER CENT OF RESIDENTIAL TREATMENT SERVICES have reported a decrease in funding to the Recovery Partnership's latest *State of the sector* report, along with nearly 40 per cent of community services. Just ten and eleven per cent respectively reported an increase, the document states.

Produced by Adfam, the report is based on an online survey and telephone interviews carried out in the last quarter of 2015, with more than a quarter of all services reporting an increase of ten per cent or more in the number of clients accessing them. Meanwhile, 44 per cent had been through either tendering or contract re-negotiation in the previous year, and half expected to do so in the year ahead.

A fifth of respondents felt that access to mental health services and/or housing support had worsened, suggesting that 'better joined-up support for people with dual diagnosis and multiple and complex needs' was necessary, the report states. Just under 70 per cent reported actively recruiting ex-service users as paid employees, while almost all said they recruited them as volunteers.

More than half also felt that funding changes had had a negative effect on both workers' caseloads and workforce development, and more than 40 per cent said there had been a negative impact on core services. However, 'passion, innovation and resilience' remained evident despite the challenges, the report stresses. The report revealed a system 'struggling to support some of our most vulnerable citizens', said Adfam chief executive Vivienne Evans. 'It provides vital intelligence on how services are coping, or not coping, and contains worrying findings on the impacts of funding changes to the delivery of core services. As ever, highly committed staff and innovative practice were also uncovered.'

State of the sector 2015 at www.recovery-partnership.org



Report reveals a system 'struggling to support some of our most vulnerable citizens. It provides vital intelligence on how services are coping, or not coping, and contains worrying findings on the impacts of funding changes to the delivery of core services.'

VIVIENNE EVANS

TAX TALK

THE LOCAL GOVERNMENT ASSOCIATION (LGA) is calling on the government to extend tax breaks on beer to lower-strength ciders, wines and spirits. This would encourage the industry to widen the availability of low-strength drinks and help combat the annual £3.5bn cost of dealing with alcohol-related ill health, it says. 'The drinks industry and several retailers have gone some way to make and sell lower strength drinks but we want them to go much further,' said LGA spokesperson Tony Page.

SPENDING POWER

HIV-RELATED DEATHS and new HIV infections among people who use drugs could be almost entirely eliminated by 2030 with 'just a tiny shift in global drug control spending', according to a report from Harm Reduction International. Redirecting 7.5 per cent of the US \$100bn spent on drug enforcement and control to harm reduction measures would cut deaths by 93 per cent, says *The case for a harm reduction decade: progress, potential and paradigm shifts*. Document at www.ihra.net

LOW-PRICED LIMITS

THE REVISED WEEKLY LIMIT OF ALCOHOL UNITS can be bought for as little as £2, according to a report from Alcohol Concern Cymru. A 'snapshot' survey of supermarkets and off-licences in six towns and cities across Wales found alcohol on sale for as little as 15.5p per unit. 'Typically, it's heavy drinkers who favour low-price alcohol, meaning that it

is the cheapest alcohol on the market that is bought and consumed in the greatest quantities and which causes the greatest harm,' said spokesperson Mark Leyshon.

www.alcoholconcern.org.uk

WELSH ON THE DEAL

A PROPOSED BAN ON THE USE OF E-CIGARETTES in public places in Wales (*DDN*, May 2014, page 4) has been defeated by a single vote. Although Plaid Cymru had originally planned to allow its assembly members a free vote on the public health bill of which the proposals were part, it ultimately voted against, meaning the bill failed to pass.

COLLECTIVE ACTION

COLLECTIVE VOICE has become an associate of the Making Every Adult Matter (MEAM) coalition, which works to improve policy and services for people with multiple needs. 'The majority of individuals using substance misuse services have a wide range of other needs,' said Collective Voice chair Karen Biggs. 'To support them we need to influence policy and services across different sectors, and MEAM will provide excellent links across criminal justice, homelessness and mental health.'

ONE YOU

A NEW NATIONAL CAMPAIGN to help address preventable illnesses caused by lifestyle factors such as drinking or smoking has been launched by PHE. *One You* aims to encourage adults to 'take control' of their health to avoid problems in later life.

BUSINESS WINS

NON-EXPERT IN-HOUSE LEGAL ADVICE and fear of expensive appeals mean many local authorities are failing to use licensing 'to its full potential', according to a report from the Institute of Alcohol Studies. The 2003 Licensing Act is 'commonly interpreted to the advantage of the licensed trade', says *The Licensing Act (2003): its uses and abuses 10 years on*, with any health concerns addressed likely to be those related to street drinking or domestic violence. 'Local councils could help themselves more by paying closer attention to the act and case law in order use licensing more assertively, but there is also a need for the government to better support councils against challenges from the licensed trade,' said lead author Jon Foster.

Report at www.ias.org.uk



'Local councils could help themselves more by paying closer attention to the act and case law.'

JON FOSTER

BUDGET BLUES

THE CHANCELLOR'S DECISION to freeze duty rates on beer, cider and spirits as part of his controversial budget last month has been criticised by alcohol health bodies. The budget did 'nothing to protect young people from the devastating harms of the cheapest, strongest alcohol' said campaign group Balance North East.





YES YOU CAN!

BUILD ON BELIEF (BoB) recently held their eighth annual award ceremony and celebrated their ten-year anniversary through an evening of entertainment and celebration at Kensington and Chelsea Town Hall.

One of BoB's volunteers, Kelly, explained how helping other service users got her back on track: 'I had a rocky few years. Volunteering really helped and supported me – being able to be myself and share my experience.'

Among the award winners, collecting the Kevin Plunkett-Gibney Memorial Award, Linda Chan said: 'I had 32 years of drug use. Getting off them wasn't a problem – staying off them was. Tim [Sampey] explained how I could use my skills in that world and put them to good use. Coming off drugs is one thing – building a life is another. BoB gave me that.'



'Coming off drugs is one thing – building a life is another. BoB gave me that.'

LINDA CHAN

also covered, to help with detecting symptoms of physical conditions earlier.

'It has been my mission over the last eight years to tackle the premature mortality of people with psychosis,' said Dr David Shiers, honorary research consultant for the Psychosis Research Unit at GMW. 'There needs to be a more holistic awareness of the condition and its potential impact on physical health and quality of life.' www.gmw.nhs.uk



AMELIA RUNS MARATHON FOR HER RAPT JOURNEY

AMELIA BARBER will be among the runners in the London marathon this year, fundraising for the Rehabilitation of Addicted Prisoners Trust (RAPt). Now working as a nurse on an oncology ward at Guy's Hospital, she is running to 'give back' to the charity that helped her to change her life.

'I struggled with drug and alcohol addiction for several years and it caused me to lose my home, my family, my job, my values, my health and my self-respect,' she said. 'At my worst I was homeless, drinking and using drugs every day to block out the pain of living.'

Joining RAPt's Island Day Programme in Tower Hamlets brought her in contact with counselling, structure and support. 'I will always be grateful to RAPt for helping me when I couldn't help myself,' she said. 'I wouldn't have wanted to do the marathon for anyone else – I know that money will make a real difference to RAPt, and most importantly to the people whose lives it helps to change.'

NOTTINGHAMSHIRE SERVICE USERS SHOW THEIR SPIRIT

LIFE-CHANGING CONTRIBUTIONS TO RECOVERY across Nottingham and Nottinghamshire were recognised at Double Impact's Spirit of Recovery Awards.

