DRINK AND DRUGS NEWS ISSN 1755-6236 JUNE 2016

DDN

'We can change a person from being an addict, burglar or drinker, to Mr X the plumber or Mrs Y the professional.'

CHANGE YOUR PROFILE

Join us and have your say: www.drinkanddrugsnews.com

THIS IS WHERE

I apply new knowledge and skills to my working life

This is distance learning at Leicester, with over 25 years' experience delivering quality courses

Our expertise, wherever you are

Drug and alcohol treatment is constantly evolving, and so are we. Improve yourself- and others- with a distance learning Foundation Degree in Drug and Alcohol Counselling and Treatment at the University of Leicester.

Start your journey
e: vcll-dl@le.ac.uk
t: 0116 229 7575
www.le.ac.uk/drugandalcohol

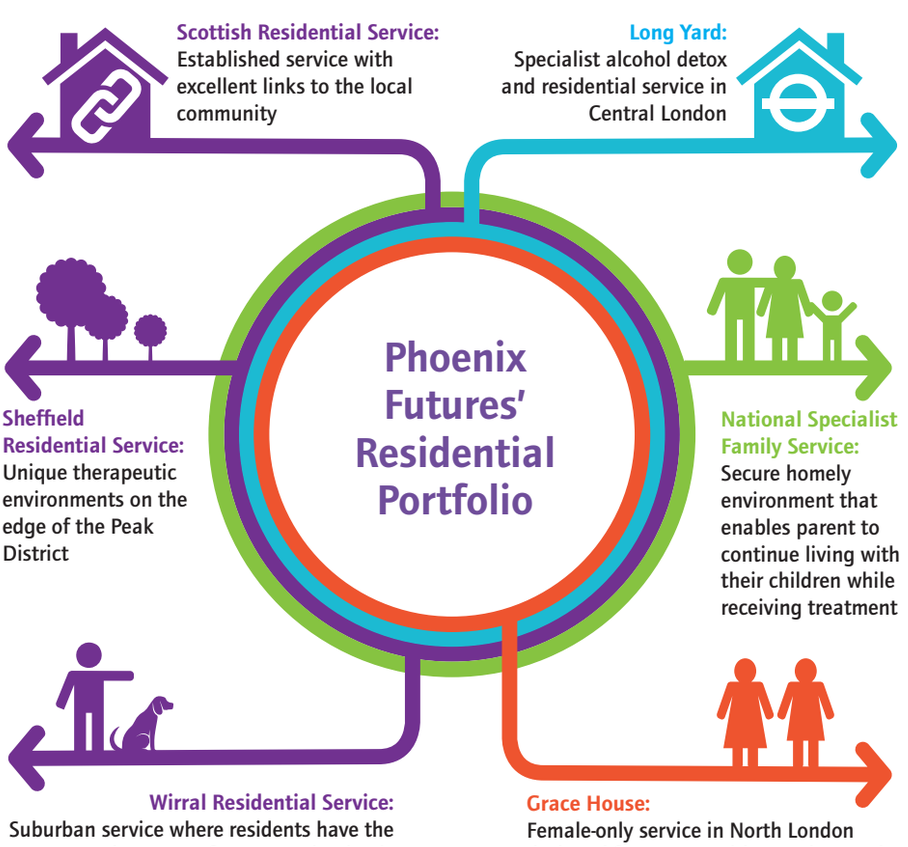
UNIVERSITY OF LEICESTER

The perfect residential service to support long term recovery

Phoenix Futures
Experts in recovery for more than 40 years

For more information visit:
www.phoenix-futures.org.uk

Phoenix House (operating as Phoenix Futures) is a registered charity in England and Wales (No. 284880) and in Scotland (No. SC039008)



DDN

Keep in touch with us via Facebook and Twitter!
/DDNMagazine @DDNMagazine

CONTENTS

ON THE COVER
Employment, housing and support for people in recovery

4 NEWS
DDN's round-up of national and local news.

7 NEWS FOCUS
DDN hears from a former governor about planned prison reforms.

8 COVER STORY: BUILDING A FUTURE
Steve Hodgkins' inspiring story of rehabilitation and enterprise.

10 RESOURCES AND REVIEWS
George Allan's Resources Corner; Mark Reid reviews *People, Places and Things.*

11 I'M WORTH...
Helping people to tackle stigma and seek treatment for hepatitis C.

12 IDENTITY CRISIS
What is addiction treatment for? Mike Ashton looks at the evidence.

13 A HELPING HAND
The Griffiths Edwards Fund will help people access residential treatment.

14 LETTERS & COMMENT
Correspondence from readers; Dr Steve Brinksman's Post-it from Practice.

15 AN HONEST RELATIONSHIP
Let's stop relying on outdated treatment models, says Kenneth Robinson.

16 WORK REST AND PLAY
A new recovery hub opens in Birmingham, as DDN reports.

17 LEGAL EYE
Amina Uddin looks at CQC issues in DDN's new legal column.

EDITOR'S LETTER

'A stimulating social and physical environment can draw you away from addiction'

We're all too familiar with the revolving door to prison and have featured some excellent projects that help people gain a foothold on the housing and employment ladders. Now it seems that prison culture is to be reformed from the top, with governors of new-style establishments given 'unprecedented' freedom to introduce education, work and rehabilitation services (page 5). Former prison governor John Podmore is entirely behind the need to mend a broken system and address prisoners' needs for work, education and training – as he says, 'you need a prisoner group that has some investment in what's going on' (page 7).

As Mike Ashton points out in the first of a new series based on his invaluable *Findings*, (page 12), Bruce Alexander's famous Rat Park experiment demonstrated that a stimulating social and physical environment can draw the subject away from addiction and into being a productive member of society. The parallels are all too clear in our cover story (page 8), where Steve Hodgkins shares his inspiring venture, setting up Jobs, Friends and Houses (JFH). As a custody sergeant sitting across the desk from offenders, he wondered why their lives were so different from his own – and made it his mission to change the outlook for people with limited life chances. The results of his project speak for themselves – in lives converted, and in savings (and contributions) to the public purse. But the other hopeful part of his enterprise is in bringing together police officers and ex-offenders to work side by side, helping people to change identity into skilled professionals. Now that's a sign that a prison sentence is not a badge for life.

Claire Brown, editor

Published by CJ Wellings Ltd, 57 High Street, Ashford, Kent TN24 8SG

Editor: Claire Brown
t: 01233 638 528
e: claire@cjwellings.com

Publishing assistant: Millie Stockwell
t: 01233 633 315
e: millie@cjwellings.com

Reporter: David Gilliver
e: david@cjwellings.com

Advertising manager: Ian Ralph
t: 01233 636 188
e: ian@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Webmaster: Aaron Denne
e: aaron@cjwellings.com

Subscriptions:
t: 01233 633 315
e: subs@cjwellings.com

Website: www.drinkanddrugsnews.com
Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by Jon Berkeley / Alamy Stock Photo

DDN is an independent publication, entirely funded by advertising.

Publishers: CJ Wellings

Partners: fdap
Federation of Drug and Alcohol Professionals

Supporting organisations:
Adfam, Release, SMMGP, Alcohol Concern, LDAN, ANSA, The Alliance, drugsandalcohol today, Mentor

Read the full stories, and more, online
www.drinkanddrugsnews.com

MDMA BACK IN VOGUE AS NPS NUMBERS CONTINUE TO RISE

THE DECLINING LEVELS OF MDMA USE IN EUROPE SINCE THE EARLY TO MID 2000S HAVE BEEN REVERSED, according EMCDDA's annual drug report, with nine out of 12 countries reporting higher estimates of use than in previous years.

More than 2m 15 to 34-year-olds reported using the drug in the last year, it says, making MDMA once again a 'stimulant drug of choice' for Europe's young people – both existing users and younger generations. Powders, crystals and pills containing high doses of MDMA are now more commonly available, with municipal wastewater surveys also finding higher levels of MDMA residues including 'sharp increases' in some cities – attributable to higher purity levels and/or increased use. In higher-prevalence countries MDMA is 'no longer a niche or subcultural drug', says the report, with high levels of use in bars as well as nightclubs.

The number of new psychoactive substances (NPS) being discovered continues to grow, meanwhile, with 98 substances reported for the first time in 2015 and the total number being monitored by the agency now standing at more than 560.

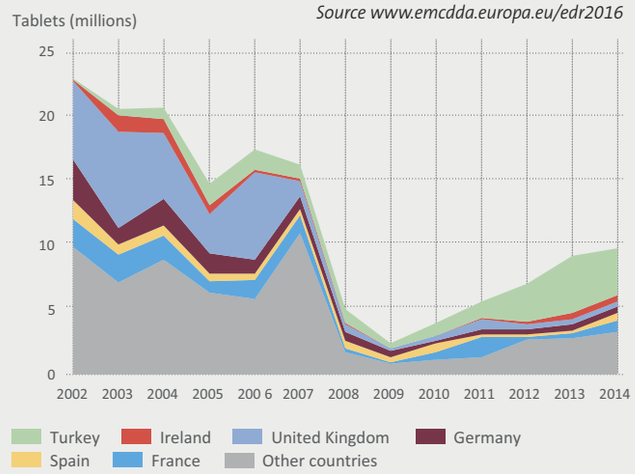
As in previous years most of the new substances were synthetic cannabinoids and cathinones, although the document also warns about NPS producers targeting 'more chronic and problematic drug users' with synthetic opioids, 19 of which have been detected since 2009. Eleven of these were fentanyls, which can be highly potent and 'may be sold as heroin to unsuspecting users, posing a risk of overdose', it says. In 2015, 32 deaths in Europe were linked to the opioid acetyl fentanyl.

