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DDN

JOINING FORCES

PUTTING KETAMINE USERS IN TOUCH WITH SERVICES

Inside: The crack epidemic that never materialised

DDN

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EDITOR'S LETTER

'As we celebrate recovery, let's credit harm reduction'

As we enter 'recovery month' there's no better time to reinforce harm reduction – the route to recovery, and the reason it's sustainable. What works for one person won't work for another and we need to open every door to better health.

At a recent parliamentary group participants voiced their anxiety about the way drug treatment is being compromised by lack of funding and prioritisation (page 10). There were calls for a new approach, condemnation of punitive measures, and yet more warnings about a looming public health crisis. All were concerned about taking the strain off the NHS by tackling chronic health conditions that could be treated at a much earlier stage by enhancing drug and alcohol treatment.

So as we celebrate recovery, let's use this vibrant demonstration of success to credit the role of harm reduction. How many people who celebrate their number of years 'clean' nearly lost their life to an overdose? How many owe their life to a drug or alcohol worker, mentor or friend in the right place at the right time, who knew essential harm reduction or had a naloxone kit?

As always we try to bring you the information you need, and this issue's cover story focuses on the much misunderstood drug ketamine (page 6). The Findings team offer a fascinating insight into a hyped-up crack epidemic (page 12), while Addaction and Blenheim share their work supporting young people (pages 8 and 16). And we're excited to announce a new feature – the iCAAD knowledge hub. This innovative team are supporting a regular column in DDN to showcase inspiring ideas, so please get it touch!

Claire Brown, editor

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

CJ Wellings

Published by CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT

Editor: Claire Brown
t: 01233 638 528
e: claire@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

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

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RECORD DRUG DEATHS NORTH AND SOUTH OF THE BORDER

THE HIGHEST EVER LEVELS OF DRUG-RELATED DEATHS have once again been recorded in both Scotland and England. Last year saw 3,744 drug poisoning deaths in England and Wales, according to the latest ONS figures – 2 per cent higher than the previous year (*DDN*, October 2016, page 4) and the highest number since comparable statistics began almost a quarter of a century ago. While the figure relates to both legal and illegal drugs, almost 70 per cent were classed as drug misuse deaths, and death rates were highest in the 40-49 age range.

Scotland recorded 867 drug-related deaths in 2016, 23 per cent higher than the previous year and more than double the number from a decade ago. Scotland's drug death rate is now higher than anywhere in the EU, and roughly two and a half times higher than the UK as a whole.

More than two thirds of the Scottish deaths were among males, and nearly a third were in the Greater Glasgow and Clyde NHS board area. Nearly 40 per cent of the deaths were of people aged between 35 and 44, and a quarter were among those aged 45 to 54, with the median age at death 41. Opioids were implicated in, or 'potentially contributed to', almost 90 per cent of Scotland's fatalities, and benzodiazepines almost half. Figures from National Records of Scotland also show that alcohol-related deaths north of the border have increased by 10 per cent since 2015 to 1,265, the highest number since the start of the decade.

In England and Wales, however, while more than half of recorded drug poisoning deaths involved an opiate, heroin and/or morphine deaths have remained 'stable', says ONS – at 1,209 compared with 1,201 in 2015. The number of heroin and/or morphine deaths in males also fell for the first time since 2012 – to 935 from the previous year's 957 – although female heroin/morphine deaths increased from 244 to 274, their highest recorded level. Deaths related to cocaine were also at their highest ever level, at 371 – up by almost 170 per cent since 2012 – while deaths relating to the prescription drug pregabalin have increased from just four in 2012 to more than 100. The National Crime Agency (NCA) also announced that the number of UK deaths related to the powerful opioid fentanyl or its analogues has reached almost 60 in the last eight months alone. Once again, the North East saw the highest mortality rate from drug misuse, at 77.4 deaths per 1m population, a 13 per cent increase on 2015's figure.

Government pursuing 'failed' policies
NIAMH EASTWOOD

Release's executive director Niamh Eastwood called the statistics a 'national crisis' and accused the government of 'abrogating' its responsibility by cutting investment in treatment services and pursuing 'failed' policies, while Transform called the figures a 'direct result of the Home Office's scandalous approach' to drugs.

Announcement of the figures followed publication of the delayed *2017 drug strategy* earlier in the summer, and while the document promised a 'national recovery champion' and a cross-government drug strategy board to be chaired by the home secretary, its focus on a law enforcement approach disappointed some commentators. The strategy also included changes to the way the 'long-term success of treatment' is determined, with a requirement on services to 'carry out additional checks to track the progress of those in recovery at 12 months, as well as after six, to ensure they remain drug-free'.

Deaths related to drug poisoning in England and Wales: 2016 registrations at www.ons.gov.uk

Drug-related deaths in Scotland in 2016 at nrscotland.gov.uk

Alcohol-related deaths at www.nrscotland.gov.uk

2017 drug strategy at www.gov.uk

ORANGE UPDATE

THE GOVERNMENT has published the updated version of its Drug misuse and dependence: UK guidelines on clinical management, usually called the Orange Book. The 2017 version has a 'stronger emphasis on recovery and a holistic approach to the interventions that can support recovery', and includes new guidelines on NPS, club drugs, mental health, prison-based treatment and naloxone. *Guidelines at www.gov.uk*

NALOXONE NUMBERS

TAKE-HOME NALOXONE has now been made available by 90 per cent of English local authorities, according to an LGA report. Of those, 90 per cent provide it through drug treatment services, 25 per cent via hostels and 25 per cent through outreach workers, says Naloxone survey 2017. Almost all (95 per cent) of the respondents that make naloxone available provide it to service users, while 79 per cent provide it to family, friends and carers, and 64 per cent to opiate users not currently in treatment. Of the councils that have yet to make it available, half said they would do so if there was an increase in overdoses or opiate-related deaths in their area. *Report at www.local.gov.uk*

SMOKE FREE

THE GOVERNMENT has published its long-awaited tobacco control plan, with a vision to create a 'smoke-free generation'. The document aims to cut the number of 15-year-olds who smoke from 8 per cent to 3 per cent or less, as well as reduce the adult smoking rate from 15.5 per cent to 12 per cent. While smoking rates have fallen to their lowest ever level (*DDN*, July/August, page 4) the plan's objective is to tackle the 'inequality gap' in smoking prevalence, as smoking accounts for approximately half the difference in life expectancy between society's richest and poorest. *Towards a smoke-free generation: a tobacco control plan for England at www.gov.uk*

HEAVY ISSUES

HEAVY DRINKING will cost the NHS £17bn over the next five years – including 63,000 deaths and 4.2m hospital admissions – unless current trends are reversed, according to a report from the Foundation for Liver Research. Admissions have increased by around 17 per cent since 2010-11, while alcohol-related liver disease accounts for 60 per cent of all liver disease and 84 per cent of liver-related deaths. The document calls for off-licence trading hours to be restricted to 10am-10pm, along with tougher regulation of marketing and advertising. *Financial case for action on liver disease at www.liver-research.org.uk*

GET TESTED

PHE IS RENEWING CALLS for people to get tested for hepatitis C as a 'substantial proportion' of the estimated 200,000 people living with the virus are likely to be unaware that they have it. Around a third of those with a long-term infection are believed to be over 50 and may have become infected 'years, or even decades, earlier', stresses the agency. While death rates are falling, figures for estimated rates of infection among people who use drugs remain largely unchanged since the beginning of the decade. 'We strongly encourage anyone who may have been at risk of hep C infection to get tested, whether or not they have any symptoms,' said clinical scientist in PHE's immunisation, hepatitis and blood safety department, Dr Helen Harris. Meanwhile Adfam has published a report on the impact hep C can have on the families of people who use drugs. *Hepatitis C report at www.gov.uk; Marks and scars at www.adfam.org.uk*

People are likely to be unaware that they have it.
DR HELEN HARRIS

US ADMINISTRATION TO USE 'ALL APPROPRIATE AUTHORITY' IN RESPONSE TO OPIOID CRISIS

THE US PRESIDENT, DONALD TRUMP, has instructed his administration to use 'all appropriate emergency and other authorities' to respond to the country's opioid crisis.