Celebrations were held at the charity's flagship social enterprise Café Sobar, with an opening address from Professor David Best, professor of criminology, development and society at Sheffield Hallam University. Service users from the Recovery in Nottingham's creative writing group then gave readings of their own poetry, introduced by Miggy James, winner of



the Exceptional Recovery Worker award.

Sixteen award categories attracted entries from individuals and organisations across the county, with votes made by service users, staff, peer mentors and volunteers.

'I can't believe that within a year of finishing the mentoring diploma I am now in fulltime employment with New Directions Nottinghamshire,' said winner of the Extraordinary Achievement Award, Sandra Platten. 'I am so grateful to everyone at Double Impact Academy.'

The award ceremony was followed by music from Rob Green and Gallery 47 – part of Café Sobar's monthly music event to showcase talent from Nottingham's live music scene.

NEW BOOKLET HELPS YOUNG PEOPLE WITH PSYCHOSIS

A BOOKLET has been produced by Greater Manchester West Mental Health NHS Foundation Trust to help young people who are experiencing psychosis for the first time, helping them look after their physical health and maintain a healthy lifestyle.

Right from the start: keeping your body in mind includes useful questions for young people to ask their healthcare professional so they can get help with stopping smoking, reducing their alcohol consumption and making positive adjustments to diet and lifestyle. The need for routine checks such as blood pressure, weight and cholesterol are

Life-changing contributions to recovery... recognised at Double Impact's Spirit of Recovery Awards.

MUSICAL CHALLENGE

A SERIES OF MUSIC WORKSHOPS have been supporting women to make changes to help them out of drug addiction, prostitution, physical abuse and homelessness.

Award-winning charity Create teamed up with the U-Turn Women's Project and international law firm Reed Smith LLP to deliver the *creative: u-turn* programme, led by Create's professional musician, John Webb.

Women from East London's U-Turn Project were involved in experimenting with instrumentation to create films that echoed their personal experiences.

'It offers a chance to explore creativity, an effective and cathartic way to channel emotions and feelings that can be difficult to verbalise,' said Create's chief executive, Nicky Goulder. 'The project also endeavours to nurture new relationships, creating support networks for those who have shared similar challenges in life.'

BEAU TAKES THE LEAD AT KENWARD

BEAU THE LABRADOODLE has joined the team at Kenward Trust. Since arriving at 13 weeks old, he has shown himself to be a calming influence, building trust, while being walked, groomed, taught and spoiled by residents.

'We hope that he will encourage exercise and responsibility but we really feel he will come into his own when a resident is struggling and can't open up to staff or even peers,' said project manager Nicola Boniface. 'He will be the third medium and through stroking him and trusting him, staff and residents may be able to make psychological contact during those really vulnerable times and work on the issues the individuals are struggling with.'



FAMILY SUPPORT

More news and resources at:
www.drinkanddrugsnews.com



NACOA's (the National Association for Children of Alcoholics) annual lecture at the House of Commons set out an action plan to give the issue the public profile it deserves. DDN reports



PAINFUL INHERITANCE

THE CHILDREN OF ALCOHOLICS were 'the innocent victims of booze, who never ask for the pain they suffer', chair of the All Party Parliamentary Group (APPG) on Children of Alcoholics, Liam Byrne MP, told delegates at NACOA's David Stafford Memorial Lecture.

All children of alcoholics grew up experiencing insecurity, shame, guilt and worry, he said, as well as 'the instinct to try to create order, build armour plating, and never take it off'.

When his own father died he'd thought 'finally he's in a place where no one can hurt him, and where he can't hurt himself', he said. His father had been idealistic and driven, eventually becoming leader of Harlow council, but 'as he rose up the ranks his dependence on alcohol deepened', particularly after the death of his wife. 'I struggled for a long time with whether I should speak out,' said Byrne, 'with the worry that I might be dishonouring my dad. But my dad was the child of an alcoholic too.'

Many of the stories he'd heard since he took the decision to speak out were 'hard to listen to', he said, with people describing loneliness, abuse, violence, or 'special occasions like birthdays and Christmas that were more crisis than celebration'. However, these were stories that people 'need to hear about', he stressed. 'If we can begin to break the silence and end the stigma, then we can help to break the cycle for those children experiencing a hell on earth.' Children of alcoholics were three times more likely to become alcoholics themselves and three times more likely to attempt suicide, he told the event.

The aim of the APPG, which launched in February, was to 'make a difference', he said. 'Public support is, frankly, a shambles.' No local authority had a specific strategy in place to support the children of alcoholics,

he pointed out, while referral rates for treatment varied widely between areas and many treatment budgets were facing cuts. 'We have to join together and say that this is unacceptable.'

The group was calling for more investment in helplines, as well as public information films aimed at parents to 'bring the message home of how much damage they're doing', he said. 'We need to have an adult conversation about this.'

The APPG had also published a proposal for a new law, the Children with Alcoholic Parents (Support) Bill, which called for a national strategy as well as the appointment of a minister with national responsibility to support those affected and coordinate services. The law would also require councils and the NHS to set out the scale of the challenge in their local area, and to publish details of their budgets for support and treatment. This would form part of a national league table 'to show which local authorities are doing good work, and which aren't', he said.

'I had no idea that the support was as shambolic as it is,' he stated. 'There's a lot of people doing good things, and a lot of effective models, but there's obviously a need to put in place more research, so we can really see what works.' The APPG was planning an event that would allow those affected by the issues, as well as charities and other organisations, to give evidence about 'what needs to change', he said, with the findings forming part of a manifesto to be taken to the party conferences in the autumn.

The biggest challenge, however, remained 'getting it to the top of the list', he said. 'People are only really waking up to the scale of the problem now. We've deliberately set our initial campaign asks as something it will be easy for the government to deliver, and that's why we're asking for transparency about what's going on locally. Once you've got that comparable data it becomes easy to say, "this needs to change".'

The way that the conversation around mental health had evolved over the last few years had provided an inspiring example of what could be achieved, he said, but there were clearly major



'I struggled for a long time with whether I should speak out... with the worry that I might be dishonouring my dad. But my dad was the child of an alcoholic too.'

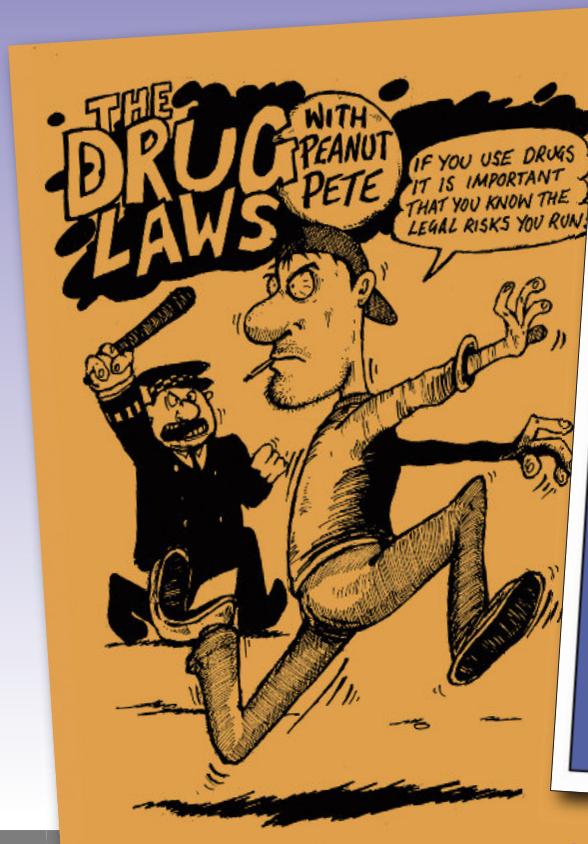
LIAM BYRNE, MP

barriers to overcome. 'When Sally Davies published the new drinking guidelines you had this slightly hysterical reaction in parts of the media, and we really need to get over that.' It was unlikely that the current government would make 'big changes' around alcohol policy, he acknowledged, but smoking campaigns were proof that a strategy framed around the impact on children could have a genuine impact.