Around 1.2m people received treatment for illicit drug use across the EU in 2014, and there were 6,800 opioid-related deaths – slightly up on previous years – with 'worrying' rises in Ireland, Lithuania and Sweden alongside those reported in the UK (*DDN*, October 2015, page 4). Cocaine remains the continent's most commonly used illicit stimulant, cited as the primary drug for 60,000 people entering treatment, while levels of cannabis use are also rising in some countries.

'The revival of MDMA brings with it the need to rethink existing prevention and harm-reduction responses to target and support a new population of users who may be using high-dose products without fully understanding the risks involved,' said EMCDDA director Alexis Goosdeel. 'This is particularly worrying since MDMA is moving into more mainstream social settings and is increasingly available via online markets.'

European drug report 2016 at www.emcdda.europa.eu

Quantity of MDMA seizures: trends to 2014.
Source www.emcdda.europa.eu/edr2016



LONG-TERM TOLL

ALCOHOL-RELATED ADMISSION RATES are falling for the under-40s but rising among over-65s, according to the latest local alcohol profiles from PHE, with the overall rate of admissions remaining flat in 2014-15. 'While it is good news that the rate of alcohol-related hospital admissions is falling in younger age groups, councils have concerns around the rise in admissions among over 65s,' said LGA community and wellbeing spokesperson Izzi Seccombe. 'These figures warn of the dangers of regular drinking over a long period of time and the impact this can have on the body of an older person, which is less able to handle the same level of alcohol as in previous years.'

fingertips.phe.org.uk

DRIVING FORCES

ONE IN FIVE PEOPLE surveyed by price comparison site Confused.com admitted to drug driving, with 7 per cent of cases involving illegal drugs. A quarter of 18 to 24-year-olds said they'd driven under the influence of drugs, putting the figures at odds with official police statistics that show just over 1,000 arrests for drug driving in the whole of 2012. A new offence of driving with more than the specified limit of a controlled drug in the body – with fines of up to £5,000 – was introduced last year (*DDN*, March 2015, page 4). 'Drug driving is one of the most serious crimes a driver can commit and one that needs to be addressed to make our roads safer,' said Confused.com spokesperson Gemma Stanbury.

'Drug driving is one of the most serious crimes a driver can commit.'

PSYCHOACTIVE BREAKDOWN

A COMPREHENSIVE GUIDE to the Psychoactive Substances Act, including an explanation of its terminology, exemptions and sentencing framework has been produced by Release.
Download it at www.release.org.uk

LOCAL ACTION

A NEW FUND TO SUPPORT innovative local HIV prevention initiatives has been launched by PHE. The 2016-17 scheme, which has funding of up to £600,000, is particularly interested in proposals related to stigma, diagnosis and risky behaviours such as drug use, and represents an opportunity for 'local areas to further benefit from national support' said PHE's national director of health and wellbeing, Kevin Fenton.
Organisations can register their interest at hiv.prevention@phe.gov.uk

'LANDMARK' LAW

THE GOVERNMENT'S CONTROVERSIAL PSYCHOACTIVE SUBSTANCES ACT has finally come into force, with sanctions in the 'landmark' legislation including up to seven years in prison for the production or supply of a 'psychoactive substance for human consumption'. The act will 'bring to an end the open sale on our high streets of these potentially harmful drugs and deliver new powers for law enforcement to tackle this issue at every level in communities, at our borders, on UK websites and in our prisons', said crime minister Karen Bradley. However, 64 per cent of 16 to 24-year-olds surveyed by YMCA said they intended to continue using the substances in the future, despite the legislation.

'The act will tackle this issue at every level.' KAREN BRADLEY

The big ban theory at www.ymca.org.uk

GOVERNMENT UNVEILS MAJOR PRISON REFORMS

SWEEPING REFORMS OF THE PRISON SYSTEM were announced as part of last month's Queen's Speech, including the establishment of six autonomous 'reform prisons'. Governors at these will have 'unprecedented' freedom in terms of budgets, education and work and rehabilitation services, amounting to the 'biggest shake-up' of the system since the Victorian era, the government says.

More than 5,000 offenders will be housed in the new-style institutions, including those at HMP Wandsworth, one of the largest prisons in Europe. Each establishment will be able to set up its own board, enter into contracts and generate and retain income, with statistics for each published on areas such as self-harm, violence and employment and re-offending rates. Many British prisons have seen an increase in violence and self-harm associated with the use of new psychoactive substances – particularly synthetic cannabinoids – (*DDN*, February 2015, page 6), with HM Inspectorate of Prisons calling the substances the 'most serious threat' to safety and security in the system (*DDN*, February, page 4).

'Prisoners need the life skills, as well as the qualifications, to get and keep a job, which we know is vital to their long term rehabilitation.'

MIKE TRACE

The measures announced in the Prisons Bill meant that jails would stop being 'warehouses for criminals' and become 'places where lives are changed', according to Prime Minister David Cameron. 'Decrepit, aging' prisons would also be replaced with modern establishments, and there would be action to 'ensure better mental health provision' for those in the criminal justice system.

'Prisons must do more to rehabilitate offenders,' said justice secretary Michael Gove. 'We will put governors in charge, giving them the autonomy they need to run prisons in the way they think best. By trusting governors to get on with the job we can make sure prisons are places of education, work and purposeful activity.'

The reforms have been welcomed by RAPt (Rehabilitation for Addicted Prisoners Trust), with CEO Mike Trace saying they represented a 'welcome determination to put genuine transformation of prisoners at the heart of prison life'. Giving governors more control was a 'great step forward', he said, but he cautioned that tackling the issues of drugs, mental health, violence and education would be critical.

'Prisoners need help to address fundamental attitudes and behaviour and inspiration from peers who have already turned their lives around,' he said. 'We know this leads to hard working and productive people who make positive contributions to their families and communities. Prisoners need the life skills, as well as the qualifications, to get and keep a job, which we know is vital to their long term rehabilitation.' *See news focus, page 7*

PERSONAL TOUCH

A&E STAFF LACK THE RESOURCES and training to provide the personalised support needed by people regularly attending for alcohol-related reasons, according to an Alcohol Research UK report. Assertive outreach strategies – in place at around 40 per cent of emergency departments – offer 'good potential' for effective help, it says. 'Whilst we need to increase resources for people who frequently attend emergency departments for alcohol-related reasons, we must also recognise that they are all individuals who have very different needs,' said lead researcher at King's College London, Dr Joanne Neale. 'We must therefore avoid stigmatising terminology and overly simplistic generalisations that assume people are all the same.' *The third national emergency department survey of alcohol identification and intervention activity at alcoholresearchuk.org*

'Teenagers in the country's most deprived areas are up to three times more likely to poison themselves – unintentionally or deliberately – than those in the least deprived'

POISONOUS PROBLEM

THE NUMBER OF TEENAGE POISONINGS IN THE UK rose by 27 per cent between 1992 and 2012, according to research by Nottingham University, with almost 18,000 cases in all. The largest increases were for intentional poisonings among 16 to 17-year-old girls and alcohol-related poisonings among 15 to 16-year-old girls, both of which effectively doubled, while teenagers in the country's most deprived areas were up to three times more likely to poison themselves – unintentionally or deliberately – than those in the least deprived. 'Since intentional and alcohol-related adolescent poisoning rates are increasing, both child and adolescent mental health and alcohol treatment service provision needs to be commissioned to reflect this changing need,' said lead researcher Dr Edward Tyrrell. *www.nottingham.ac.uk*

MODERNISING MOVEMENTS

A NEW REPORT on how governments and the UN could address ongoing worldwide developments in cannabis regulation and 'help to modernise the drug treaty system itself' has been published by Swansea University. *Cannabis regulation and the UN drug treaties at www.swansea.ac.uk*

MAYORAL PRIORITIES

NEW LONDON MAYOR SADIQ KHAN should make tackling homelessness in the capital his 'first priority', according to Lead London Home, a campaign launched by Crisis, St Mungo's and other charities. More than 7,500 people – including nearly 900 under-25s – were seen sleeping rough in the capital by outreach teams last year. 'As he embarks on his mayoralty, we call on Sadiq to work with us to develop and deliver ambitious policies to address this problem,' said Crisis chief executive Jon Sparkes.

'Sadiq Khan should make tackling homelessness in the capital his first priority.'