The move follows the publication of an interim report from the President's Commission on Combating Drug Addiction and the Opioid Crisis, which calls for a rapid expansion of treatment capacity as well enhanced access to 'medication-assisted treatment' and increased naloxone dispensing. Although the document also calls for the declaration of a national emergency, and Trump later used those words in describing the situation to reporters, no formal declaration has so far been made.

The number of opioid overdoses in the US has quadrupled since 1999, says the report, with more than 560,000 people dying as a result of a drug overdose between 1999 and 2015. 'Not coincidentally', the level of opioid prescribing quadrupled over the same period, it states. 'Americans consume more opioids than any other country in the world,' says the document. 'In fact, in 2015, the amount of opioids prescribed in the US was enough for every American to be medicated around the clock for three weeks. We have an enormous problem that is often not beginning on street corners; it is starting in doctor's offices and hospitals in every state in our nation.'

As access to prescription opioids has been tightened, however, people have increasingly turned to street drugs, with just 10 per cent of the almost 21m people with a 'substance use disorder' receiving any type of specialist treatment – a factor that is 'contributing greatly' to the increase in overdose deaths, the report says. More than 40 per cent of people with a substance problem also have a mental health problem, it adds, but 'less than half' receive treatment for either.

'Nobody is safe from this epidemic that threatens young and old, rich and poor, urban and rural communities,' Trump told a press briefing. 'Drug overdose is now the leading cause of accidental death in the United States. It is a problem the likes of which we have not seen.' He added, however, that the best way to prevent addiction and overdose was to 'prevent people from abusing drugs in the first place' and that 'strong law enforcement' was 'absolutely vital'. Earlier this year his administration signalled that it intended to intensify the 'war on drugs' with a return to 1980s-style prevention campaigns (*DDN*, May, page 5).

Deputy director of national affairs at the Drug Policy Alliance, Grant Smith, stressed the 'stark contrast' between the president's preferred law enforcement approach and the health-based response prioritised by the opioid commission's report. 'President Trump made repeal of the Affordable Care Act a top priority, which would threaten healthcare and access to treatment and mental health services for millions of people living with a substance use disorder,' he said. 'People who are looking for this administration to use a national emergency to ramp up access to treatment and step up a health-based response to the opioid crisis are going to need to be vigilant that this indeed happens' and that any emergency declaration does not 'give the Trump administration more licence to escalate the drug war', he added.

Pic: Gage Skidmore

Earlier this year the president's administration signalled its intention to intensify the 'war on drugs'

President's Commission on Combating Drug Addiction and the opioid crisis: draft interim report at www.whitehouse.gov

LIVE ACTION

PEOPLE VISITING THE ADDACTION WEBSITE can now chat anonymously to a support worker in real time, with the aim of helping those not currently accessing professional help. While some of the 160-plus weekly calls to the pilot service are five-minute 'signposting' chats, others can last an hour, says the charity. 'The majority has been people really struggling with their own or other people's substance misuse and mental health problems,' said Addaction Scotland director, Andrew Horne. 'It's been non-stop and there are a lot of people out there looking for help.' *Service available at www.addaction.org.uk*

There are a lot of people looking for help

ANDREW HORNE

BOTTLING IT

DRINKS COMPANIES ARE FAILING to inform consumers of drinking guidelines and health harms, according to the Alcohol Health Alliance (AHA). Research carried out nearly 18 months after new guidelines were introduced (*DDN*, February 2016, page 4) found that just one of 315 labels across nearly 30 locations carried information about the revised limits. 'Self-regulation has failed' said AHA chair, Professor Sir Ian Gilmore. 'Instead of alcohol producers deciding what to include on labels, the government should now require all labels to contain the latest guidelines and information on the health conditions linked with alcohol.' *Right to know at ahauk.org*

CUTS CHAOS

LOCAL AUTHORITIES HAVE BEEN FORCED to reduce planned public health spending by £85m as a result of government cuts, according to analysis by The King's Fund.

'Once inflation is factored in, we estimate that, on a like-for-like basis, planned public health spending is more than 5 per cent less in 2017-18 than it was in 2013-14,' says the think tank. Money for tackling drug misuse in adults will face a 5.5 per cent cut of £22m, with specialist drug and alcohol services for young people and smoking cessation also facing substantial reductions.

Services are already struggling with the impact of a £200m cut to the 2015-16 public health budget (*DDN*, September 2015, page 4), as well as planned reductions until the end of the decade.

'Reducing spending on public health is short-sighted at the best of times,' said senior fellow in public health and inequalities at The King's Fund, David Buck. 'The government must reverse these cuts and ensure councils get adequate resources to fund vital public health services.'

IRISH INITIATIVES

IRELAND HAS LAUNCHED A 'HEALTH-LED' response to the country's drug and alcohol use, *Reducing harm, supporting recovery*, which includes both the introduction of a pilot supervised injection facility in Dublin (*DDN*, December 2015, page 4) and the establishment of a working group to look at 'alternative approaches' to the possession of drugs for personal use.

'Treating substance abuse and drug addiction as a public health issue, rather than a criminal justice issue, helps individuals, helps families, and helps communities,' said Ireland's Taoiseach, Leo Varadkar. *Strategy at www.merrionstreet.ie/en*

Straight from the

The growing popularity of ketamine use is not matched by knowledge within treatment services. **Sara Woods** went to harm reductionists Mat Southwell and Amy Massey for some clear and informed advice

Ketamine is popular in a few regional pockets in England. It is particularly prevalent at squat parties in the big cities and the more rural free parties in the west and east of the country – events usually held in a field or barn, where a generator pumps electronic music. The larger parties can go on for three days as long as the police don't come.

Partygoers often use cocaine, MDMA, LSD or ketamine, with the combination of cocaine and ketamine (CK) becoming increasingly popular. The ketamine is snorted in quantities that vary from person to person, but this can mean taking up to 10g at one party.

The authorities have prohibited ketamine, but do little to inform about it, and support services for this user group are scarce. Users are often unaware of the substantial medical risks they are taking and the measures they can take to decrease such risks. Besides, many users do not seek help for serious complaints, because they feel misunderstood by medics and other support services.

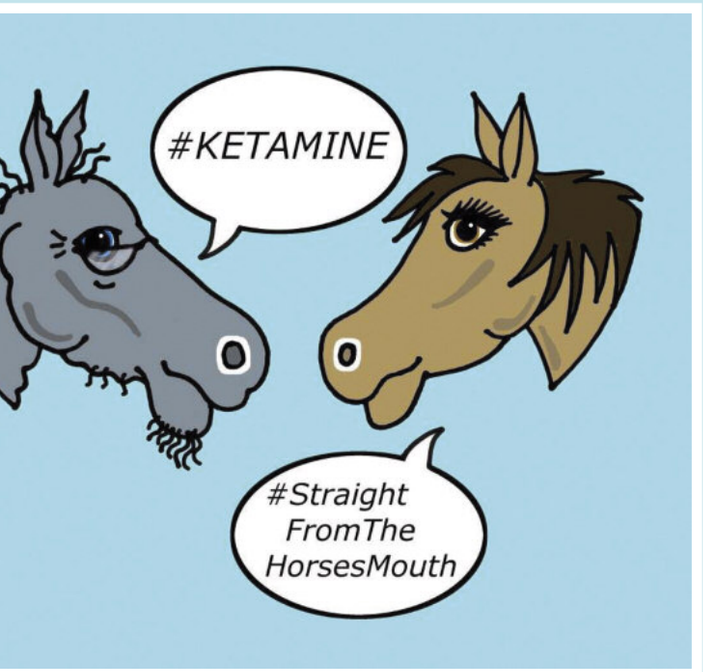
This all gave plenty of reasons for K-users Amy Massey and Mat Southwell to take action. Together with other K-users, these harm reduction activists aim to improve information exchange and access to healthcare and other services.