'Every revolution starts with a few people in a room,' he said. 'We couldn't fix things for our parents, but we can fix things for our children. Recovery is a place we can all get to if we choose.' **DDN**

HARM REDUCTION HISTORY

Thirty years after Michael Linnell's first graphic harm reduction campaigns burst onto the scene he recalls the outrage – and the results – that spurred him on



A SMACK IN THE EYE

In March 1985 I answered an advert in *The Guardian*. A small drugs charity called Lifeline was looking for an artist, and they gave the job to me. Over the next 30 years I created a range of internationally acclaimed, and at times notorious, drug campaigns for the most marginalised and stigmatised sections of society.

In the mid-1980s, information aimed at drug users consisted of primary prevention campaigns of the 'drugs are bad' ilk and a handful of advice leaflets. The emergence of HIV (then called HTLV III) required a new public health response. Tossed like a harm reduction hand grenade into the primary prevention trenches came the rudest drug campaign anyone had ever seen.

Smack in the Eye was based on speaking to drug users (a novelty back then) and asking them what they wanted, found funny and were likely to read, rather than what was least likely to cause offence. It had quite an impact. It had been banned by the probation service, reviewed by *The Times Educational Supplement* and had featured on BBC 1 before the 500 pilot copies of the comic were even distributed. By the time we had been interviewed by the director of public prosecutions (twice), it had been discussed in the House of Lords and commended by the WHO. It was called 'grossly offensive and pornographic' and accused of just about every 'ism' and 'obia' around at the time.

Not only did it contain explicit information on safer drug use and safer sex, it critiqued many aspects of the drugs field – from some of the more pretentious extremes of therapy to mass methadone prescribing. We even highlighted one of the little known but most dreadful consequences of heroin addiction – the delusion that you can write poetry when you give up!

We had expected to be attacked by the press, but surprisingly this came many years later (the *Daily Mail* dubbed us a 'threat to the youth of Britain'). It was our fellow professionals who both asked the police to arrest us (nobody was really sure which laws we were breaking but were sure we must be doing something illegal) and occasionally wrote to us complaining. However, these complaints were far outnumbered by the 'fan mail' we started to get from drug users.

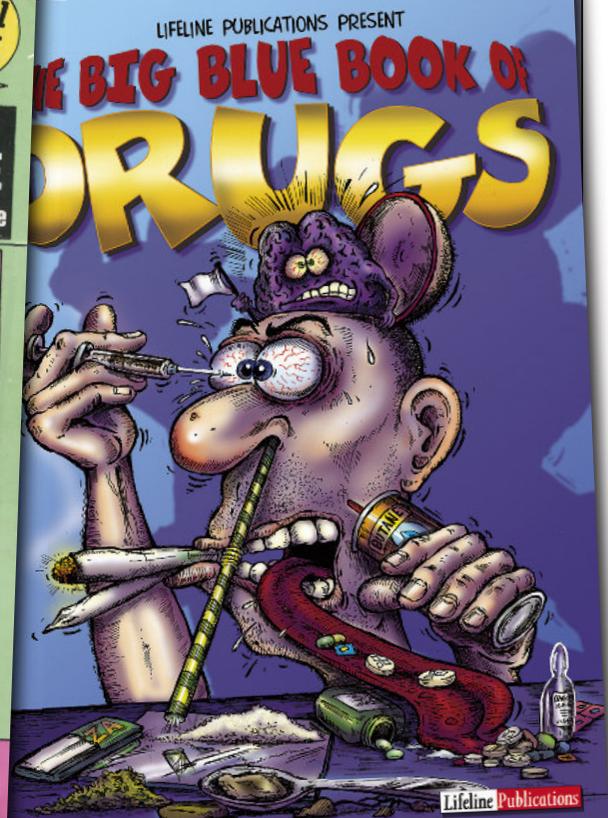
By 1990 the 'acid house' (rave) scene was flourishing among a group of young people using LSD, amphetamine and ecstasy to get off their trumpet and dance all night to electronic music. We recognised that there was an urgent, unmet need for accurate harm reduction advice for this group and *Peanut Pete* was designed to change the image of drug services that were perceived to be 'just for junkies'.

The leaflets were originally distributed at record shops and hairdressers in Manchester. They became an instant success with drug users, so we started to sell them nationally to other services and they sold in their millions, funding our work and allowing us to keep our editorial independence. They also attracted considerable national press interest and we were even (briefly) in the government's good books when in 1992 the *Peanut Pete* campaign was described by the European Parliament as 'by far the best in Europe' and chosen to represent the UK at the "European Drug Prevention Week" conference.

One of the first people in Britain to die from ecstasy use was a young girl in a nightclub in a Manchester, which was at the time christened 'Madchester' by the press. Nobody really knew why the handful of tragic deaths had occurred until we heard that a toxicologist, Dr John Henry, thought the deaths were due to overheating. We managed to get hold of his (at the time unpublished) research and produced *Too Damn Hot* – a leaflet containing the first ever advice to ecstasy users about heatstroke.

In the early 1990s, we had leaflets distributed by drug workers and volunteers who worked in nightclubs (such as The Hacienda) and at "raves". This led to a campaign of harm reduction information, policy and training around nightclub drug use we called *Safer Dancing*. It was hugely influential, despite a serious lack of funds, and became the blueprint for the many initiatives that sprang up, both in the UK and internationally.

All the publications in the archive were aimed at specific populations of drug users as diverse as children groomed by paedophiles to professional footballers (commissioned by the PFA). They were all based on extensive research with these target populations and we used their expertise. Although there is a long tradition of



drug users writing about drugs going back to Thomas De Quincey, it still raised a few eyebrows when in the early 1990s we commissioned a drug user to write about drugs. *McDermott's Guides* were designed to be credible and entertaining enough for experienced users to want to pick them up and read them.

However, it was often the pictures that got us into more trouble than the words. An example of this is *On the Beat*, a booklet based on research with female street sex workers. The 'sexy' and 'glamorous' images of the women caused some controversy, but that is the way the women we spoke to wanted to be represented, so that is how I drew them.

As the new millennium dawned I was managing a research and communications project on homeless populations of injectors. The project had initially been going well and had led to an overdose leaflet, involving police and ambulance services in a joint overdose protocol. The police would now only be called if there was a death or an under-16 involved.

It was when we tried to do something about this unhygienic places where the homeless population were injecting that the project ran into a bit of trouble. We produced an injection box designed as a 'safe space' and filled this with all the injection equipment needed for a day – an initiative that led to us being threatened with arrest under section 9a of the Misuse of Drugs Act.