Read the full stories, and more, online
www.drinkanddrugsnews.com

RECOVERY ACADEMY TO OFFER ONGOING SUPPORT

A NEW PEER-LED COMMUNITY CENTRE is opening in Leeds, to offer ongoing support to those recovering from alcohol and drug use as well as families, friends and carers. The Recovery Academy is housed in a converted chapel, purchased by the charity Developing Initiatives Supporting Communities (DISC), the lead delivery partner of Forward Leeds.

Hosting a variety of activities, groups and classes, ranging from IT and employment training to yoga, cooking and gardening, the centre will focus on developing skills, education, volunteering and finding employment, alongside encouraging people to develop social enterprise initiatives.

'It is really important to have role models when you are in recovery, to be able to see other people who have been through it and have been successful in integrating into their communities again,' said Carla Carr, recovery champion for Forward Leeds, and in recovery herself.

'It is really important to have role models when you are in recovery...' CARLA CARR

VETERANS' CHAMPION WINS 'TRAILBLAZER' AWARD

JACQUIE JOHNSTON-LYNCH, co-founder of Tom Harrison House – the UK's first addiction treatment centre for military veterans – has been presented with an award as an 'innovative iconic trailblazer of the decade'.

The ceremony took place at the Women Economic Forum in New Delhi – a global event with speakers from 109 countries – where Ms Johnston-Lynch was 'hugely proud' to collect her award.

'I think being from Liverpool makes me a trailblazer,' she said. 'Tom Harrison House continues to be of service to so many, it has been great to showcase our service in India amongst so many top politicians and international dignitaries.'

PROJECT SUNFLOWER READY TO BLOOM

AN INNOVATIVE NEW ENTERPRISE is being set up by two women-only residential rehabilitation centres, with a £600,000 grant from the Big Lottery Fund.

Trevi House (for mothers and children) and Longreach (women only) will open Project Sunflower in Plymouth to provide much-needed support and interventions, including help with childcare.

The other part of the project, designed in collaboration with service users from both units, is to help the women set up a craft-based social enterprise.

'We have been running a therapeutic craft group for two years and the women have made some amazing things,' said Hannah Shead, CEO of Trevi House. 'We now want to move it to the next stage and take some of our products to market. With the money that we make, we can go on to help women as they leave treatment and are setting up home for themselves.

'Life is extremely tough for women and their children when they complete their residential rehab and return to the community,' she added. 'Project Sunflower will really make a difference.'

Money from the project will be used to train peer mentors, help women to access work placements and provide enhanced support when they leave treatment.

LEEDS TAKES LEGAL HIGHS CAMPAIGN TO YOUNG PEOPLE

A CAMPAIGN HAS BEEN LAUNCHED by health experts in Leeds to raise awareness of the potentially deadly risks posed by legal highs, as the Psychoactive Substances Act became law last month. Teaming up with enforcement agencies, the city's drug and alcohol service, Forward Leeds, launched the Illegal Highs – Not For Human Consumption to raise awareness across the city, particularly throughout hot spots for young adults, such as near colleges and universities, leisure centres and in cinemas.

'There is a real need to communicate both the change in legislation and the health risks to people in Leeds, especially young adults,' said councillor Lisa Mulherin, chair of Leeds Health and Wellbeing Board. 'I am delighted organisations are working closely across the city to help this campaign make people think twice about taking these drugs.'

Adam Shepherd, welfare adviser at Leeds Trinity students' union welcomed the campaign as an 'excellent opportunity' to communicate risks and harms. 'A number of students have been using laughing gas so it is important to make them aware of the new legal risks associated with psychoactive substances as well as the health risks,' he said.

A dedicated website, www.illegalhighs.com, will offer information, advice and safety tips, alongside the Facebook page 'Not for human consumption'.

'This is about making recovery visible to everyone.' DAVE LEEMAN

DEVON OFFERS A CUPPA AND A LISTENING EAR

DEVON'S FIRST PERMANENT RECOVERY CAFÉ has opened its doors to people needing support with alcohol and drug problems.

The café, based at Rise Recovery, is manned by volunteers, recovery champions and peer supporters who are ready to offer advice to anyone interested in recovery, whether for themselves or a loved one.

Rise staff won the café's kitchen in a competition from Six System Kitchens. 'A relatively small gesture for us will offer so much more for others' said System Six CEO Ian Foster, who officially opened the café. 'Everyone is so passionate about recovery and people in recovery. It isn't just a job for these guys.'

'This is about making recovery visible to everyone, to show that it is not just possible but positive', added Exeter RISE manager, Dave Leeman. 'Getting the right support changes lives and at RISE that means not just talking to our staff, but building a network of people and becoming part of the thriving, vibrant recovery community that exists here.'

GIVE A MOUSE A HOUSE

PRISONERS FROM HMP DONCASTER AND HMP HUMBER have joined conservation efforts to save the rare hazel dormouse, while gaining practical and team-working skills.

Through a partnership with conservation charity People's Trust for Endangered Species (PTES), men from both prison sites have built 10,963 dormouse nesting boxes as part of PTES and Natural England's National Dormouse Monitoring Programme (NDMP).

Hazel dormice numbers have fallen dramatically over the last century, but through installing the nest boxes changes in population can be observed, as well as providing the mice with a much needed alternative habitat.

'We approached PTES about this partnership as we wanted to allow our men the opportunity to give something back, as well as helping to save the hazel dormouse from extinction,' said Ian Telfer, governor at HMP Humber, adding that the prison was very proud to receive the Judges Gold Commendation Award at the National Offender Management Service (NOMS) Wildlife Awards last month.

For the stories behind the news
www.drinkanddrugsnews.com

REFORMING ZEAL

The Queen's Speech saw the government announce a major shake-up of the prison system. DDN hears from a former governor about what sort of impact the measures might have

The government's sweeping prison reforms announced last month include plans to establish six new-style establishments that will give governors unprecedented freedom over finances, regimes, education and more (see news, page 5). One will be the huge HMP Wandsworth in south west London, and the government says that more than 5,000 prisoners will be housed in these 'reform prisons' by the end of the year.

The degree of autonomy being talked about is substantial, so is this genuinely radical? 'I think it is,' says international criminal justice consultant and former governor of Belmarsh and Brixton jails, John Podmore (*DDN*, May 2012, page 8). 'It's the biggest reform since Victorian times, which is a fairly low bar – but there is a lot of negativity around.'

Much of this comes down to numbers, he says – a sense that nothing can be done unless the prison population is reduced. 'I don't agree with that. It's broken and we need to fix it, and we need to fix it now.' Prisoners may get education, training or drug and alcohol treatment, he says, or they may not. 'People are getting to their first parole review having not done much and had not much asked of them, by staff who don't really know them. If we had a more efficient prison system that would help get the population down, but there are a lot of people saying nothing can happen until we get the numbers down. I think that's entirely wrong.'

That leads to the obvious question of how things could be done differently. 'I would applaud [Michael] Gove because he's saying to governors, "dare to be different". There's a lot that a prison governor can do with the shackles taken off.' How many will be up for it though? 'I suspect that some will be, some won't be sure, and some might start looking at early retirement. I can't imagine everybody is champing at the bit, but overall I'm optimistic.'

He's currently involved in a major project for RSA, *The future prison*, which looks at how a model could be designed to ensure 'lasting social reintegration' for ex-offenders. 'So you might have a not-for-profit prison, or a prison run by a drug and alcohol services charity rather than G4S,' he says.

TSL Education/Neil Turner, neil@dg28.com

'I would applaud [Michael] Gove because he's saying to governors, "dare to be different". There's a lot that a prison governor can do with the shackles taken off.'

JOHN PODMORE

It's a blueprint not just for what a prison might look like, but how it relates to the local community, he explains. 'I think they should be accountable. Many in the drug and alcohol field have difficulties working in prisons because people who aren't prison officers are potentially seen as outsiders, but anybody working in prisons should have the same goal.'

There are skills in the drug and alcohol field that are a perfect fit, he believes, with no reason why well-qualified providers couldn't become more involved in the overall responsibility and accountability of an establishment. 'Is there a real difference between residential rehab and a lot of prison environments? I'd love to see a much more inclusive approach to the drug and alcohol sector, rather than "bid for a contract, get a contract, contract changes". It's very commercial and mechanical at the moment, and it should be much more subtle.'

When it comes to substances in prisons, it's rare that a week goes by without another story about the devastating impact of NPS, but the issue is more complex than many of these would have you believe, he says. 'It's been like watching a slow car crash, the problems in the prison service – they go a long way back, and then along come NPS. In terms of how you stop drugs getting into prison, my basic premise has always been that you make prisoners not want them. That's the only time they'll stop.

'Everyone talks about what to do, and it's more dogs – and they're as much use as a chocolate fireguard – and searches and so on, but let's look at treatment,' he continues. 'I know it's difficult to treat for NPS, and I know people take them in prison and not on the outside – it's complicated. But if it's a big problem in a particular prison then talk to your provider and look at your treatment modalities – maybe you need to do something different. What we don't do is try to assess prisoner needs. We do all the testing and assessments, but we don't tailor the services to those assessments.'

The idea that problems are 'all down to NPS and overcrowding and that's why we're in the mess we're in' is naïve, he states. 'It's looking for a quick fix, and there is no quick fix in this.'