Mat has been an active harm reductionist since the 1990s. As a representative of the Dance Drugs Alliance, he was committed to the interests and health of clubbers, and has also been involved in the development of a professional response to crack use. They developed a simple checklist for GPs, which breaks down predominant crack-user issues into primary health problems and makes it easier for GPs and drug users to talk to each other.

'They often have a mutual fear of each other, but such a list gives practical handholds in consultation and brings the two closer together,' says Mat. A similar checklist has been developed for ketamine – the 'K-check'. Users can bring the K-check along to their GP visit.

In the meantime, the government is not taking responsibility. According to Mat the national government says it's a regional problem, and local addiction treatment centres do not have the capacity to get involved. This is a big problem, because even though the group of problematic users may be small, they are suffering serious physical and mental consequences. In the most extreme cases, people in their

More on ketamine at www.drinkanddrugsnews.com



The project aims to provide users with better information about safer use, but also to improve access to care. Amy knows many users, Mat knows many professionals. Together they build bridges and create a space where K-users are not judged, and where they can learn.

horse's mouth

twenties had their bladder removed. 'These users are being neglected. There is barely any information on how to reduce risks,' he says.

Moreover, in 2014 ketamine was further criminalised, resulting in higher penalties for possession, which – as predicted by expert advisors on the topic – only worsens the situation.

'I gave evidence to the Advisory Council on the Misuse of drugs working group on Ketamine,' says Mat. 'It was called by Theresa May, then home secretary, to advise on the ketamine situation. My evidence said problems arose after criminalisation and that more criminalisation would deepen problems. But ketamine was further criminalised regardless. The view of key people in the working group was that Theresa May decided on a path of more criminalisation before they reported. This is what has resulted from a political move to be seen as tough on drugs regardless of actual impact of policy.'

For a while Mat distanced himself from ketamine harm reduction, hoping that others would pick it up. Sadly, this did not happen. And then, in 2016, Amy contacted Mat. She had watched one of his online videos on ketamine and came with a cry for help.

Amy is 28 years old and has been using ketamine for around seven years. Through her personal party network she already knows about 100 to 200 ketamine users, many of whom now have serious health problems – bladder and kidney trouble, mental health issues, and terrible pains in the stomach, known as 'K-cramps'.

'A lot of the people I know walk around with severe pains for a long period of time, because they do not get any help, and they use more ketamine to soothe the pain – something that usually only exacerbates the problem' says Amy.

She too has sought medical help several times for her K-cramps, and often medics had no idea what to do with her problem. Twice they even prescribed painkillers that worsened the situation.

Not just the emergency services, but also urologists – who usually treat much older people – are struggling with this patient group. Even the addiction treatment services often have too little specific knowledge of ketamine and offer standard treatments – such as the 12-step-programme – that do not address the demand and needs of most ketamine users. As a result, many K-users have little trust in medical or drug services, leading them to walk around with problems for unnecessarily long periods.

Thus, Mat and Amy came up with the peer project 'Straight from the horse's mouth'. The project aims to provide users with better information about safer use, but also to improve access to care. Amy knows many users, Mat knows many professionals. Together they build bridges and create a space where K-users are not judged, and where they can learn.

'Medics often have little understanding for continued drug use, despite the harm people inflict upon themselves,' says Mat. 'In our project, users share their experiences and knowledge with each other. They respect each other. If someone pees a lot or has blood in their urine, that person is stimulated to go and see a medic. That way chronic bladder disease – or even worse, the removal of the bladder – can be prevented.'

Practical advice on safer K-use is also exchanged. 'For instance, before snorting ketamine it is much better to grind the crystals with a pestle and mortar, rather than heating them', Mat tells us. 'Because when you heat the crystals you lower the quality of the drug, and bacteria are released. Also, many problems can be prevented by drinking plenty of water during and after use, so you rinse the ketamine out of your body.'

Amy and Mat started a secret Facebook group with around 50 members so far. It is a safe space where ketamine users can share their health problems and advice with each other. 'On YouTube we want to start a talking heads video dialogue between peers and professionals,' they say. 'We hope that commitment to the project will increase through social media, such as Facebook and YouTube. Soon the first YouTube video will be available online. In the future, we are hoping to offer even more, such as an online learning environment and meetings.'

If you are an experienced ketamine user interested in exchange on this topic you can contact Amy Massey or Mat Southwell by sending them a message via Facebook.

Sara Woods is project leader for the national department of Mainline, a harm reduction organisation based in Amsterdam, which works nationally and internationally to promote health, rights, and quality of life for drug users, english.mainline.nl

This article is a version of Sara's Dutch article, published in Mainline Magazine.

LASTING IMPRESSIONS

Early trauma can have a devastating effect on children, leaving them more likely to misuse drugs and alcohol. We need to be ready to help at this formative stage, say Addaction and YoungMinds

Children who experience trauma are more likely to misuse drugs and alcohol – a situation that needs to be tackled urgently by local commissioners, say Addaction and YoungMinds. The two charities have joined forces to publish *Childhood Adversity, Substance Misuse and Young People's Mental Health*, a briefing paper and action plan that aims to help young people avoid high risk substance misuse and further trauma from being criminalised.

The paper has been sent to all clinical commissioning groups across the country and urges local commissioners and providers to do more to tackle the issue, including making drug and alcohol education universal across all schools.

Among key issues, it highlights that children who have experienced four or more adverse childhood experiences – like abuse, neglect, domestic violence, taking on adult responsibilities or living in households where people misuse substances – are twice as likely to binge drink and 11 times more likely to use crack cocaine or heroin.

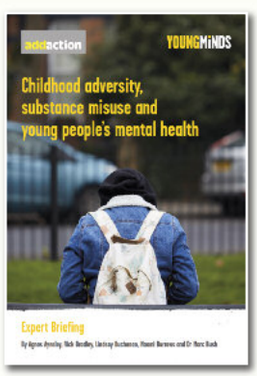
If children regularly use substances from an early age, it can substantially impact their neurobiological and cognitive development, as well as affecting their ability to learn skills to self-soothe or self-regulate when faced with further emotional stress. Ultimately, this has a negative impact on their physical and mental health.

More than 200,000 children in England now live with at least one adult who is alcohol dependent, which can have a significant impact on their parenting abilities and make it more likely they'll expose their child to adversity and trauma – often leading to an intergenerational cycle.

As their substance misuse escalates, young people can find themselves face to face with the police or youth justice system, where neither their mental health, nor the trauma they have faced is adequately addressed.

'Young people get a rough ride in the media with sensationalist headlines about drug or alcohol use,' says Addaction's chief executive Mike Dixon. 'It's vital we stand up and highlight that for some young people, use of drugs or alcohol is their attempt to numb or cope with trauma or emotional distress. We can better support young people if commissioned services are trauma-informed and if professionals understand why and how young people use substances.'

Rick Bradley is operations manager of Addaction's Mind and Body programme, aimed at young people at risk of self-harming. 'We must ensure young people



The age a young person starts using substances is a strong predictor of the severity of their use later on in life.