By the end of the project we were under siege, and still under threat of arrest when the Home Affairs Select Committee (HASC) report came out. The Committee (including future prime minister David Cameron) had visited and taken me to dinner to talk about the work. But when the report came out, our publications were accused of 'crossing a line' and promoting drug use. This led to the government trying (illegally) to stop anybody buying them with public money: we were under investigation by the Charity Commission and the National Lottery; we had complaints from Prison Officers Association sent to the Prime Minister's Office and were under attack by the entire national right wing press. The *Daily Mail* (bless!) called us 'groovy right-on activists'.

The box was never put out, but the subsequent furore and media storm created by us refusing to kowtow led to the Misuse of Drugs Act being amended to allow for the wider provision of injection equipment at needle exchanges. We survived the onslaught and had the most financially successful sales year in our history.

The work in the archive was produced for a national drugs charity, through setting up a publications department that survived for nearly 30 years just from

'It was called "grossly offensive and pornographic" and accused of just about every "ism" and "obia" at the time. Not only did it contain explicit information... it critiqued the drugs field.'

sales of the publications. That we did this by producing such uncompromising and challenging works is (I think) quite remarkable.

Although many of the publications in the archive rely on the use of humour, I always took the work seriously. I never assumed that information alone would lead to behaviour change and never attempted to tell people that they shouldn't use drugs, as I never believed this would prevent anybody from using them. The work was first and foremost an attempt to communicate with the target audience of drug users and to show them as people, with all the strengths and weaknesses that make us all human.

Enjoy, but be warned – many of the publications in the archive are still as gloriously rude, vulgar and likely to offend as when they were first created.

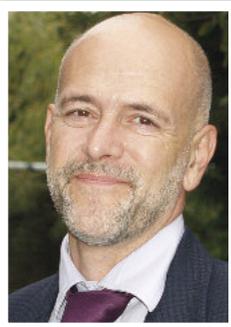
Hot off the press! Biffo the clown's guide to the PSA is now available in the 'new work' section at <http://michaellinnell.org.uk>



BEHIND THE STATS

PUT ON THE SPOT

Launching his new monthly *Behind the stats* column for DDN, **Russell Webster** looks at the inventive business of getting drugs into prison



I ALWAYS REMEMBER JOHN GRIEVE, the Metropolitan Police Commander who was a moving force behind one of the early drug strategies, passionately calling for an end to the war on drugs because: 'A war on drugs is a war on our own young people.'

Although his argument was a moral one, he backed it up with the practical argument that it was impossible to prevent drugs being available, citing as an example the large-scale heroin problem in post-war East Berlin despite the fact that the city was surrounded by a somewhat

notorious wall and four occupying armies.

It might be a cliché, but necessity has always been the mother of invention.

In 2005, I was part of a team that undertook a study into prison drug markets which found a wide range of ways of getting drugs into prison, including:

- concealed in mail and parcels
- thrown over the prison wall in oranges and dead pigeons
- brought in by visitors
- brought in by prisoners themselves, usually concealed in their anus, and
- occasionally, allegedly, smuggled in by corrupt prison staff.

There is currently widespread concern about the increased availability of legal highs – especially synthetic cannabinoids – in most prisons, revealed by a series of prison inspection reports and a briefing by the prison drug treatment provider, RAPt. Admission to both prison health care and local accident and emergency departments, assaults on fellow prisoners and staff and self-harm are all common consequences.

This made me wonder whether prison drug smuggling approaches have evolved over the last decade.

It appears they have. A recent Freedom of Information request by the Press Association revealed that there were 33 recorded incidents of drones being discovered in English and Welsh prisons in 2015 (up from two in 2014).

Drones are now very cheap and very low risk for the operator and if you're wondering how prisoners manage to get to the 'payload' before prison staff, prison inspectors have also pointed out how the easy access to illicit mobile phones makes planning deliveries a relatively straightforward matter.

Adherents of the war on drugs are coming up with their own responses – more searches, new machinery to screen incoming post and people, even training eagles to intercept drones (yes, really).

I know what John Grieve would say, though. He would say we should focus on providing advice, information and treatment, and encourage drug-using prisoners to look for a better life on release.

Further reading: HMIP (2015) Changing patterns of substance misuse in adult prisons and service responses; RAPt (2015) Tackling the issue of new psychoactive substances in prisons; Penfold, Turnbull & Webster (2005) Tackling prison drug markets: an exploratory qualitative study. Home Office online report 39/05.

Russell Webster is a consultant and researcher specialising in alcohol, drugs, crime and payment by results and runs a blog which aims to keep readers up to date on these issues at www.russellwebster.com

MEDIA SAVVY

The news,
and the
skews,
in the
national
media



THERE IS NO PERFECT TEMPLATE FOR REFORM. Different countries have had vastly different experiences. Culture, fashion, demographics and economics all play a part – arguably a bigger part – than state enforcement. But the international trend is moving away from the crudest form of ban-and-punish regime. Most cannabis users do little harm to themselves or others, except by funding organised crime, a function of illegality. Many who might otherwise dabble unscathed end up harmed by the consequences of prohibition: street products of unpredictable strength; career-ending convictions for minor offences; retail contact with gangsters.

Guardian editorial, 8 March

WHETHER YOU SUPPORT CANNABIS DECRIMINALISATION OR NOT, it's clear that the Lib Dems have limited ability to actually influence government policy. They have eight MPs now. Eight. Less than one seventh of the number they had in 2010... The Lib Dems had a chance to stand up for young people and they blew it. It's insulting they think this 'cool dad' act might be enough to turn things around.

Abi Wilkinson, Guardian, 9 March

THE BIG DOPE LOBBY and its many suckers and dupes constantly attack me for pointing out the dangers of the drug they want to legalise... When will the twin lies that there is a 'war on drugs' and that taking cannabis is a harmless, peaceable recreation, be exposed for the dangerous falsehoods they are?

Peter Hitchens, Mail on Sunday, 27 March

THE ATTITUDE TOWARDS DRINKING IN THIS COUNTRY is getting increasingly bizarre. On the one hand you have that laugh-a-minute health chief who says she can't even look at a glass of wine without ruminating on the increased risk of breast cancer, on the other you have our motley crew of lads and ladettes drinking themselves into oblivion in city centres... And then there are the rest of us, the vast majority who like a glass of wine or three but tend not to run amok or pick fights on aircraft and yet are still constantly berated for a nighttime snifter.

Virginia Blackburn, Express, 10 March

GOVERNMENTS WORLDWIDE NEED TO LEARN one crucial lesson from the emergence of NPS. Their emergence is directly related to global prohibition and the war on drugs we have been fighting for over 100 years, a war that has had few successes.

Karenza Moore, Independent, 4 March

I'm worth...

People with hepatitis C in the UK have a greater chance of being cured now than at any other point in the history of the disease. Recent advances in medicines mean that for many people they work better than before, treatment times are shorter and the drugs have fewer side effects and are easier on the body. However, while treatment for hepatitis C is changing fast, the eventual impact this will have on the societal burden of hepatitis C may be a great deal slower.

HEPATITIS C • NEW HOPE... • OLD PROBLEMS

To understand why it may be harder for new advances to help communities, we need to understand the unique hepatitis C environment as it can be very complicated, especially for people also living with addiction issues.