What's needed instead is to go back to basic principles, he says. 'A prison operates on staff/prisoner relationships, whether you like it or not. How do you foster those relationships? You need staff who are reasonably well motivated, well paid, well trained, well led, and you need a prisoner group that has some investment in what's going on. People in prison with drug and alcohol problems, the vast majority want help, and they also want work, education, training. They don't want to sit watching daytime TV and taking NPS. It's not that difficult to motivate people in prison to get involved in things. Prison reform isn't just about whinging from the sidelines about how bad it is, we've got to crack on and do something.'

Future prison project at www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/future-prison

Building a future

Steve Hodgkins is the founder and CEO of Jobs, Friends and Houses (JFH) – a multi award-winning social enterprise offering employment, peer support and accommodation to people in recovery from addiction.

A serving police officer of 27 years, he founded the enterprise in 2014 after seeing that more could and should be done to rehabilitate offenders afflicted by addiction.

Now 18 months into the venture, he reflects on how he came to establish the community interest company and its successes so far – including creating jobs for 28 people in recovery, renovating nine properties to create 15 homes, and changing the lives and fortunes of dozens in Blackpool, Lancashire.

I've always believed in redemption – especially as a police officer. I have been an officer for 27 years working in London and Lancashire, but I never went in for just catching and convicting people. I wanted to reduce crime and the numbers of victims by helping people.

Sometimes, though, it was hard to help them. I remember picking up an offender on his release from prison. He'd managed to detox from drugs and was feeling hopeful about finally turning his life around. I had to drop him off at his new home – there was no running water and the walls were covered in mould. Perhaps unsurprisingly, he relapsed within just a few days. I realised that many people had limited chances to succeed in life, and that this led them to addiction and criminality.

In Blackpool one of my roles was custody sergeant at Bonny Street Police Station. I'd be sitting on my side of the desk, knowing I was in a purposeful job with loving family and friends around me and a nice home to go back to, while these people being brought in rarely had all that. I'd wonder how their life came to be so different to mine that we'd ended up on opposite sides of the desk. I realised that so often their criminality was linked to limited life chances – family breakdown, transiency, poor education, no work skills and negative social networks.

Later as a community safety sergeant, I worked with organisations across the town on early intervention work, bringing people together to make something new – greater than the sum of their parts.

That's what I've been able to do at JFH. It's a property development and management enterprise, and two thirds of our team are in recovery. We will take on a property and renovate it, training team members through adult apprenticeships in plumbing, plastering, painting and decorating, electrical engineering, joinery and tiling. Then once they've completed the house they are able to move into it. Along the way we offer wraparound and peer support.

We then have a lettings team, which manages the rental of these units as well as hundreds of others across Blackpool. Here adults also in recovery are undertaking office-based apprenticeships.

JFH is a community for people in abstinent recovery to join, inspire others and show them there can be life after addiction. There were a number of 'lightbulb moments' that got me to here. A turning point was seeing the rehabilitation work being undertaken by the substance misuse service at HMP Kirkham, a category D prison near Blackpool, where prisoners were being supported to stop using drugs and achieve abstinence. But as with the lad who ended up in the grotty flat, I knew there was limited support for offenders upon release. I knew they needed to be engaged in purposeful activity and have a good, stable home too.

We work to Maslow's Hierarchy Of Needs. If you haven't got your basic needs for safety and shelter met, it's difficult for you to progress in other areas of your life, whether work, education, relationships or general wellbeing.

Thus, JFH was formed in my head. I had to jump through a lot of hoops to get the initial funding, but I worked on property in my own time and knew you could

More on social enterprises at www.drinkanddrugsnews.com

make money out of renovating it. I pitched and pitched until NHS Gateways gave me the money to get started. Then things started to pick up pace and we received money from the Transformation Challenge Award network, the police and crime commissioner's office and the local authority, and had the backing of the police.

I am now on full-time secondment from Lancashire Constabulary to lead the enterprise. We have police officers and ex-offenders working side by side, united by the common purpose of creating meaningful employment and good accommodation.

The adults we work with are ex-offenders and people who have been in addiction, many of whom have been homeless or suffered from family breakdown or mental illness. But I see these people as amazing, with innate abilities – no matter their previous lives. As we help them to reconnect with their families, improve their skills, build new homes and strive for a better future, I see their passion, not their past.

A powerful thing we are able to do at JFH is to change a person's identity – from being a heroin addict, a burglar, or a drinker, to being Mr X the plumber or Mrs Y the health and social care professional. They need to learn how to communicate with others, how to do the weekly shop or just what to wear for the appropriate occasion. When a grown man asks, 'How do you make a friend?' it gives you some idea of the personal challenges confronting the adults we work with – and just how difficult it can be for someone who is reintegrating into society.

There has been so much learned in our first 18 months. From day one we have been the subject of an independent academic evaluation, led by Professor David Best, a leading criminologist from Sheffield Hallam University, with a team from ACT recovery. Professor Best, who has evaluated dozens of recovery-related projects worldwide, said JFH is 'the most exciting' he's seen.

While ours is a common sense approach, it is not common. We hope that our evaluation, on top of our anecdotes and inspirational stories, will mean we can help more people in this way. Early intervention work to prevent the root causes of why people use substances, or experience mental health problems or family breakdown, is proving to be an effective way of reducing crime and reoffending, and austerity measures within the police meant they were open and receptive to new and innovative ideas.

'While ours is a common sense approach, it is not common. We hope that our evaluation, on top of our anecdotes and inspirational stories, will mean we can help more people in this way.'

We don't get rid of people the first time they fail – we would sooner put our arms around them tighter and love them that bit more. JFH is all about building and promoting a person's self worth, so we do a lot of supporting and handholding; budgeting for the weekly shop, sorting out bank accounts, arranging doctors' appointments. But we do operate a 'tough love' programme, and set high expectations alongside that support. Our job is to inspire them to aspire to a positive future, and we support them to do this by paying into a workplace pension, even for apprentices, and paying well above the minimum wage. We're really starting to show the benefits of investing in people in this way.

We now have people who were long-term homeless, sleeping rough for years, eating from bins and stealing to survive, living in a quality flat that they've built themselves. We have had parents telling us that they can be proud of their sons again; partners thanking us for giving them their loved one back. It's very humbling, very special.

JFH in numbers

£92,000+
...the amount of PAYE tax paid by JFH employees in its first 12 months

46
...the number of children now seeing their parents, once affected by addiction and long-term unemployed, going to work

15
...the number of purpose-built quality homes created

£815,113
...the conservative figure on how much JFH has saved the public purse in its first 12 months, through reducing offending, imprisonments health and social strains and benefit claims

28
...the number of jobs created for people in recovery from addiction

59
...the percentage of team members who have been in addiction

86
...the percentage of team members who say their family relationships have significantly improved since joining JFH

MARK REID REVIEWS THE PLAY PEOPLE, PLACES AND THINGS

This play asks important questions about what is on offer in recovery treatments. It scrutinises the 12-step axiom of the defects of character of those in addiction...

PEOPLE, PLACES AND THINGS is an excellent look inside the world of a 12-step-style rehab. In the lead role, Denise Gough brings a perfect portrayal of all the often contradictory attitudes and body language of the addict and alcoholic. Gough plays Emma (or Sarah or Lucy, depending on her identity crisis), who comes to rehab, and back again – more bruised than before.

To begin with the rehab is presented as austere, Orwellian: all white coats and clipboards. There are some striking touches – including half a dozen identical 'Emmas' on stage at once, personifying her tormented state of mind.

In rehab you have to find your true self in front of others. Then you have to learn how to cope with – or avoid – people, places and things. Easier said than done.

First time round, Emma thinks she has all the answers and refuses to get 'God' or 'The Group'. The second time, she opens up and starts her recovery, only to find there's a serious sting in the tail when she tries to make amends to the people who had previously been there at her derailment. But who's to say people want to be amended to and move on? They might have got used to what they were like before, when the addict was still in place.

Emma is an actress and her addiction is bound up with her playing parts in her profession and her own life. She observes that getting ready to do a play and preparing for recovery are not that different: she says both start with people sitting in a circle introducing themselves and seeing how they get along. There is a play within the play.

There are many light touches – like when Emma is advised to say 'amen' at the end of a prayer: 'It's like pressing send on an email' and when one of those in treatment ends up as a worker at the rehab when he's well: 'living the dream'.

I think anyone who has been to rehab or is in recovery will identify hugely with this play and be reminded of the intensity of addiction and the roller-coaster and relief of trying to get well.

People, Places and Things asks important questions about what is on offer in recovery treatments. It scrutinises the 12-step axiom of the defects of character of those in addiction: Emma's point is that it might just have something to do with the defects of the world.