Substance misuse can significantly impact people's capacity to parent, which can create

an intergenerational cycle of violence, with these children being more likely to expose their own children to adversity and trauma

Children who experience four or more adversities, are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin

More young people's support at www.drinkanddrugsnews.com

National Young Person's Conference success

Young people from all over the UK came together for Addaction's recent National Young Person's Conference at The Oval cricket ground.

The event was a chance for young people to speak frankly about their experiences growing up, how they find accessing the support on offer at Addaction and more generally within mental health and substance misuse services.

While drug and alcohol issues among young people have been broadly in decline since 2001, self harm is increasingly common. The conference gave young people the chance to talk to staff and professionals about why that might be, and what life's like for a teenager right now.

A panel of young people offered their thoughts including:

- **'When people say it's "just my hormones" I think: but maybe it's not. Listen, maybe I actually am going through something.'**
- **'As a teenager I feel I have to be strong and confident... if I were to break down in tears randomly, I think I'd get judged.'**
- **'I think it's difficult having to balance out your school life, social life, and getting enough sleep. Especially if you have a weekend job. They say you're supposed to have eight hours sleep. But that can actually be hard.'**
- **'Family wants you to do well, so the pressure they put on you can make you feel really stressed. And like you're also putting pressure on yourself. I feel like the stress is real but you need to find that balance between working hard and having fun – believing in yourself that you can do well.'**
- **'At primary school, you can rely on the adults and older children to look up to. When you're in secondary school, suddenly it's you – you are that older child people need to look up to. And expectations come from teachers, parents and ourselves.'**
- **'I feel like there's two kinds of stereotype, where you're either really stressed and working hard to do well all the time, or you're not doing any work at all and you're lazy... and it's more complicated than that.'**

The event also marked the release of the expert briefing, *Childhood adversity, substance misuse and young people's mental health*. Sarah Brennan, chief executive of YoungMinds, outlined the premise of the report, emphasising that while we are seeing the stigma around mental health shift, 'for young people it's still tough'.

In a talk on 'health, social function and wellbeing', Professor Harry Sumnall of the Centre for Public Health commented that 'the role of good policy is to provide positive, supportive healthy environments – young people waiting 19 weeks to be seen by CAMHS is a political issue'. Shirley Cramer of the Royal Society for Public Health then shared *#StatusofMind*, a recent report from the RSPH and the Young Health movement, examining the positive and negative effects of social media on young people's mental health.

The biggest cheer of the event was for a short film *Step Out of the Crowd*, put together by Addaction's Mind and Body staff and service users. In it, young adolescent men talk about self-harm, the importance of talking about their feelings, and their hopes for the future.

Visit Addaction's YouTube channel to see the film or the Facebook page to watch the talks.

can talk openly about mental health and substance use without fear of being judged and stigmatised,' he says. 'Talking to peers has helped the young people on the Mind and Body programme realise it is okay not to be okay all of the time, with three in four reporting an improvement in wellbeing. We hope we can inspire and empower other young people to follow their lead.'

'We know that children who have had a difficult start in life are far more likely to develop long-term mental health problems, and drugs and alcohol misuse may often play a role in this – that's why it's crucial that commissioners invest in early intervention to ensure that the children most at risk get the right support quickly,' says Dr Marc Bush, chief policy adviser at YoungMinds.

'It's also vital that professionals working in A&E departments or in specialist drug and alcohol services have the skills they need to explore whether young people are self-medicating as a way of managing painful feelings and memories. We need to dig beneath the surface and make sure we address the cause of dangerous behaviour in young people, and not just the symptoms.'

To read the full briefing visit https://www.addaction.org.uk/about-us/research

Addaction and YoungMinds are calling for local commissioners to ensure that local services provide support for children and families by:

MAKING sure all young people at primary and secondary school receive universal-level, age-appropriate drug and alcohol education and psychoeducation, looking at risks, relationships and how to build resilience for decision-making. This should be delivered by those with a good knowledge of child adversity, trauma responses, mental ill health and substance use.

INTRODUCING route enquiries about childhood adversity at A&E, urgent care, and specialist drug and alcohol services.

INVESTING in early intervention models. Research is clear that the age a young person starts using substances is a strong predictor of the severity of their use later on in life. Early intervention should initially be targeted at children with a known risk factor or in a vulnerable group, eg looked-after children or young offenders.

BUILDING targeted support for parents and the whole family to promote recovery from addiction, alongside addressing adversity the children have been exposed to.

ESTABLISHING inter-agency collaboration to make sure all a young person's needs are met, while recognising any trauma and adversity they've experienced.

BREAKING POINT

Chronic lack of investment is gambling with lives, agreed members of the parliamentary group

'The current culture of disinvestment is affecting all aspects of social policy and is creating a negative cycle that does not support recovery in any way, shape or form,' Kevin Jaffray told a recent meeting of the Drugs, Alcohol and Justice Cross-Party Parliamentary Group.

'The continued financial restrictions cannot produce any of the desired outcomes, but are instead having a negative impact on penetration and retention, which results in the continued rise in demand for substances, which then escalates the criminal involvement in supply, and together they increase the cost to the wider community,' he said.

Furthermore: 'When there is inconsistency in care, due to the constant fear of future security and stability, it makes it impossible to maintain the standard of care that the UK was once held in international high esteem for... we are now beyond breaking point and paying with our lives.'

Jaffray, a peer educator and trainer, made the case for urgent reinvestment in the sector and called for an end to the increasingly competitive market that compromised standards of care. Genuine service user involvement should be integral to running local services and keeping risks and preventable harms in check.

'Enough is enough,' he concluded. 'We demand action – no more deaths, lest you are prepared to live with our blood on your hands.'

The group opened discussion on Jaffray's points through reviewing their recent Charter for change (*DDN*, May, page 7).

'We once had services that led the way,' said Yasmin Batliwala, chair of Westminster Drug Project. 'We now need to do a lot to catch up with countries in the developing world that are doing a lot more for their service users. The sign of a civilised society is how it cares for its most vulnerable.'

John Jolly, chief executive of Blenheim, highlighted the prominence of an evidence-based alcohol strategy in the charter, aimed at tackling deaths from liver disease, many cancers, high blood pressure, cirrhosis and depression. The crisis in hospitals was exacerbated by beds being blocked because of alcohol-related issues, he said, adding 'it's been an uphill battle to get an alcohol strategy'.

Chronic health conditions – including hepatitis C, which had 90 per cent of cases relating to drug use – far outnumbered deaths from drug-related poisoning, he pointed out.

'We're failing by the rationing of treatment for a stigmatised group of people,' he said, because 'there is no mandate for local authorities to produce drug and alcohol treatment'. The loss of ring-fence around funding combined with the cost pressures on local authorities made their decisions impossible: 'If you're choosing between drug treatment and social care for the elderly, which do you choose?'

'Huge pressures on the system and lack of investment in the sector' left an 'inability to respond to the huge health issues that are coming our way', he warned.

'We know the impact on employment chances among other things,' added Sophie Paley of Addaction. 'We've got the evidence – we need the government to act on it.'