A COMPLEX PICTURE

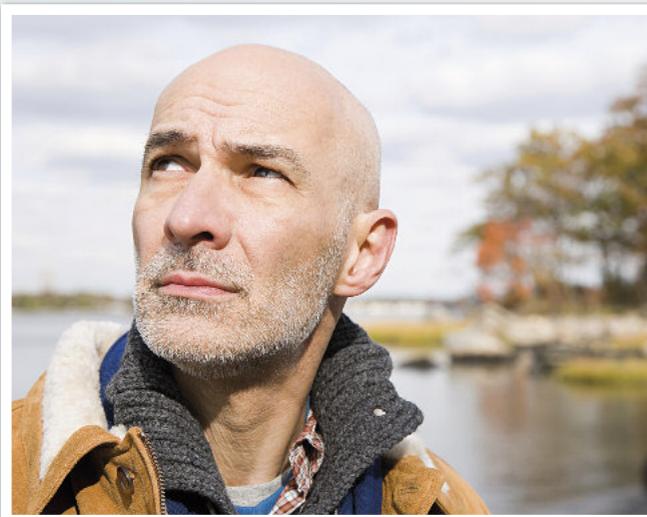
Around 214,000 people are infected with hepatitis C in the UK. Injecting drugs continues to be the most common way to contract hepatitis C, with half of people who inject drugs (PWID) in England and Wales thought to have been infected. In addition, about half of those again are not aware that they have the virus.

While testing and diagnosis numbers have increased over the last five years, the number of people with hepatitis C being treated is still low.¹ Historically a number of barriers and challenges have existed preventing people living with the virus from being treated successfully. These range from:

- clinical barriers like the effectiveness of treatment and side effects
- environmental barriers like suitable services for people dealing with addiction issues
- personal barriers, such as low awareness about the seriousness of hepatitis C and care options available.

SHIFTING BARRIERS

With the recent developments in treatment giving hope that clinical barriers to care will shift, the differences that exist among the population that suffer from hepatitis C mean other barriers are not so easily fixed. Stigma linked with hepatitis C infection and substance use is just one of the many complex challenges people face which may stop them from getting



Stock imagery, posed by model

We need to help patients realise that they are worth the best care and treatment...

the care and services that they deserve.

As available treatments will get rid of the virus in about nine out of ten hepatitis C patients, depending on their type of hepatitis C, there is a worry that vulnerable groups with complicated needs won't be in a position to take advantage of these advances which could potentially transform their health.

Over the coming months and years, services will need to be restructured to create better pathways to treatment; however an urgent need remains to motivate people living with hepatitis C to access care and services. We need to help patients realise that they are worth the best care and treatment: it doesn't matter how someone got hepatitis C, no one deserves to live with a life-threatening virus when today's treatments offer a better chance of cure.

BETTER SUPPORT

In response to many of these issues the I'm Worth... campaign has been created to support people living with hepatitis C. It aims to address the stigma that many people with

the virus face, encouraging and empowering people living with hepatitis C to access care and services no matter how or when they were infected. The campaign includes a web resource, materials and activities to help people feel comfortable and motivated to access NHS services, which may increase their chance of cure.

In a series of promotional features in *DDN* over the coming months, we will look in detail at many of the challenges that the hepatitis C community faces and explore the role of professionals in the drug and alcohol field in supporting them.

¹PHE. *Hepatitis C in the UK 2015*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448710/NEW_FINAL_HCV_2015_IN_THE_UK_REPORT_28072015_v2.pdf (Accessed April 2016)

For more information on the campaign and to access materials designed to support people living with hepatitis C please visit www.imworth.co.uk

The I'm Worth... campaign is supported by several patient groups with an interest in hepatitis C in the UK. The campaign, including this promotional feature, is sponsored and developed by Gilead Sciences, a science-based pharmaceutical company.
April 2016, HCV/UK/16-03/CI/1335a

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.



GET THE PICTURE - DDN



GET THE PICTURE - DDN



GET THE PICTURE - DDN

CHEERS...

Thank you for organising the national service user involvement conference. It certainly was a day to remember and could not have come at a better time, because we had only just recruited our four new recovery champions and this conference fitted in nicely with their induction period. They certainly enjoyed themselves, made lots of new contacts as well as meeting some old friends and have returned to work inspired, invigorated and full of ideas.

Scott, one of the recovery champs from Aylesbury said that it was great to feel part of a much bigger movement of like-minded people. Thanks, and looking forward to next year's event already.

Colin McGregor-Paterson, CEO, The OASIS Partnership, High Wycombe

FEAR FACTOR

I totally agree with Beryl Poole that fear may well be the dominant emotion felt by those currently using drug treatment services (DDN, March, page 12).

A lack of reward and recognition offered to service users, little acknowledgement of those pursuing 'recovery' journeys not based on abstinence, and services only looking at treated completions are the main reasons why I personally have stopped getting involved in user involvement.

Stigma surrounding drug use and those using drug services is

still pervasive and having to face that stigma while being used by commissioners and services as unpaid advisers can be thoroughly disheartening.

Peter Simonson, Camden, London

MAKE SPACE

I want to pass comment on the article *Burden of grief* by Esther Harris (DDN, February, page 11).

As an independent counselling therapist and clinical supervisor, I have worked within alcohol and drug rehabs in both Lancashire and Herefordshire. I still work with family members whose lives have been impacted upon by substance misuse, as has my own life.

I want to emphasise the point that Esther makes in her article, that it is essential that those who work in this field are alert to the impact on us of the horrendous life stories we hear from our clients. Also, I wish to thank Esther for reminding us of this. The impact of

this work can be managed if good use is made of supervision, which ideally should be provided externally – ie not provided within the therapist/worker's workplace.

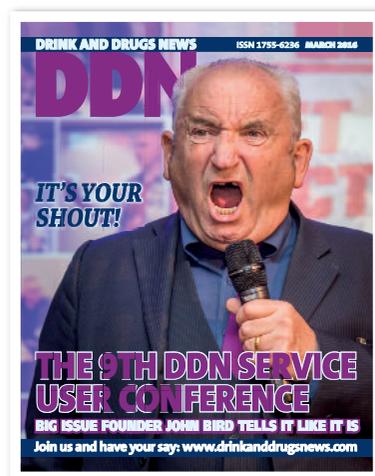
As therapists, care of self is essential to enable us to function outside of the therapy room as well as enabling us to be fully present with our clients. I cannot emphasise this enough. As I know only too well, it's easy to become caught up with our work and not to allow enough space for 'self'.

Jane Pendlebury MBACP (Accred), counselling therapist and supervisor, www.janes-counselling.co.uk

...AND TEARS

How disgusted and appalled I was to see a 'raging bull' on the front page of the latest issue.

Whoever made the decision to put this in any part of the magazine has no idea about recovery – they should know there is no room for aggression in



'How disgusted and appalled I was to see a 'raging bull' on the front page of the latest issue.'

recovery. I was not present at the conference, otherwise I would have challenged him when I got over the shock. It's ironic coming from a person who has made his money out of the plight of the homeless, many of whom were suffering from addiction.

Please educate your editorial staff and ensure if they have never been addicted, they are at least well versed on the sensitivity of people who are!

*Colin Miller-Hoare, peer mentor recovering alcoholic; author of *The Child in Me**

'A lack of reward and recognition offered to service users, little acknowledgement of those pursuing 'recovery' journeys not based on abstinence, and services only looking at treated completions are the main reasons why I personally have stopped getting involved in user involvement.'