On at the Wyndham's Theatre, Covent Garden, until 18 June. People, Places and Things is written by Duncan Macmillan and directed by Jeremy Herrin, the play is a co-production between Headlong and the National Theatre. ***Mark Reid*** *is a peer worker at Path to Recovery.*

RESOURCES CORNER

Definitions

Legalisation, decriminalisation, drug law reform – what do we mean, asks **George Allan**

HOW TO ADDRESS THE 'DRUG PROBLEM' CONTINUES TO DIVIDE THE WORLD. Hardline prohibition remains the choice for many countries but others are adopting more liberal models. While possession of more than 200g of cannabis in Malaysia carries a mandatory death sentence, Uruguay and parts of the USA have effectively legalised weed. Portugal's decriminalisation paradigm is viewed by many as a model with demonstrable public health benefits. UK politicians remain wedded to 'pragmatic prohibition' – treatment and harm reduction wrapped up in a restrictive legal framework. The words 'legalisation' and 'decriminalisation' are banded about but, like 'recovery', they mean different things to different people.

Transform's *After the war on drugs: blueprint for regulation* (2009), by Stephen Rolles, aims to clear the mists by exploring the options. Transform, as an organisation, is not a neutral commentator; its purpose is to campaign for changes in the UK's drug laws. However, the book is no heavy-handed polemic. Rolles presents three options: the prohibition/criminalisation model (the UK's position); the regulated market; and the free-market legalisation model. While arguing that the first of these has proved counterproductive and created unintended harms, he vigorously rejects the idea of an open market, branding this as downright dangerous. He notes that the spectre of such a free-for-all is often used by prohibitionists as justification for shoring up the status quo.

'The words "legalisation" and "decriminalisation" are banded about but, like "recovery", they mean different things to different people.'

Rolles advocates regulation, with different approaches for different substances based on risk. He explores all the variables: the market versus state control; production; quality; licensing; availability; advertising and sales; pricing; packaging; child-proofing; purchaser/user issues. Alcohol and tobacco are thrown into the mix in terms of problems regarding their current regulation and in respect of lessons learned which could be applied to the control of other drugs. The book ends by describing potential frameworks for regulating different substances.

Rolles paints no starry-eyed vision of a problem-free future under a changed model. As he says, 'Prohibition cannot produce a drug-free world; regulatory models cannot produce a harm-free world.' The great value of this book is to invite the reader to consider the potential benefits and costs of different methods of regulation. It is a challenge to one's assumptions.

The book can be downloaded from Transform's website or it can be purchased in hard copy (http://www.tdpf.org.uk).

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)

I'm worth...

Supporting people infected with hepatitis C presents distinct challenges. An understanding of existing barriers to hepatitis C care is important to help empower people with the virus to access help.

STIGMA: HEPATITIS C AND DRUG MISUSE

Hepatitis C affects thousands of people in the UK. Despite the availability of effective treatment options for hepatitis C, the rate of treatment for the virus in people who inject drugs is extremely low.[1] If left untreated, hepatitis C can cause serious or potentially life threatening complications.

Barriers and challenges that prevent people with hepatitis C from accessing care range from:

- *Personal barriers, such as low awareness about the seriousness of hepatitis C and care options available*
- *Environmental barriers like suitable services for people dealing with addiction issues*
- *Social barriers such as the stigma that people with hepatitis C face*

UNDERSTANDING STIGMA

Injecting drug use remains the most important risk factor for hepatitis C infection in the UK; as such, people are frequently blamed for contracting the virus and viewed as 'irresponsible' and 'unworthy'.[1,2] Former or current injecting drug users may carry the burden of being stigmatised for both hepatitis C and addiction.[3]

This double stigmatisation may cause people living with the virus to refuse or avoid testing, treatment and care, as well as not disclose their hepatitis C status to friends and family.[4]

IN PRACTICE

Effective care delivered in the context of integrated and supportive care services can play an important role in helping people with hepatitis C to overcome stigma.[5] It has been shown that treating health problems such as hepatitis C can also support recovery from drug dependence.[6]

An example of this is Aspire Drug and Alcohol Services, Doncaster. Aspire is a partnership organisation set up by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and registered charity The Alcohol & Drug Service (ADS). Aspire works in partnership with the Doncaster hepatitis C nursing service.

> 'Our users are encouraged to reconnect with society, feel less marginalised by the community and start to feel they are worth care.'

Sarah Bartle, a senior drug and alcohol nurse practitioner at Aspire tells us more about her experience with service users experiencing stigma and what measures Aspire have in place to combat this:

There is a strong social stigma attached to both drug misuse and hepatitis C. Our service users often have felt, or still feel, marginalised by society and this judgement can be a barrier to accessing services. To work towards combatting this in our area, we have a number of strategies in place to increase both awareness and understanding of hepatitis C and to remove the stigma associated with the virus:

- ***Providing education, in a supportive way, to increase knowledge about hepatitis C risk factors***
- ***Offering opportunistic testing using a variety of approaches and contingency management***
- ***Increasing understanding about care options using visible recovery and support groups***
- ***Offering services in a non-judgemental manner, which serve to tackle shame and guilt behaviours***

The first contact and engagement with services is critical to a successful outcome. We run a specialist needle exchange and a comprehensive training programme for dispensers, upskilling them on how to provide advice and information to users accessing the exchange.

Practical ways to help people overcome stigma and make services more approachable include:

BEING OPEN AND APPROACHABLE

You can help a person overcome stigma by establishing an open relationship, built on trust and respect.

CONSIDERING A HOLISTIC APPROACH TO TREATMENT

Our service focuses on helping people recover so they can successfully lead fulfilling, independent lives within their communities, free from stigma. I find that through offering education on all areas of health, as well as additional support services, such as bus passes and gym memberships, our users are encouraged to reconnect with society, feel less marginalised by the community and start to feel they are worth care.

My main advice is, don't give up on someone.

For more information on the Aspire service, which offers a full suite of recovery-orientated interventions and opportunities for people struggling with any form of substance misuse, visit www.aspire.community.

References

[1] PHE. *Hepatitis C in the UK*. 2015/2014
[2] Marinho *et al*. *Hepatitis C, stigma and cure*. 2013
[3] HCV Advocate. *A guide to stigma and hepatitis C*. 2014
[4] Treloar C *et al*. *Understanding Barriers to Hepatitis C Virus*. 2013
[5] LJWG. *Tackling the problem of hepatitis C*
[6] PHE. *Improving access to, and completion of, hepatitis C treatment*. 2015

May 2016 HCV/UK/16-03/CI/1335b

EVERYONE IS WORTH THE BEST CARE

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 hepatitis C face, encouraging and empowering people living with hepatitis C to access care and services, no matter how or when they were infected.

The ***I'm Worth...*** campaign is a disease awareness programme that has been developed and paid for by Gilead Sciences Ltd, a science-based pharmaceutical company. Content development has been supported by input from numerous patient groups with an interest in hepatitis C in the UK. Individual contributors are speaking from their personal experience.

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

Identity crisis

What is addiction treatment for – and has 'recovery' confused the agenda?

Mike Ashton looks at the evidence

UK governments agree that above all what they want out of treatment is 'recovery'. Some of the most marginal, damaged and unconventional of people are to become variously abstinent from illegal drugs and/or free of dependence and (as Scotland's strategy put it) 'active and contributing member[s] of society', an ambition which echoes those of the UK government dating back to the mid-2000s for more drug users to leave treatment, come off benefits, and get back to work.

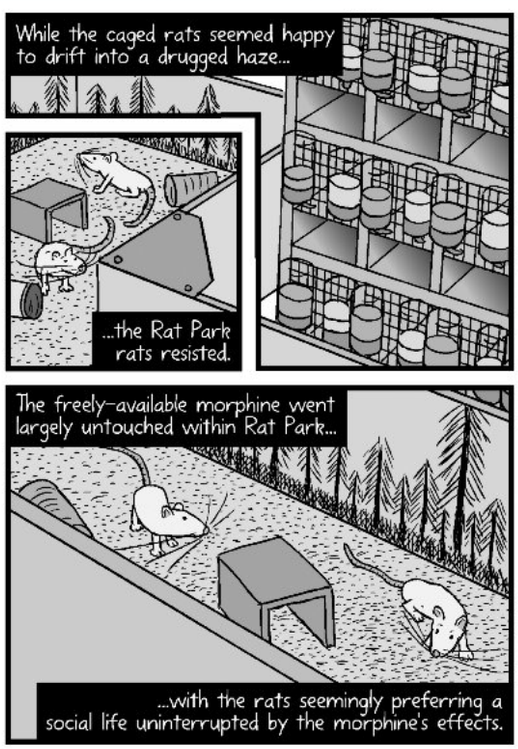
Similarly, in 2008 experts brought together by the UK Drug Policy Commission agreed that the process of recovery is 'characterised by voluntarily-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society... a satisfying and meaningful life'.

Potentially these agendas pose treatment a daunting task – achieving a kind of redemption in lives which among the caseloads of publicly funded addiction services are often far from satisfying and meaningful.

Shift ground from illegal drugs to tobacco. Would you say someone who has stopped smoking but hasn't found a job, is still on benefits – maybe even offending – and who remains at a loss for meaning in life, has failed to recover from their addiction?

But perhaps there are good reasons why these wider issues intrude for the more socially unacceptable addictions. In the 1970s Lee Robins was commissioned by the US government to help prepare for the looming avalanche of addicts created by the war in Vietnam, where heroin was accessible and widely used by US soldiers. That avalanche never materialised, and the returnees barely troubled US treatment services. However, the few who did resort to treatment exhibited the classic pattern of multiple problems and post-treatment relapse.