> 'We once had services that led the way...'
> YASMIN BATLIWALA

MEDIA SAVVY

The news, and the skews, in the national media

DRUG ABUSE WILL CONTINUE NO MATTER how long the sentences and how many police officers are seconded in the hopeless fight. Our prisons will continue to be pits of despair, families will continue to be driven into separation and squalor and our town centres increasingly populated by fellow citizens zombified from some unsafe illegal concoction they gave a dealer a tenner for. Time for a change in strategy.
***Independent* editorial, 2 August**

AGAINST A BACKDROP OF INCREASING POLICY INNOVATION in the wider world, the main aims of [the *2017 drug strategy*] are largely unchanged from the previous 2010 version. There's still a focus on recovery, rather than harm reduction. A continued commitment to tackling the problems caused by drugs through the criminal justice system, rather than through the health system. A point blank refusal to consider decriminalisation, or any reforms to the Misuse of Drugs Act. Worse, what good initiatives there are in the strategy – and there are some – seem to have been dreamed up by minds unfettered by the reality of public health, criminal justice and policing systems squeezed to breaking point.
Henry Fisher, *Guardian*, 15 July

TRUMP'S OPIOID COMMISSION OFFERED HOPE that the epidemic would finally get the attention it needs. It made a series of sensible if limited recommendations: more mental health treatment for people with a substance abuse disorder and more effective forms of rehab. Trump finally got around to saying that the epidemic is a national emergency on Thursday after he was criticised for ignoring his own commission's recommendation to do so. But he reinforced the idea that the victims are to blame with an offhand reference to LSD. Real leadership is still absent – and that won't displease the pharmaceutical companies at all.
Chris McGreal, *Observer*, 13 August

IT IS A TABLE THAT NO CARING, CIVILISED NATION WOULD WISH TO FIND ITSELF TOP OF. But the sad truth is that Scotland has the highest rate of drugs deaths in the European Union... The sad reality is that behind every one of these death statistics is a personal story of a life blighted by addiction, a family bereaved. It is also the story of wasted lives and communities scarred. We simply must find new, more successful ways to help and bring hope to those afflicted; it will be to our great shame if we do not.
***Herald* opinion, 16 August**

Stopping the rise of drug-related deaths needs an innovative approach – such as paying drug users to stop using, says **Neil McKeganey**

A DIFFERENT WAY

The recent report of record number of deaths amongst drug users in Scotland (see news, page 4) is likely to lead to a fundamental review of how we are tackling Scotland's drugs problem. At the present time Scotland spends well in excess of £100m a year tackling a drugs problem that has been estimated to cost the country £3.5bn a year. The fact that Scotland has seen a persistent rise in drug deaths over the last ten years shows however that in services are failing to meet the needs of drug users, especially with regard to identifying those at greatest risk of dying.

The growing proportion of deaths linked to methadone presents an additional serious concern. While a proportion of deaths involve individuals who have purchased their methadone illegally, in other instances the death has occurred in an individual prescribed the medication by their doctor. These deaths give rise to questions about why prescribing services had been unable to identify the individuals as being at heightened risk and whether services were aware of the other drugs the individual had been using at the time they were being prescribed methadone.

Within the context of the steadily rising number of drug-related deaths it is inevitable that these questions will be asked and attention will be given as to whether in Scotland we have the right services working in the right way or whether we need a fundamental reconfiguration of services. One initiative that should be given attention is that of encouraging drug users to cease or reduce their drug use by providing a financial incentive for them to do so.

The practice of rewarding individuals for positive changes in their health-related behaviour is by no means new. Termed 'contingency management', this practice has been positively evaluated by the UK National Institute for Health and Clinical Excellence (NICE). One example of contingency management is that of providing a financial incentive to pregnant women as a way of encouraging them to stop smoking.

The opportunities for using contingency management, however, go far beyond the use of financial inducement by existing services. For example, we could substantially expand contingency management initiatives by redirecting around half of our current drug treatment budget towards the provision of such financial incentives to drug users themselves. Any such scheme would need to be coupled with a programme of drug testing to ensure that participants were indeed ceasing their drug use.

The immediate response to such a suggestion might be that it simply would not work because the individuals involved are 'addicted'. In fact, however, research undertaken by Professor Carl Hart in the US showed that individuals who were dependent upon a variety of drugs were more inclined to accept the offer of a small financial sum than the provision of the drug they had become addicted to. Hart's research demonstrated that individuals who are addicted can still exercise some choice if they are offered attractive alternatives to the drugs they have become dependent upon.

Redirecting a large part of the current drug treatment budget in this way would be controversial. Many of those who are currently running drug treatment services might object that this would substantially reduce their budgets and the effectiveness of their services. However, we do not actually know whether the effectiveness of services would reduce in this way if contingency management approaches were applied on a much larger scale. Indeed it may well be that drug users who are offered a financial incentive would be willing to initiate much greater changes in their drug using behaviours than is occurring at present.

While not all drug users might be interested in participating in such a scheme, there may be enough who would volunteer for such a programme to enable services to start to work in a different way with their clients. Instead of directing effort and energy to encouraging drug users to reduce their drug consumption, services could direct much more effort towards rehabilitative support – enabling drug users to learn skills that might increase their likelihood of securing employment once they have moved on from engaging with drug treatment services. Equally, by reducing actual levels of concurrent drug use, the wider effectiveness of treatment services might be enhanced.

> 'The practice of rewarding individuals for positive changes in their health-related behaviour is by no means new.'

Paying drug users money to remain drug free may be rejected on the basis that it involves coercing individuals who are hugely vulnerable. If such an approach were seen to work (as it has in other areas of health-related behaviour change) then it may be that the ends justify the means.

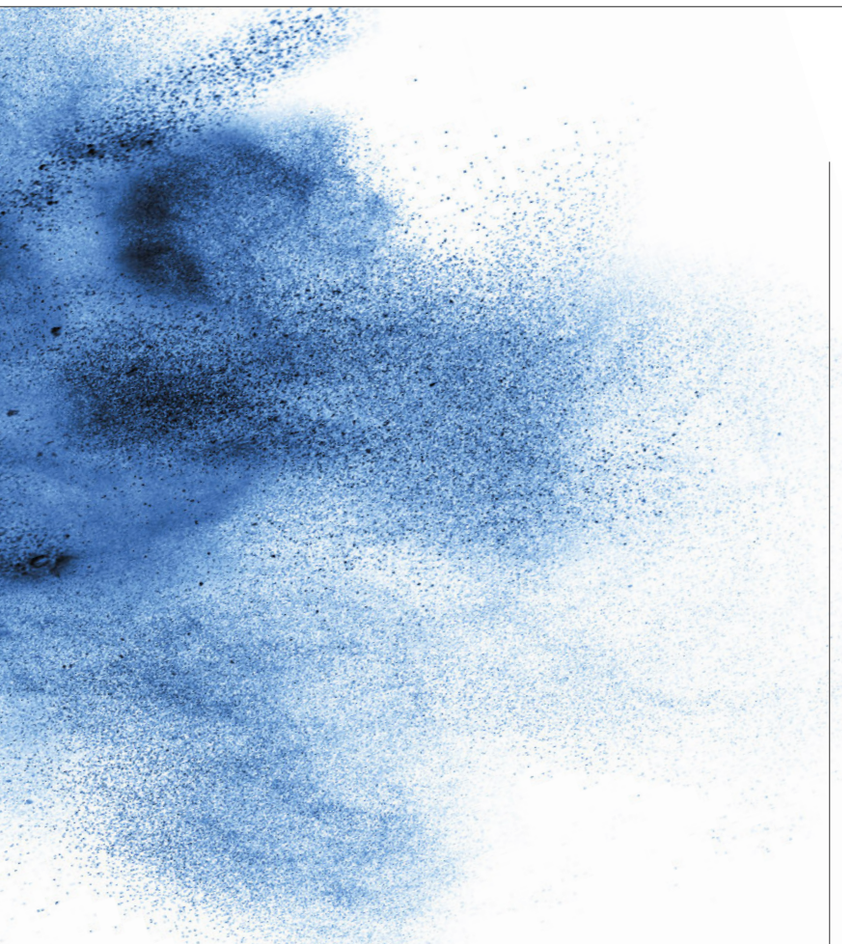
What is certainly the case however is that faced with the rising number of drug deaths in Scotland and England we should be prepared to try alternatives in both the way services are working and in the types of services we are providing. Simply carrying on doing what we have been doing for years may keep many drug workers in employment but it may not actually meet the needs of their clients.