GET REAL

Losing her daughter to an accidental overdose made **Anne-Marie Cockburn** determined to campaign for the realistic drugs education that could have saved Martha. She spoke powerfully to a recent meeting of the Drugs, Alcohol and Justice Parliamentary Group



'I remained terrified as I couldn't find good information to equip me with the answers based on the fact that "just say no" wasn't working for my child.'

MY 15-YEAR-OLD DAUGHTER, Martha Fernback, died of an accidental overdose in 2013 after swallowing half a gram of MDMA powder that turned out to be 91 per cent pure. After her death, I found that she had been searching online for ways to do it safely – but sadly what she took in one go was enough for five to ten people. My naturally curious teenager wanted to get high; she didn't want to die. No parent wants to think of their child taking drugs, but I'd choose high over dead any day.

I've been regularly visiting schools to have an open dialogue with 15 to 18-year-olds. When I asked a group of 19 Oxford students how many have been offered drugs, 18 hands went up; I then asked how many of them knew where to get drugs from and 19 hands went up. With each school I visit, this is the consistent picture and it worries me greatly. They comment that the schools just tell them not to do it, but that there is

no advice or education on the alternatives – despite harm reduction being the most obvious and sensible one. I liken harm reduction education to age-appropriate sex education, which empowers young people and helps them to make more informed decisions. Harm reduction isn't about being for or against drugs – it's the responsible reaction based on what's actually needed.

I remember searching on the Frank website when I found out Martha had taken ecstasy for the first time and it did nothing to quell my feelings of helplessness and inadequacy – it merely offered symptoms and possible reactions, rather than harm reduction. I therefore remained terrified as I couldn't find good information to equip me with the answers based on the fact that the 'just say no' strategy wasn't working for my child.

The divide between the easy access young people

have to drugs and the inadequate education they receive is alarming. The dialogue I have with them shows me how genuinely baffled they are, due to so much misleading information and the stigma embedded within this subject. For some youngsters the easy access to drugs has, in part, normalised drug taking. They see their friends not dying from taking drugs and may have had a good experience on drugs. They tell me that drug taking isn't always widespread at parties, but there's always a handful who are partaking. They say that drug taking at gigs and music festivals is widespread and seems to go with the territory.

Parents and children need to know where they can access good, solid information that isn't based on judgement or idealism.

Learn more about Anne-Marie's campaign at www.whatmarthadidnext.org

RESOURCES CORNER

Be inspired!



We need easy access to material that will challenge us, says our new columnist **George Allan**

A CONFESSION: during a lengthy career as both a practitioner and manager in criminal justice and substance problems services, I didn't read! That's not quite true – I read enough reports and policy documents to last a lifetime, but rarely lost myself in the type of material that would have encouraged me to reflect more fully on the quality of my practice or challenges in the wider and shifting landscape. Journals I subscribed to piled up in a corner, unopened.

The situation changed when I became a lecturer delivering substance problems modules to social work students. Not only did I suddenly have the time to ferret out material; it became an obvious

necessity of the job. There is, of course, an irony here: I was reflecting on best practice at a point in my career when I was furthest away from directly impacting on people with problems.

I'm sure my experience will ring bells with busy practitioners struggling with excessive caseloads and harassed managers trying to maintain quality in the face of conflicting demands and reducing resources. All too often continuing professional development consists of the occasional, short skills input or attendance at day conferences. The latter is great for networking, but how often is the content quickly forgotten? In addition, continuing professional development is usually the first casualty of funding cuts.

Having spent the last few years accessing material, both for teaching purposes and for writing a text book on substance problems, I thought that it would be good if I could pass on some of what I have found most helpful, so I'm delighted to be writing *Resources Corner* for *DDN*, every other month.

So what will my new column cover? Well, books will be in there, but websites, podcasts, interviews and research summaries will be in the mix too. I intend to apply two overarching criteria when considering material. Firstly, it must be either challenging or inspiring: I hope the reader will come away wanting to access the material. Secondly, it must be easy to find and easy to digest, so that busy workers will gain the benefit without large demands on precious time.

I'm really looking forward to getting started.

*George Allan is chair of the Scottish Drugs Forum. He is the author of *Working with Substance Users: a Guide to Effective Interventions* (2014; Palgrave)*

'So what will my new column cover? Well, books will be in there, but websites, podcasts, interviews and research summaries will be in the mix too.'



DIFFERENT WAVELENGTHS



The countdown to the Psychoactive Substances Act has been marked by controversy. **Kit Caless** shares debate from Addaction's recent conference



Last month, the Psychoactive Substances Act formed the focus of Addaction's NPS conference, *No longer a novelty: the expert view*. More than 200 clinicians, practitioners, key workers, managers and many others heard a wide variety of views on both the coming legislation and approaches to NPS treatment. Ranging from the thought provoking to the outright provocative, there were almost as many opinions on the topic as there are psychoactive substances.

Met police commander Simon Bray kicked off the day discussing the implementation and enforcement of the Psychoactive Substances Act. To date, he explained, there have been 'a small number of successes but they've been hard won and they've been expensive', going on to stress that the police were able and ready to enforce the law, 'as soon as the act begins.' Bray also said that 'poppers' may not be included in the act 'in a few months' time', foreshadowing subsequent Home Office confirmation to this effect.

Professor David Nutt took to the lectern next. Creating a febrile atmosphere, Nutt spoke about his opposition to the act and the myths he saw that surround NPS. In his trademark forthright way, he questioned the scientific validity of the act as it exempts substances on precedence rather than on harm, leading to a lively question and answer session afterwards.

Later on, minister for prisons, Andrew Selous discussed NPS use in prisons, citing a rise in violence related to NPS use as a serious problem. Selous informed delegates that 'NPS testing is currently underway in 34 prisons [and] will be rolled out to all other prisons shortly.' He spoke candidly on the difficulties posed by the explosion in NPS use, and left the audience in no doubt as to how seriously the trend was viewed.

In the second session, Majella Pearce from HM Inspectorate of Prisons returned to this topic, acknowledging the difficulties the prison system has had getting a handle on

NPS use. She spoke specifically of spice (a synthetic cannabinoid) in prisons: 'it's very linked to violence, bullying, to debt' and 'for prison officers it really has been a huge change in the behaviours they are experiencing.' She also added that the rise in synthetic cannabinoid use 'really took a lot of people by surprise'.

Addaction's Fern Hensley presented case studies on managing NPS in prisons. She told the audience that 'one NPS-using prisoner said he wouldn't access services because "spice isn't a drug"'. Fern went on to showcase the Trans4orm drug treatment programme in HMP Lincoln, which has a 90 per cent completion rate. Dr Mark Piper, from Randox Testing, then took the delegates through the scientific process of testing and how difficult it is to stay on top of the ever-changing chemical make-up of NPS.

The afternoon session was chaired by Jan King from the Angelus Foundation. She spoke about their campaigning and then introduced Professor Harry Sumnall, whose compelling talk highlighted the problem of NPS in vulnerable populations, such as looked-after children and people experiencing homelessness. Sumnall said 'levels of harm are not likely to be affected by the new Psychoactive Substances Act.'