Reflecting on the implications, Robins argued that 'drug users who appear for treatment have special problems that will not be solved by just getting them off drugs... It is small wonder that our treatment results have not been more impressive, when they have focused so narrowly on only one part of the



Dr Bruce Alexander demonstrated in his Rat Park study that, given a stimulating social and physical environment which allowed the rats to be what rats naturally are – productive, active and social – they consumed far less morphine than a controlled, caged population. Graphic by Stuart McMillen from his comic *Rat Park* – explaining Bruce Alexander's experiments. *ratpark.com*

problem.' Unlike most of the soldiers, the drug use of addiction treatment patients is entangled with social dislocation and multiple problems, which unless addressed will repeatedly precipitate them back into addiction.

In Vietnam, soldiers from conventional backgrounds turned to heroin to combat boredom and depression, pass the time, and to better tolerate the rule-bound constraints of army life from which there was no escape. According to psychologist Bruce Alexander, for the same kind of reasons, caged experimental rats of the 1960s compulsively pressed levers to get drugs in experiments thought to prove these substances were inherently addictive.

Not so, argued Dr Alexander, demonstrating in his Rat Park study that given a stimulating social and physical environment which allowed the rats to be what rats naturally are – productive, active and social – they consumed far less morphine. In this environment, even physically dependent rats would avoid morphine.

From this perspective, treatment may be part of the solution, but conceivably also part of the problem. Although those who later become addicts often start with few personal, social and economic resources, the little they do have will be eroded by criminalisation and social stigma, and by services that explicitly or inadvertently encourage the adoption of an addict identity – processes which further divorce patients from supports which preclude dependent substance use or help us lever ourselves out if it happens. The ladders are hauled up, blocking a return to normality – a chronicity laid at the door of the addict's supposedly chronic, relapsing condition.

But accepting the identity of addict and patient gains access to the micro-world of addiction treatment services, in which (at their best) the addict is accepted and made the focus of caring attention and an optimistic assessment of what they might become, moving them beyond an addict identity rather than reinforcing it. The problem is that it is a micro environment, and the effects typically erode on leaving.

Such thoughts pose practical dilemmas for treatment. If it takes on the recovery challenge, how many fewer patients will we be able to afford to treat, and will that be counterbalanced by slowing the revolving door of relapse and treatment re-entry? Is it simply beyond the reach of any feasible service to create environmental changes of the magnitude that led to rapid, widespread and lasting remission from dependence among Vietnam returnees? Must we set our sights lower and ameliorate the fallout from an addiction-generating society, only modestly if at all accelerating the normal processes of remission? Or would that be a self-fulfilling lack of ambition that fails to grasp the recovery challenge?

The dilemmas were sharply put by Professor Neil McKeganey in his book, *Controversies in drugs policy and practice*. He asked whether a 'revolution' in treatment was required, which might see dual tracks of intensive help for the (perhaps relatively few) committed to recovery and abstinence, and a holding, harm-reduction track for the remainder. Another way to square the recovery ambition with numbers addicted and diminishing resources would, he argued, be to refuse treatment or truncate it for those not committed to abstinence-based recovery.

Though the solutions may be unpalatable, and abstinence an unnecessary hurdle to the 'recovery track' or being considered 'in recovery', there seems no denying that getting to recovery as typically defined requires more of treatment services in the face of diminishing resources. Professor McKeganey reminds us that decisions have to be made – or perhaps more realistically, not made quite so explicitly, as we muddle through and make those decisions by default, locality by locality.

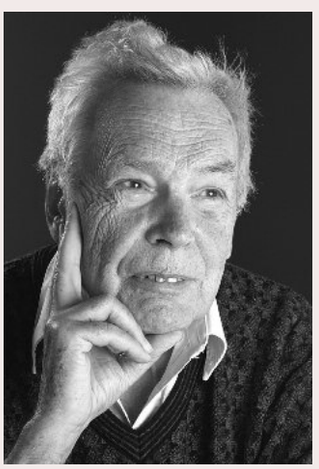
This article is based on the Drug and Alcohol Findings Effectiveness Bank hot topic, What is addiction treatment for? Full text with links to documentation at http://findings.org.uk/PHP/dl.php?file=why_treat_drug.hot&s=dd.

Mike Ashton is editor of Drug and Alcohol Findings, findings.org.uk. Look out for his new bi-monthly column in DDN.

A HELPING HAND

Phoenix Futures has launched the Griffiths Edwards Fund to champion his belief that 'no one size fits all'

ACCESS TO DRUG TREATMENT SAVES LIVES, gives people a second chance, and reunites families. This was the message from Phoenix Futures, at the House of Lords to launch the Griffiths Edwards Fund – to help people to access residential treatment, when they were unable to find funding through other routes.



Griffith Edwards, psychiatrist and scientist, carried out groundbreaking work on treatment for addiction. He was also founder of Phoenix House more than 45 years ago, when drug and alcohol 'treatment' meant being shut up for a long spell in hospital.

Former clients, several of whom now work for the organisation, stepped forward to talk about what the treatment had done for them. 'When I entered treatment I felt helpless, but when I walked through the doors at Phoenix I felt there was hope,' said Leanne. Ian told the story of how he had moved from a life of crime to running a successful business, putting back into the system through paying taxes and creating employment.

Another Ian and Stuart, both employed by Phoenix, talked of the satisfaction they got from working for the organisation and the opportunity it gave them to give something back, while former Addaction chief executive Peter Martin spoke of how his incredible journey had started at Phoenix.

Phoenix Futures supports many people with complex needs around mental health, housing, poor general health, unemployment and debt. Speakers talked about how they often benefited the most from residential care, through respite from day-to-day challenges and removal from an often chaotic environment, allowing them to focus fully on treatment. It also gave providers the opportunity to build a support package around them.

Last year Phoenix gave away more than half a million pounds worth of residential rehabilitation and had risen to the challenge of providing these services despite limited resources, said chief executive Karen Biggs. Much of this work was with 'people whose lives are not straight lines', she said. But that fact that 23 per cent of service users gained their first ever qualification while at Phoenix demonstrated how they were helping people move on with their lives.

The new fund will provide access to residential treatment within the Phoenix group, for those who are unable to access funding through other routes. As well as providing support during treatment, the fund will enable people to engage with housing, education and training opportunities to help them build a new life.

'The fund isn't named after Griffith Edwards purely because he was the founder of Phoenix Futures,' said Biggs. 'It is because he was a humble self-effacing man who believed that no one size fits all.'

To find out more or to donate, visit www.phoenixfutures.org.uk/griffith-edwards-fund

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.

LETHAL LABEL

Difficult though the challenge of the emergence of new substances is proving, and whether or not you agree with the recent legislation, I feel that an opportunity has been missed to rename these substances.

They should perhaps be known as potential lethal substances (PLS) – certainly not the very misleading legal high/new psychoactive substance nonsense that they are currently referred to by professionals who frankly should know better.

From the current user to the young, naïve future user of these substances, using worlds such as legal, high, new and psychoactive is no deterrent – on the contrary it can be appealing. However, potential lethal substance is unequivocal; take it and you may die.

As the new legislation proves, there are so many (an infinite amount of) chemical combinations that classification is impossible, likewise enforcement.

Would you drink bleach? No. If consumed it is simply a potential lethal substance (PLS). No classification necessary. Let's start now – PLS – trips off the tongue doesn't it?

Do *DDN* and the many associated agencies and contributors fancy leading the way? It will soon catch on, in so doing giving the honest description that the substances deserve.

Pete Young, Andover, Hampshire

CUTTING CORNERS

Against the background of shrinking availability of residential rehabilitation services, it is an unfortunate but true condemnation of the UK addiction recovery sector that the eminent Professor Neil McKeganey found it necessary to point out the mainly unqualified status of a majority of workers (and some execs) in this vital field. And his observations are mainly backed up by the other contributors in your excellent article, 'False Economies' (*DDN*, May, page 10).

The real problems are of course the differences of opinion on what constitutes 'professional qualifications' and 'specialist knowledge', along with the government's ever-increasing desire to see every service delivered as cheaply as possible.

Kenneth Eckersley, CEO, Addiction Recovery Training Services (ARTS)

LET'S CONNECT!

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

Great article in this month's @DDNMagazine about the recent UNGASS meeting. Will things ever change?? #drugpolicyreform #HarmReduction

@westernbaye2e

@johnbirdswords on #bbctw reminds me of his incredible passionate and utterly compelling (and rambling) talk at @DDNMagazine conference

@LadbrookInsure

Get real. #AnyonesChild campaign reduces me to tears of both pain and passion. Amazing message drinkanddrugsnews.com/get-real-marthas-accidental-overdose via@DDNMagazine *@drugactivist*

Damp squib? cjwellings.com/ddn/May2016/#6 Excellent coverage in new @DDNMagazine on disappointing #UNGASS2016 ***@russwebt***

Yes... most people in recovery want to give something back, to celebrate their recovery. Services are abusing this goodwill getting people in recovery to work free for them – using people who are very vulnerable.