Prof Neil McKeganey is director of the Centre for Substance Use Research, Glasgow

THE 'EXPLOSION' THAT NEVER HAPPENED

At the end of the 1980s the threat of a crack epidemic in the UK loomed large as we scrambled to take heed of dire warnings from America.

Mike Ashton and **Natalie Davies** delve into the Findings Effectiveness Bank to separate fact from fiction



More on stimulants at www.drinkanddrugsnews.com

In its various guises, no drug has widely been considered so enticing as cocaine. Such beliefs played a part in lurid fears that cocaine would undermine the World War I war effort – for the *Times*, a drug even 'more deadly than bullets'. However, modern-day concern over cocaine in Britain can be traced back to 20 April 1989, when Robert Stutman, head of the Drug Enforcement Administration (DEA) in New York, addressed Britain's chief police officers.

His subject was the new smokable form, manufactured as small 'rocks' called 'crack'. While snorted cocaine powder had a reputation as the drug for the champagne set and business high-flyers, crack lent itself to mass distribution in small quantities to the 'persistent poor' of US cities. Rapid onset created what, for some, was an appealing 'rush' – otherwise available only at greater expense and/or by injecting.

A powerful speaker credited by himself with bringing crack to national attention in the USA and 'single-handedly changing the policy of the United States DEA', Stutman set about waking Britain up to the threat. His story of an 'explosion' of crack use and related violence in New York ignited worries that crack could turn Toxteth, Handsworth and Deptford into US-style drug ghettos.

Most startling was the revelation that 'a study that will be released in the next two to three weeks will probably say that of all of those people who tried crack three or more times, 75 per cent will become physically addicted at the end of the third time... We now know that crack is... certainly the most addicting drug available in Europe. Heroin is not even in the same ballpark.' Without immediate action, Britain would, he warned, undergo the US experience within two years.

He was not alone. Addressing UK police chiefs in September 1989, Dr Tuckson, commissioner of public health in Washington, challenged notions that milder Britain would not react to crack in the same way as some of the USA's poor black neighbourhoods: 'There is nothing particularly unique about the water... in your country that would prevent the neurotransmitters and the pleasure centres of the brains of your citizens [being] overwhelmingly affected by the instantaneous and powerful euphoria that this drug presents. All you have to do is do it once and I guarantee you any, almost any, human being would want to do it again.'

Later in 1989 Bob Stutman was paired at a conference on crack with Dr Mark Gold, founder of the USA's 1-800 Cocaine helpline. While Stutman told the London audience his tales from the street, Dr Gold offered scientific evidence of crack's addictiveness and violence-inducing properties.

They had been invited by the City of London Corporation, whose delegation had been 'deeply shocked' by a visit to New York. The conference ended with a resounding attack from the City's Lord Mayor on the 'doubting Thomases' in Britain who were the 'biggest problem' because they did not believe the clear evidence about crack, such as that three hits can 'effectively kill the brain'.

The same year, 'Three Hits Can Get You Hooked' was the *Sun*'s headlined version of Stutman's 'terrifying statistics'. In the *Times* the as yet unseen study he'd trailed had become a 'survey' which 'showed' these disturbing facts, later attributed to the Home Office itself.

The *Independent* revealed that senior British police officers had 'attempted to trace the studies and the figures he quoted and found they don't exist'. Still, in 1989 an emergency report from the Commons Home Affairs Committee highlighted these same 'facts'. The following year a BBC investigation found Stutman's address 'littered with misinformation'. The claim that 73 per cent of child-battering deaths in New York in 1988 were perpetrated by crack-using parents was based on just two deaths, one involving chronic alcoholism, and Stutman remained unable to produce the 'three hits and you're addicted' study.

If study and 'facts' were illusory, so too was the forecast explosion of crack use and violence. It was not that crack never became a problem – it did, and in some localities, a big one – but Britain's problems never rivalled the US experience. If it emerged at all, the supposed hooking power of the drug came from a constellation of circumstances, not deterministically from merely trying it a few times – and circumstances were different in the UK.

Rather than an explosive epidemic, crack crept up to become a feature of the UK drug scene and of the treatment caseload. In line with population trends, that caseload has been declining since around 2008. Instead of being hard to stop using, crack as well as cocaine, turned out to be hard to continue to use. And rather than 'not even in the same ballpark', heroin seems harder to leave behind.

As the patient's primary drug, across the UK since 2010 cocaine/crack has accounted for about one in eight entering treatment for drug problems, down from about one in seven in 2008/09. In contrast, in the early 2000s opiates accounted for well over half, falling by 2015 to 21 per cent as cannabis took prime position. Total treatment entrants have fallen, meaning that cocaine/crack treatment entrants too have fallen from about 20,200 in 2008/09 to about 12,500 in 2015.

Where in the early 2000s crack was the main variant, by 2015 it was the primary drug for just 3 per cent of treatment entrants compared to 9 per cent for cocaine powder. Among patients starting treatment for the very first time, crack as a primary drug is even less apparent, accounting in 2015 for just over 2 per cent – only about 720 patients across the UK. Cocaine powder is more prominent, accounting for 14 per cent. Though uncommon as the main substance for patients entering treatment, crack is more common as a secondary drug, especially in England, where in 2015 its use was reported by 43 per cent of primary opiate users.

As well as the peak for treatment numbers, at 3 per cent, 2008/09 was the peak in the proportion of 16 to 59-year-olds in England and Wales who, when surveyed, said they had used cocaine in the past year. In 2015/16, all but 0.2 per cent of the 2.4 per cent had done so in the form of cocaine powder. Across the UK, most past-year users had taken it just a few times – well short of dependence.

Studies of problem drug use in England have instead estimated crack use by triangulating from treatment and criminal justice statistics, confirming that problem crack use is rare – in 2011/12 involving 166,640 adults, about one in 200 of the population. Most were using crack alongside opiates like heroin; about 38,000 were using crack without also using opiates. Crack's peak in these estimates came in 2005/06, since when numbers have fallen by 16 per cent.

As for the 'not in the same ball park' claim about the comparative addictiveness of crack and heroin, that seems partly true, but in the opposite direction. In the latest English national drug treatment study, three to five months after starting treatment 44 per cent of followed-up heroin users had stopped using, and after a year, 49 per cent. Corresponding figures for crack were 53 per cent and 61 per cent, and for cocaine powder, 75 per cent and 68 per cent.

Confirmation comes from treatment completion and non-return figures, considered indicative of successful treatment. In England, 44 per cent of primarily crack-dependent patients entering treatment between 2005/06 and 2013/14 were recorded as not having returned after completing treatment and leaving free of dependence. For cocaine powder, the proportion was 55 per cent – both much higher than the 27 per cent for opiates.

The champagne of drugs may be a bubbly treat, and crack a marketing revolution, but neither can match more mundane intoxicants for staying power and mass appeal.

Mike Ashton is editor and Natalie Davies is assistant editor of Drug and Alcohol Findings, findings.org.uk

This article is based on the 'hot topic', 'The 'explosion' that never happened; crack and cocaine use in Britain' at http://tinyurl.com/yb6djeam. See for further details and links to source documents.

iCAAD LET'S PUSH

The iCAAD team are creating a vibrant and dynamic knowledge exchange – and they want you to be involved

Coming to the end of a successful year, the hard working team at iCAAD are ready to announce the line up for their 2017/18 events. iCAAD stands for International Conferences on Addiction and Associated Disorders – an ongoing series of global events to open dialogue on addiction and other behavioural health issues. Their international platform is dedicated to expanding knowledge, exchanging ideas, and advancing the prevention and treatment of behavioural, mental, and emotional health issues.

iCAAD events focus on the knowledge and skills that can be applied in day-to-day practice – including workshops to support practitioners with the ever-increasing demands on small businesses.