Addaction's Rick Bradley spoke about how NPS has affected young people. Guiding delegates through the history of NPS use he said, 'there was a huge amount of confusion around the different products' in 2010 when mephedrone became illegal. The mainstream media also came in for criticism – not for the first time over the course of the conference –



as Bradley suggested coverage of NPS 'really dilutes what we're trying to put across, and that's a real concern.'

Dr Owen Bowden Jones appeared via live video link and spoke about the Neptune Project, which is developing clinical

Dr Owen Bowden Jones, appearing via live video link, warned of a lack of data NPS use: 'We don't know the long-term effects of five years of NPS use, we just don't have the data yet.'

best practice for treatment groups. But he also warned of a lack of data around NPS use: 'We don't know the long-term effects of five years of NPS use, we just don't have the data yet.' He advised clinicians to focus on the drugs' effects, rather than their names.

Dr Ben Sessa gave an entertaining talk on prohibition – 'the elephant in the room', as he put it. He spoke of visiting around local head shops in Weston-super-Mare and asking what drugs were on the market and how you took them, noting that store employees would refuse to offer potentially useful harm minimisation advice for fear of prosecution.

Finally, Addaction's Kostas Agath rounded things off to discuss how we move forward on this tricky issue. He said that services need to make potential service users feel welcome, speaking to them factually and with authenticity, and that it is paramount that NPS users can see that there are services out there for them.

The conference produced opposing views, case studies and evidence, dialogue, debate and a great deal of discussion. NPS use is likely to remain a controversial issue in the substance misuse sector over the coming years, so it's essential that the conversation continues.

Kit Caless is Addaction's communications officer for London and the South East



VOICE ON THE STAIRWELL

The launch of Collective Voice saw the group emphasising their commitment to service users



'It's important that our Service Users inform our services,' said Lord Victor Adebowale, at the recent 'official' launch of Collective Voice at the House of Lords. The group of voluntary sector organisations came together to provide a coherent voice from the drug and alcohol treatment sector.

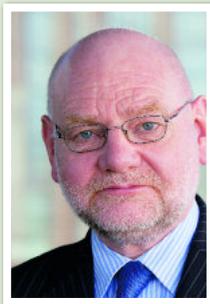


'We've certainly got our work cut out. When the environment gets tough, we can retrench, take a defensive approach – or come together and represent the interests of people we seek to help,' said Karen Biggs, the group's chair.

'We knew we were about to face a reduction in public spend but the needs of our

service users are high,' she said.

'As providers we had never worked together before... Yes we fight like cat and dog over tenders – but on important stuff we're all agreed. We've proved we speak with a collective voice.'



The group's chair Paul Hayes agreed that the objective was to improve the lives of service users: 'We're not set up to just exist,' he said. 'We're set up because real things need to be done.' This included trying to influence the drug strategy, the Dame Carol Black review, and the spending review.

'We cannot do everything and we don't want to spend time reading perfectly crafted response documents... It's the two-minute conversation on the stairwell that makes a difference.'

'The drug strategy is still not published and we're concerned it might edge away from 2010 strategy – we won't know until it's published,' he said. 'There are

people in government that believe in abstinence only – and that methadone is the spawn of the devil.

'Reductions in public health grants mean it will be challenging,' he added. 'But there's widespread acknowledgement in government that if they want the benefits that accrue from drug treatment in tackling crime, they need to invest.'

The group needed to 'keep up pressure' and also engage in other conversations, such as with Mind, the Royal College of Psychiatrists and the NHS, he said, and to pay as much attention to alcohol as drugs.

Hayes emphasised that the group was 'not pretending to represent service users, but needs to be informed by them and have the service users' take in a meaningful and responsive way.'

'We cannot do everything and we don't want to spend time reading perfectly crafted response documents,' said Hayes. 'It's the two-minute conversation on the stairwell that makes a difference. We need to be able to grandstand – but we also need to be able to have a quiet word.'

'In the end we will be judged by: is the world a better place for Service Users? Is the taxpayer getting better value for money? Is there still a drug treatment sector – and are we all willing to work in it?'

Collective Voice is made up of Addaction, Blenheim, cgl, Cranstoun, DISC, Lifeline Project, Phoenix Futures, Swanswell and Turning Point.

RECOVERY CAPITAL



New government funding of £10m has just been awarded to drug and alcohol services 'committed towards improving recovery outcomes' across England –

capital funding that was distributed by PHE via local authorities.

ESH Community Works were among the successful bidders and have been awarded £545,000 to purchase property for a local, peer-supported residential rehabilitation unit. CEO **Paul Urmston** gives their reaction.

HOW DOES IT FEEL TO HAVE SECURED THE FUNDING?

We're excited about the opportunity but we also recognise the effort that's going to be required to make this a reality.

WHAT DOES IT MEAN FOR ESH? This funded initiative will give us the opportunity to expand our current peer-led support. It will give us the ability to bring clients into a safe and peaceful environment allowing us to work more closely with them and their families to focus on their sustained recovery in the local community.

WHAT DOES IT MEAN FOR SERVICE USERS IN WARWICKSHIRE? People with addiction problems in Warwickshire who have been assessed as needing drug and alcohol rehabilitation support would currently get a placement approved at a rehab unit somewhere outside of the county because we don't have one locally. While the clients are away for around three months they build up a network of mutual support and many of the clients actually relocate because they're comfortable in the recovery network that they've established. The problem is that they do not return to Warwickshire with their own recovery, and we lose the value of their recovery and the enthusiasm they have to help others.

Feedback from service users who had been out of county to a residential rehab and who came back to Warwickshire was that they actually felt there was no continuity for themselves or their families when they returned. A local residential rehab facility in Warwickshire will provide that continuity and stability for clients and families during their stay and, perhaps more importantly, when the clients leave the rehab it can provide the local aftercare and support to sustain their recovery.

HAVE YOU IDENTIFIED A SITE YET? We have looked at several sites, mainly residential properties, but we're looking for somewhere with land and potential to expand the facility so we can eventually provide other activities and premises for clients to start their own small businesses.

WHEN COULD THE CENTRE BE UP AND RUNNING? It will take several months to complete a purchase and we then have to go through the process to register with the Care Quality Commission, so it could actually be six months or more before we are operational.

Were you successful in your capital bid? Tell us your plans for the money – email claire@cjewellings.com



‘Where support is available, many are unaware of it. When I talk to other professionals in the field, only a small number recognise the difficulties faced by friends and families..’

before or after visits, and I would often intervene to put them in touch with drug services in their local area to find support. What I found challenging at the time was how little support there was for people indirectly affected by substance misuse.

I am pleased to say that five years on, more support is now available for this client group – but there is still more to be done. According to Adfam, an estimated one in five people is affected by someone else’s substance misuse. Many of these people do not use substances themselves, and it is unfair that they have limited access to support when needed. It is very important that we understand the emotional rollercoaster that active addiction can bring to friends and families, affecting their physical and emotional well-being.

Where support is available, many are unaware of it. When I talk to other professionals in the field, only a small number recognise the difficulties faced by friends and families, exposing the need for an extension of the support that is already provided.

At our recovery and wellbeing friends and family service we aim to provide some of that crucial support by offering one-to-one counselling, group work, telephone support, and complementary therapies such as ear acupuncture and shiatsu. We also refer to our counselling service for ongoing therapeutic support if needed.