Alan Heselden, via Facebook

I've seen McDermott's *Guide to Do-it-yourself Detox* in reception at drug services as recently as three years ago. There was some good advice with a comical element! ***Neil Angus, via Facebook***

I worked for Lifeline as a young person's practitioner and prescribing lead for nine years and I have always loved these publications! They are so impactful and accessible, they simply WORKED!! Which in that field was very rare! Michael Linnell and Russell Newcombe are inspiring people and I have been lucky enough to meet them both several times throughout my career.

Jay Ratcliffe, via Facebook

/DDNMagazine @DDNMagazine
www.drinkanddrugsnews.com

POST-ITS FROM PRACTICE

THE END, MY FRIEND

Dr Steve Brinksman **calls for kindness and compassion in palliative care**

'I am seeing more and more people who are at the end of their life...'

Most of us don't like to think about dying and we are probably even worse at talking about it. Yet as the average age of those in opiate treatment is increasing alongside co-morbid physical health problems, I am seeing more and more people who are at the end of their life. It has often been said that regular drug users – and this applies to alcohol and cigarettes as well – are physiologically ten to 15 years older than their chronological age. So the likely cause of death for those in treatment has moved from overdose to chronic illness, with COPD, cancers and end-stage liver disease from hepatitis C now commonly listed on death certificates.

I am as keen as anyone to promote recovery in the form of long-term abstinence, but also feel we need to have a pragmatic and kind response to those for whom prognosis is poor.

Danny had been a heroin user for 30 years. Having started in the early 80s he had a history of IV drug use and had been diagnosed as hep C positive in prison, but never really felt he was stable enough to think about treating it. As he got older he engaged with treatment, stabilising on 80ml of methadone and stopping illicit use. After a couple of years he was thinking of stopping OST and we talked about his hep C and the significant improvement in treatment. He agreed to a referral to the liver team.

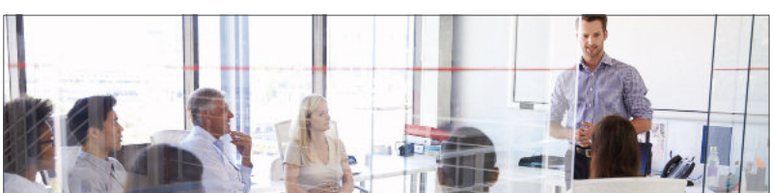
Two weeks before this appointment he attended surgery with weight loss and nausea, noticing that his urine had become dark. I was concerned about his liver function and encouraged him to keep his hepatology appointment. His ultrasound scan and fibroscan showed minimal fibrosis but unfortunately a mass in his pancreas and a subsequent CT scan revealed an inoperable pancreatic cancer.

As his condition worsened we were initially able to control his pain by increasing his methadone dose and switching it to three times daily. The local hospice team were involved and he was admitted for three days while being switched to long-acting morphine. On discharge he was able to manage with oral medication for a few more weeks, although his doses were significantly higher than for many patients because of his opiate tolerance.

Danny lived alone and had not seen his family for years. When we had talked about his preferred place to die he had asked to be back in the hospice. The team there dealt with him without stigma and he passed away peacefully five days after being admitted.

The way that we deal with end of life scenarios for our drug and alcohol using population defines how caring we are as a treatment system and a society – and yet this remains an area that commissioned services rarely address. Perhaps it's time that they did.

Steve Brinksman is a GP in Birmingham and clinical lead of SMMGP, www.smmgp.org.uk



PROMOTIONAL FEATURE

AN HONEST RELATIONSHIP

It's time to stop relying on outdated treatment models and offer clients an approach they can relate to, says *Kenneth Robinson*

One of the most challenging things an individual, group, or organisation can do is to look at itself and how it operates. For the substance use field, this means asking: how do you engage and work with this client group?

The overarching response to substance use has always been to use labels – addiction, dependent, sick, ill or diseased – that appear to be supported by strong scientific research. But have we stopped to think what messages these labels are sending to the service user? Do they offer a get-out clause, or a justification for them to continue their relationship with a substance with total impunity?

While being fed messages – that they are dependent... and are simply a product of their addiction – the client may always be able to justify carrying on using.

As professionals we may not agree with the idea that the client is sick, or that he or she is dependent on their substance – or that they are unable to regulate their behaviour and actions because they have no control. Services may have inherited a way of working, validated by many in the scientific community, that the substance user is in some shape or form sick. We have also created an even broader context called the bio, psycho, social model, affirming that the client is affected by their substance use at a biological, psychological and social level. But could we be missing out the fundamental issue of why they came to the service?

What if the service user is not sick, diseased, or addicted; could this pave the way to look at their behaviour from a different angle? An example, backed up by pharmacology, would be that drug use is very pleasurable and that is why they keep returning. While being fed messages – that they are dependent, have no control over what they do, have a sickness, and are simply a product of their addiction – the client may always be able to justify carrying on using.

The Resonance Factor, the approach used by Janus Solutions – which we will investigate further in two more articles in *DDN* – offers a counterpoint to the established treatment approach in that it allows the client to own their love of substance use. They explore their relationship with their substance and the behaviours that they act out to maintain this relationship.

This process is then underpinned by deconstructing justifications for continuing their use, taking them to a place of ownership and choice. Of course this is a challenging process for the service user and, as with most forms of transformation, requires the individual to go through a level of discomfort. But when our labels provide them with appropriate justifications for their past and future actions, we have to ask ourselves – is this supporting the client, or are we becoming a part of their collusion?

WORK, REST, AND PLAY

A new hub in Birmingham, Recovery Central, offers business incubation, training, support and more to the city's burgeoning recovery community. DDN reports

ADDICTION CAN BE LIKE SWIMMING IN SHARK-INFESTED WATERS, but the recovery community are like people in a life raft holding out their hands, Dr Ed Day of the National Addiction Centre told guests at the opening of Recovery Central in Birmingham. Holding out their hands and welcoming people on board was exactly what the team running the new centre planned to do.

The new enterprise was planned and conceived by Changes UK, an independent social enterprise for people in recovery. It will provide support, volunteering opportunities and business incubation, and its facilities include a café, a dry bar, and recording studios. It set up with Public Health England (PHE) capital funding, working in partnership with CGL, the agency responsible for delivering services across Birmingham.

Changes UK chief executive Steve Dixon has ambitious plans for the place. Described by Day as 'the Richard Branson of recovery' Dixon has always been entrepreneurial, including spending every hour working at his plumbing business to get money for drugs. This finally changed in 2004 when he met members of the recovery community in Weston-super-Mare. Here he spoke to people who hadn't used for several years – an idea he said he could barely contemplate – and realised that one of the reasons his attempts at recovery had been unsuccessful had been because he had been on his own. Returning to Birmingham, he realised he wanted to help create a similar community in the UK's second city.

Using a house inherited from his grandmother, Dixon started up Changes UK in 2007. It now incorporates a detox service, community-based rehab, supported and 'move on' housing, and it has just opened the doors to its most ambitious project to date.

Based in a former industrial unit in Digbeth near the centre of Birmingham, Recovery Central's 15,000 square foot venue provides meeting spaces and office facilities to support the numerous projects that will be run from there. One of new centre's key aims is to provide volunteering and training opportunities to help people in recovery return to work – particularly those who want to start businesses or access training in different sectors, beyond the substance misuse field. These ideas are being put into practice, with the construction social enterprise Building Changes providing volunteers to work on the refit of the premises.

With an innovative business model that hopes to help grow social enterprises to a point where they will be independent and able to create a sustainable revenue stream, Changes UK sees volunteering as a means to an end. The value of this was emphasised by Rosanna O'Connor, director for alcohol, drugs and tobacco at PHE, who spoke of the importance of volunteering in helping people build confidence and shared how her own experience of volunteering had put her on the path to her career. Others to lend their support to the new venture included Duran Duran bassist John Taylor and singer Jimmy Somerville, who both sent video messages. Actor Russell Brand attended the launch of the centre to express his admiration for the project and the way it supported individuals in recovery: 'This shouldn't be a rare project, this should be the standard,' he said.

Members of the Changes UK team, Collette Carter and Alex Davey, gave two of the most memorable speeches of the day by explaining how they had been able to transform their lives. Davey relayed his experience of first meeting people in recovery who were at peace with themselves, while Carter said that she had been encouraged to go out and find her passion. They both expressed hope that Recovery Central would help to change people's perceptions of recovery, among both active users and in the wider community.

'The tanker is turning,' added Dixon. 'People are starting to support recovery. Recovery Central gives us an amazing venue that we can use to help more people in our city into recovery from addiction and gain the skills to live a life with meaning and purpose, so that they also can be an asset to our community rather than just a burden.'