Presenters include renowned medics, therapists and counsellors as well as spokespeople and exhibitors from the world's top recovery facilities and organisations. An integral part of iCAAD's mission is to connect the government, public and statutory sector to professionals in these fields, through dialogue, conversation and mutual skills exchange.

It is now more important than ever that a global dialogue takes place on increasingly common conditions affecting individuals in every country. Through the iCAAD network, specialists are able to share their expertise to help treat patients rapidly and more effectively.

iCAAD 2016/17 was an amazing year, with events in Brussels, Paris, and Rome. In February, iCAAD Brussels featured presentations on addiction, mental health and trauma and included Dr Gribomont, a world-renowned psychiatrist based in Brussels, Christophe Sauerwein, an international expert in process addiction and co-dependency, Christophe De Pauw from Action Addiction in Brussels and David Delapalme an expert psychotherapist from Paris.

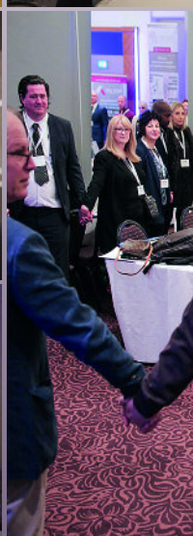
The following month, iCAAD Paris hosted expert speakers on multidisciplinary approaches to treatment and addressed the progressively devastating effects of addiction and mental health disorders. The host of renowned experts included Prof Michel Reynaud, Dr Mario Blaise and Micheline Claudine.

In April, speakers took the stage at the Centro Congressi, Roma Eventi-Fontana di Trevi for iCAAD Rome. Among them were experts from The United Nations, The Ministry of Health, The Italian Society of Addiction Diseases, The Community of Pope San Giovanni XXIII, and homelessness charity Project Rome. The event was filled by a diverse range of national and international delegates, including professionals in the field and representatives from treatment centres such as The Kusnacht Practice (Switzerland), San Patrignano, Narcanon and Italy's state-funded addiction and detox programme SERT.

The iCAAD London conference, held in May, was an outstanding success. More than 1,000 delegates, sponsors and exhibitors enjoyed presentations and panels from at least 60 expert presenters on emotional, behavioural and mental health issues, including addiction – three wonderful days of sharing and learning that brought professionals including therapists, GPs and decision makers from 25 countries together into one space. The venue, the Royal Garden Hotel, Kensington, London, has already been rebooked by the team for next May's event, and the team welcomes presenter applications and abstracts as well as delegate registrations.

Registration is also open for another innovative and forward-thinking event that iCAAD will be hosting this November. Healing And Trauma in the LGBTQ+ Community is an event supported by Resort 12. For the first time ever, London will see Beck Gee-Cohen delivering a workshop alongside the passionate and influential Adela Campbell. These two inspirational people will demonstrate their deep insight and expertise on both experiential models and specialist resources in trauma therapy when working with gender-complex clients. This is an essential, not-to-be missed conversation, so make sure you register now to secure your place.

iCAAD have a whole host of exciting presentations, spotlight events and pop-ups



More inspiration and debate at www.drinkanddrugsnews.com

THINGS FORWARD!

It is now more important than ever that a global dialogue takes place on increasingly common conditions affecting individuals in every country. Through the iCAAD network, specialists are able to share their expertise to help treat patients rapidly and more effectively.

organised for the coming year. Before Christmas they will be returning to Brussels and they also find themselves, for the first time ever, in Iceland. Next year will see them in Stockholm, Paris, Rome, Istanbul and of course, London.

Although each specific event is unique and autonomous in the way they deal with subject matter and local issues, each will work collaboratively towards iCAAD's global goal of communication and dialogue to share best practice and solutions. And as the therapeutic field moves towards long-term recovery goals, they will be exploring the benefits of cognitive and holistic treatment methods, from healing childhood trauma to nourishing the whole self. As we all know, behavioural, mental and emotional health issues are saturating news headlines today, the world is speaking out and loud – and iCAAD is carrying the momentum forward with each one of their unique and innovative events.

Get in touch with iCAAD for registration, speaker applications and special rates to any of their domestic and international conferences. www.icaadevents.com

BE FEATURED IN OUR NEW COLUMN!

iCAAD want you to share the momentum of their expanding knowledge and ideas exchange, so we're delighted to announce the launch of a new regular feature in DDN, supported by the iCAAD team.

The **iCAAD knowledge hub** will showcase innovative ideas and practice each month – so if you're involved in something new or different in your area, or a creative approach to an old or difficult issue, please get in touch and we'll feature you in this column. Email your suggestion to the DDN editor.

FAMILY SUPPORT

A CQC inspection has given a family support service in Haringey a firmer platform for their life-changing interventions

FAMILY INSIGHT

INSIGHT PLATFORM started as a substance misuse service for young people in Haringey, but increasingly their work has focused on the whole family. The introduction of hidden harm work means that they now support families through the process of recovery and beyond to support the child's safety, emotional wellbeing and to try and prevent intergenerational drug use. The team delivered 479 hidden harm sessions with children from April 2016 to March this year.

'The work on hidden harm is so important because it safeguards children and ensures they aren't missed out of the recovery process,' says Chantelle Green, Hidden Harm Worker at Insight. 'We work with parents so they can understand the effects of their drug and alcohol use, and run age-appropriate activities with children – we aren't here to judge, but believe in everyone's capacity to change.'

The social worker at Insight Platform works directly with high complexity and high-risk families where substance misuse is a factor, ensuring the clinical integrity of the service and keeping service users safe. As they employ a social worker, they fit into the scope of CQC registration.

CQC do not currently rate substance misuse services but when assessing services they focus on five key areas, ascertaining if it is safe, effective, caring, responsive and well-led. In their recent CQC inspection the service was praised for many areas of good practice, including clearly defined recovery goals, effective safeguarding, and skilled and knowledgeable staff providing a high quality service.

'We were apprehensive when we found out we had to be inspected by the CQC but the whole process has actually been really useful and we are really pleased with the result,' said Sandra Duhaney, Insight Platform Manager. 'We are a very inclusive, welcoming service and we try to work in collaboration with the borough and our partners to meet the diverse needs of the community and ensure better life outcomes. Critically we want to keep the community safe through education at community events, training professionals and outreach in schools and colleges. We also work very closely with the Youth Offending service and Probation to give support to those at a crossroads in their lives.'

For Haringey Council Commissioner, Sarah Hart, the report was confirmation of the service's achievements in 'listening to their clients and working with them to turn their family's lives around with strength based interventions'.

'It is always good to get a positive report from CQC, but it's especially important that this is a service which works with such vulnerable children, young people and parents,' she said. 'The report praises every aspect of the service, giving assurances to partner agencies that in referring clients to Insight Platform you are delivering them into a "safe pair of hands".'

Jo*, one of the parents attending Insight, commented that before she came to the service she thought things would be difficult forever. 'The family groups and support I have received at Insight Platform has been so positive,' she said. 'It has helped me to relate to my children better and create firmer boundaries with them which was difficult work to begin with, but has paid off. The family events have also helped me to build a stronger bond with my children... simple changes have made such a difference for my whole family.'

'Students have always engaged really well with the Insight Platform satellite service. The practitioners calm and confident manner allows students to feel at ease, giving them the opportunity to talk about themselves without fear of being judged, while also encouraging them to making better life choices.'