One of our most popular schemes is the Education, Training and Employment (ETE) service. The ETE team can help friends and families look for work opportunities, college courses, and voluntary placements, or help with writing CVs and building up people’s confidence.

We provide links to local support groups in the community such as Al-Anon, Families Anonymous (FA) or Co-Dependants Anonymous (CODA). These self-help groups not only offer support, but can also help people to explore the co-dependency that addiction may bring.

The biggest challenge we face is preventing friends and families from becoming too enmeshed in the problems affecting their loved one, which can cause them to forget about their own wellbeing.

We also explore specific behaviours displayed by people suffering from addiction. Manipulation can lead friends and families to become involved in enabling addictive behaviour out of fear or guilt. An exploration of enabling, implementing and setting boundaries therefore underpins some of the work I do with my clients.

I believe it is important for every professional in the country working in the social care sector to have an awareness of the impact that active addiction has on others, and to know that there are services out there supporting this client group. Once more people are aware of what’s on offer, we can further the possibilities of providing better support.

John Taylor is friends and families lead at Turning Point South Westminster, www.turning-point.co.uk/south-westminster.aspx. Watch his film at www.youtube.com/watch?v=YuiF6fhbjj4

EMOTIONAL ROLLERCOASTER

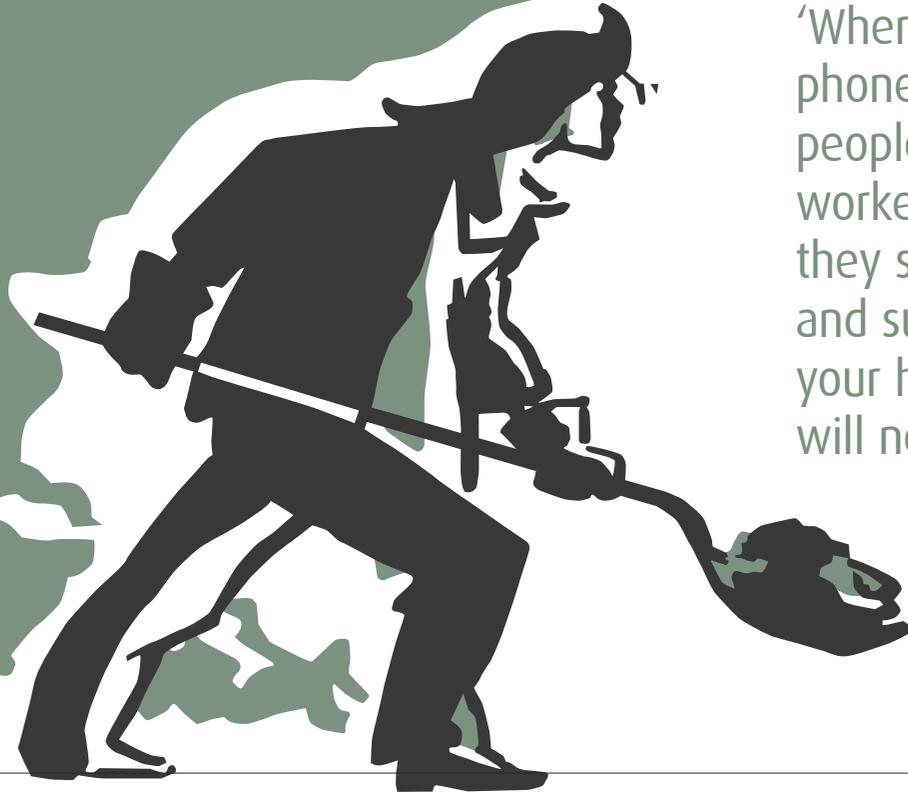
Offering support to families affected by addiction means acknowledging the ups and downs of a close bond, says John Taylor

RECENTLY I MADE A FILM for Turning Point’s recovery and wellbeing friends and families service, a London-based service supporting people affected by someone else’s substance misuse. The film tells the stories of clients who have suffered from active addiction and the trauma they have experienced as a result. It also portrays their journey to recovery through the service and how they have pulled through from their ordeal.

When I was asked to lead on supporting friends and families at this service at the beginning of last

year I agreed because this kind of support is essential, but can often be ignored. For much of the nine years I have been working in the substance misuse field, I have supported people affected by someone else’s substance misuse – whether a relative, or friend. If you really want to know the price of addiction and what its impacts are, ask those I call the ‘affected others’.

As a friends and family worker at HMP Pentonville in 2011, I met clients coming to visit their loved ones from all around the country. They would meet me



‘When I have to take phone calls from people I have worked with and they sound really bad and suicidal, it breaks your heart... but we will never give up.’



VIEW FROM THE COALFACE

The work can be demanding and draining – so why do it?
Keith Stevenson shares the highs and lows of working at the Mulberry Community Project

I have had two conversations today with ex-residents of Mulberry who left us because they were seeking something other than what we offered. One wanted to drink, and because we are abstinent based he could not do his drinking within our project. The other wanted to live with his boyfriend who was a drinker, and again he could not do that while being with us. Today I talked with two people who were both in tears, both drinking copious amounts of alcohol and both at the end of their tether. As they are in very different parts of the country to where we are, personal contact is impossible but sometimes, just someone on the end of a phone helps. This ‘coalface’ work can be extremely demanding and can leave you exhausted by the end of the day. So why does anyone do it?

Let’s rewind nearly five years to when I first opened a recovery house in Blackpool under the charity Mulberry Community Project. I opened it after seeing so many people going through treatment and trying to get out of the chaos that is addiction. It can involve a lot of money, time and thought to take the road to recovery. It may happen after some stabilisation on a script, or it may have been a ‘lightbulb’ moment; a

realisation that changing one’s life is the only way forward. The problem was there was very little, if any, post-treatment support for the individual beyond the 12-step approach – which, alongside other recovery programmes such as SMART, work for many people around the world. But this approach could not cover other needs such as housing, education and volunteering and I saw the need to provide safe secure housing with a support package where relapse and addiction could be explored.

I did lots of research while working for Inward House, an excellent charity in Lancashire that encouraged me to look into this. I talked to the commissioner for services in Blackpool and, being the very forward-thinking man he was, he encouraged us to tie treatment and recovery together as the benefits are so obvious. Others helped greatly, such as The Basement Project on the other side of the Pennines, and people such as Cormac Russell whose ABCD talk convinced me that I was on the right track.

Nearly five years and eight houses later we are helping people find their recovery. Two people have left the project in the last three weeks, and between them they have got four years recovery time and are

looking forward to rich, fulfilling lives. Both have flats of their own, are in employment, and are enjoying an abstinence-based life. We look around and see other projects getting lots of money, and others getting awards, yet we just carry on doing what we are doing.

Would we have liked the money? Yes of course, as it would have meant that we could have helped more people. But Mulberry started with £150 in the bank and a lot of faith. What we like most is seeing people leaving our project and going into independent living, being abstinent and holding fulltime work. That is a true reward.

Not everything is plain sailing and we do have our problems – but that’s the nature of the beast. When I have to take phone calls from people I have worked with and they sound really bad and suicidal, it breaks your heart. We have had two deaths in the project in five years and they bring home just how important what we do actually is. Life on the ‘coalface’ is both rewarding and painful – often at the same time – but we will never give up, as we are told that we literally save lives.

Keith Stevenson is founder and CEO of the Mulberry Community Project, www.mulberrycompro.co.uk



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