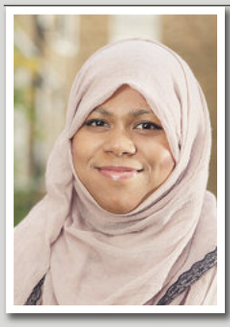
Explore Recovery Central at www.changes-uk.com

Russell Brand with Changes UK chief executive Steve Dixon

Actor Russell Brand attended the launch of the centre to express his admiration for the project and the way it supported individuals in recovery: 'This shouldn't be a rare project, this should be the standard,' he said.

LEGAL EYE

Through the maze



In the first of a new series of legal columns for DDN, **Amina Uddin** of Ridouts guides you through CQC issues

'It has been identified that a "one size fits all" approach will simply not work with this sector...'

THE REGULATORY LANDSCAPE IS RAPIDLY CHANGING FOR THE SUBSTANCE MISUSE SECTOR. Providers who are registered with the CQC face challenges of a new inspection regime and CQC ratings. CQC began comprehensive inspections of independent standalone substance misuse services in July 2015. However due to the complex nature of these services, CQC will inspect them without ratings for the time being.

It has been identified that a 'one size fits all' approach will simply not work with this sector, but CQC are determined to rate substance misuse services in the future and are working with the Department of Health to reach this goal. CQC will also continue to test the viability and scope of inspecting and separately rating substance misuse services offered by other providers such as NHS trusts, GP practices and independent providers that also offer other services, and are seeking to roll out their inspection regime once the current inspection cycle ends.

For the time being, CQC will inspect substance misuse services if any risks are identified. As regulatory scope grows, it is likely that more substance misuse services will be captured under the scrutiny of CQC.

Amid this plethora of change and uncertainty, it is important that you seek legal help to ensure your service is not adversely affected and through our new column in DDN, we're here to answer all your burning legal questions.

- ***Do you have questions about whether your service needs to be registered with CQC?***
- ***Is your service under scrutiny after an inquest?***
- ***Are you confused and struggling with the demands of multiple regulatory involvement of your service?***

Do fire your questions at us, whether they're related to employment matters or other professional matters – we're here to help.

Email your questions to legal@drinkanddrugsnews.com

Ridouts LLP is a practice of health and social care lawyers with expertise on dealing with regulators, www.ridout-law.com

HAGA
action on alcohol

SPECIALIST ALCOHOL TRAINING COURSES FOR PROFESSIONALS

Our courses are taking place across the UK in 2016

HAGA is an alcohol specialist service provider with over thirty-five years experience of working with people affected by alcohol misuse to make positive changes to their drinking. HAGA is offering professionals the opportunity to attend the following training courses:

ALCOHOL DEPENDENCE, MANAGING WITHDRAWAL AND TREATMENT IN DETOXIFICATION AND TREATMENT

This one-day Alcohol Dependence, Managing Withdrawal and Treatment course enables participants to understand alcohol dependence, withdrawal and detoxification and how to clinically manage these conditions and processes.

All courses are from 9.30am to 5pm:

LONDON – 16th June, 8th September, 22nd September, 27th October;

NOTTINGHAM – 20th July; SHEFFIELD – 28th September.

'Feedback from all staff who attended the course was that Dylan was an excellent trainer, engaging and the course was set at the right level. Dylan used a variety of presentation styles and gave out useful hand-outs'.

JAMES, REGISTERED MANAGER, PCP

ALCOHOL BRIEF LIFESTYLE COUNSELLING

This one-day Alcohol Brief Lifestyle Counselling (ABLC) course will enable participants to understand this form of treatment, develop practical skills including using motivational interviewing & Cognitive Behavioural Therapy (CBT) tools with Increasing and Higher Risk drinkers, and to deliver packages of treatment within their scope of practice.

All courses are from 9.30am to 5pm: LONDON – 29th June.

'Motivational interviewing – a well needed tool in my workplace. Practice of role play and clear presentation made it easy to understand and trainer encouraged focusing on clients' strengths and achievements with clear presentation'

LUKE, RECOVERY COORDINATOR

ABOUT OUR TRAINERS

Dylan Kerr (BHSc (Nursing), RGN) is Head of Alcohol Treatment at HAGA and a Care Quality Commission (CQC) registered manager. Dylan is a comprehensively trained General and Mental Health Nurse with over 13 years experience. Dylan oversees HAGA's alcohol treatment services, including our alcohol liaison team, detoxification nurses, community alcohol stabilisation programme and outreach team.

Mark Holmes (BSc, RMN, SPMH) has worked within the alcohol misuse field for nearly two decades developing services in community treatment, IBA, alcohol related long term conditions and end of life care. He was an advisor to the Department of Health on IBA and improving end life care in liver disease. Mark was awarded the Nursing Times Mental Health Nurse of the Year in 2012 for his work on preventing alcohol-related hospital admissions

ABOUT HAGA

HAGA, the specialist alcohol treatment provider, works with and on behalf of people, families and communities affected by alcohol. HAGA provides high quality, comprehensive, community-based services and treatments for people misusing alcohol and their families. HAGA is at the forefront of training professionals to improve the experiences of those who use regulated specialist substance misuse services across a range of settings.

For further information, course outline and course bookings, please contact Manisha Pattni on:

training@haga.co.uk **07817 121 830** **haga.co.uk**

HAGA_alcohol #ActionsSpeakLouder

Haringey Advisory Group on Alcohol (HAGA) is a registered charity and a limited company registered in England and Wales. Registered Charity No. 1054656. Company No. 3039052

PROJECT SUNFLOWER

A NEW AND EXCITING SERVICE IN PLYMOUTH

ARE YOU PASSIONATE ABOUT WORKING WITH WOMEN?
DO YOU WANT TO BE PART OF A SERVICE THAT CHANGES LIVES?
DO YOU WANT TO BE PART OF AN INNOVATIVE AND DYNAMIC TEAM?

If the answers to the above are yes, then you may be interested in the exciting opportunity that has arisen to join the Project Sunflower team. Project Sunflower is an exciting joint venture between Trevi House and Longreach thanks to funding from the Big Lottery Fund.

Project Sunflower will add value to the work already being carried out at Trevi House (a mother and child drug and alcohol rehab) and Longreach (a woman only drug and alcohol rehab) as well as funding some vitally needed additional support for women as they leave rehab and begin their life in the community.

WE ARE LOOKING TO RECRUIT FIVE NEW STAFF MEMBERS TO DELIVER PROJECT SUNFLOWER OVER THE NEXT THREE YEARS.

Project Lead • Outreach Worker • Resettlement worker
Recovery Aspiration Worker • Recovery Capital Worker

Passion about empowering women, effective partnership working and a strong sense of professionalism are essential to success in this role, alongside the ability to use your initiative.

Because of the nature of these posts, they are only open to female applicants and are exempt under Schedule 9 Part 1 Equalities Act 2010. Any offer of employment will be subject to an Enhanced CRB disclosure, costs of which will be met by Trevi House.

For an Application Pack please email **office@trevihouse.org**.
If you would like an informal discussion regarding this rewarding and varied role, please call **Hannah Shead** on **01752 255 758**.

Trevi House
Longreach

Closing Date is 23rd June at 5:00pm
Interviews to take place on 30th June, 1st, 4th and 5th July
Anticipated Project start date: Monday 5th September
Posts are full time (37.5 hours per week) at £18,000 – £25,000 depending upon post.

LOTTERY FUNDED

Residential Engagement Worker

Help provide an effective alcohol rehabilitation programme, and support vulnerable service users with alcohol problems.

Closing date: Monday 27th June 2016

Full details: jobs.addaction.org.uk

addaction | Chy-Colom

Substance Misuse Personnel

Permanent • Temporary • Consultancy

Supplying experienced, trained staff:

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

SAM

Call today: 020 8987 6061

Register online:
www.SamRecruitment.org.uk

Solutions Action Management
Still No.1 for Recruitment and Consultancy

FOCUS 12

Focus12 – Bury St Edmunds, Suffolk

Addiction Counsellor

Be part of a team at a leading charity delivering a structured day programme for clients recovering from active addiction.

To apply email Jose@focus12.co.uk
www.focus12.co.uk

Compass

LATEST VACANCIES

WE HAVE A NUMBER OF NEW VACANCIES IN ENFIELD, MILTON KEYNES, AND WARWICKSHIRE including: Service Manager, Substance Misuse Doctors, Family Brief Intervention Worker, and School Special Needs Nurse.

Compass is a national charity which works in communities across the UK, providing supportive health and well-being services for adults, children and young people.

You will share Compass' commitment to safeguarding children, young people and vulnerable adults. For more details visit:

www.compass-uk.org/recruitment

Compass is committed to equal opportunities and is a safer recruitment employer.

CORTIJO CARE MARBELLA
MEDICAL & PSYCHOLOGICAL WELLBEING CENTRE

Successful mental health and rehab clinic requires an experienced

Addictions Counsellor/Psychotherapist

To apply please email your CV to **patrickshaw@cortijocare.com**

www.cortijocare.com

KINESIS LOCUM
Specialist Recruitment

- Total Recruitment for the Drug and Alcohol field. (DAAT, Nurses, Commissioning. NHS. Criminal Justice...and more)
- The Trusted Drug and Alcohol Professionals.

You call Kinesis, we do the rest!

www.kinesislocum.com

0207 637 1039