Learning mentor, Highgate Wood

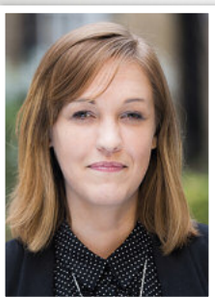
'When I was referred to Insight Platform I initially didn't think it would make a difference to my life, however my key worker was absolutely amazing which allowed me to let my guard down and realise the roots of my issues. From the first session I was convinced that I could make some positive changes and progress to getting on the right track. I still have some low days like most people but I now know how to control my triggers and can live a normal life.'

Lucy, aged 19*

Read views and comment at:
www.drinkanddrugsnews.com

LEGAL LINE

BE THE BEST!



Take one simple step to make sure your CQC inspection is as good as it can be, says *Nicole Ridgwell*

IT IS VERY ENCOURAGING TO HEAR OF INSIGHT PLATFORM'S POSITIVE CQC EXPERIENCE and impressive outcome (page 16). As would be expected, clients rarely come to those in my profession with their good news stories! What really shines out in the article is how staff are so enthusiastic about the service. This will no doubt have translated into a frontline commitment to make the service the best that it can be.

While all providers will undoubtedly begin their services with this same goal, the daily grind can weaken resolve and standards may imperceptibly slip. It is therefore vital that providers give their service regular health checks, to ensure that every aspect of the service is reaching the expected high standards.

This need to check each and every part of a service arguably has a specific importance for substance misuse services. As in the Insight Platform article, CQC does not currently rate providers in the substance misuse sector.

Where they do rate, CQC reports confirm whether a service is 'outstanding', 'good', 'requires improvement' or 'inadequate' as an overall rating, and as individual ratings under the headings of safe, effective, caring, responsive and well-led. In services they do not rate, CQC will summarise their assessment of a substance misuse service with the stark conclusion that the service in question is or is not safe/ effective/ caring/ responsive/ well-led.

This presents a challenge for services because it deprives them of the nuanced approach of the four ratings. Being told that your service is 'not safe' is a blunt and concerning outcome for any provider. Providers have expressed concern that a conclusion of 'not safe' leads potential service users to simply stop reading and choose another service; whereas a service with 'requires improvement' may encourage a potential service user to read on, find out what exactly requires improvement and weigh up the information themselves.

Those in the substance misuse sector, therefore, cannot afford to lose points on inspections in any category. We have previously discussed the importance of providers challenging draft reports where they believe any of the contents to be factually inaccurate. To do otherwise is to let damaging and incorrect information into the public domain, with all the reputational and commercial implications that entails.

It is of course far preferable to be proactive and ensure that the service that CQC visits is the best that it can be. A health check is the best way to test this. Using an external consultant or via internal audits, we recommend regular mock inspections. To ensure that your health check aligns with the reality of inspection, use the *CQC Provider handbook for specialist substance misuse services, July 2015*; the appendices of which provide the key lines of enquiry, the characteristics and the principles upon which the assessments are grounded.

With this one simple step, providers will know that they have done everything within their power to obtain an excellent CQC report – leading to more providers having the same positive CQC experience as Insight Platform.

Nicole Ridgwell is solicitor at Ridouts LLP, www.ridout-law.com

CLINICAL EYE

Learning curve

Discovering that we can't impose our own timetable on clients is a vital lesson, says *Ishbel Straker*

THE FEELINGS I HAVE ABOUT THE FIRST CLIENT WHO BROKE MY 'NURSING HEART' WILL NEVER LEAVE ME. I was given this lady as the first on my student caseload and I believed –with an authority that can only come from naivety – that I was going to be the catalyst of change in her life.

I was going to instigate the promise of hope for the future and be the indication of how the best was yet to come in her life. I met her for our first of six sessions, pen and paper shaking in hand, mentally prepared to keywork the addiction right out of her. I was ready to listen and set those achievable goals that would enable her to move just that little bit further forward, and we would look back at the end of the six weeks with astonishment at how far she had come.

None of you reading this will be surprised to hear the story didn't end in this way, and after the third session I received a phone call from this client who was not only intoxicated but highly abusive. She blamed me for her lack of success, her inability to sustain her sobriety and for all the wrongs she had ever suffered.

'She blamed me for her lack of success, her inability to sustain her sobriety and for all the wrongs she had ever suffered...'

I remember the devastation I felt, the absolute disappointment that my foolproof plan had not worked and the confusion that this sweet lady I sat with each week, to whom life had been so cruel, could become so personal. I sat with my mentor who talked to me about their experience and we reflected on these emotions and how he used them to improve his practice for his clients. At the time I did not believe him – I was overwhelmed and uncertain that I would ever have belief in my skills as a practitioner but also a blind trust that all are capable of change.

Of course he was right and each similar occurrence gave me a deeper understanding and enabled me to be a more skilled nurse. It taught me to truly reflect on my practice and consider the effect my clients had on me, but most importantly it taught me that there is nothing that I could ever do, or say, for anyone who is not ready to change, and that clients must do it for themselves and nobody else. Especially not me.

Ishbel Straker is clinical director for a substance misuse organisation, a registered mental health nurse, independent nurse prescriber (INP), and a board member of IntANSA.

FAMILY SUPPORT

More than 2.6m people have seen Addicted Parents, the two-part BBC documentary on Phoenix Futures' specialist family service. **James Armstrong** explains the background to this powerful programme

THE BIGGER PICTURE

Based in Sheffield, Phoenix's National Specialist Family Service was the first, and remains the only, service providing a residential rehab programme for mums and dads with their children. Filmed over a 12-month period the documentary highlights the challenges of achieving and sustaining recovery.

The first film in the two-part documentary tells the story of four mothers who have experienced long-term addiction. It shows how they manage the demands of a treatment programme and focus on developing their parenting skills under the close supervision and guidance of a multi-disciplinary team. The second film tells the story of one young couple facing an uphill battle to overcome their addiction to heroin so they can care for their two-year-old son.

The documentary follows the parents through detox and an intensive therapeutic programme. As they learn to live without drugs, they struggle to come to terms with the past and the issues that led to their addiction. They also start to get greater insight into the impact their addiction has had on their families and their children.

Leanne Smullen, Phoenix's family service manager talks about the planning that took place before filming began. 'This was a difficult decision to make as our primary concern throughout has been the welfare of the parents and children in our care,' she said. 'We spent a long time ensuring that the TV production company shared our values and were genuine in showing the reality of what we do in a way that respects our staff and service users. It was a process we entered into with great care and we think that the final programme achieves our shared aims.'

Lambent Production's managing director Emma Wakefield commented that 'We have been very privileged to tell the story of this unique rehab for BBC2. Filming for a year we've followed families from the moment they step through the doors to the moment they leave – and into a new life beyond, discovering the work of the amazing team dedicated to giving these parents and their children a second chance.'

Phoenix hope the documentary will enable the public to see beyond the stigma and labels that limit access to support and treatment of any kind, whether formal or informal in the community or residential setting.

Phoenix were keen that the story told was one of hope for anyone affected by addiction. Karen Biggs, Phoenix chief executive explained why Phoenix made the film. 'We know that enabling people in addiction and recovery to tell their story helps reduce stigma,' she said. 'Stigma that limits access to treatment and limits people's success in recovery. The documentary gives an honest insight into the experiences of people who are striving for better lives for themselves and their families. We are immensely proud of the very brave families that have allowed their stories to be told. Their honesty and openness is challenging and emotional. We hope viewers will watch without prejudice or judgement. Most of all we hope the films give hope, comfort and encouragement to people affected by addiction.'

> 'We spent a long time ensuring that the TV production company shared our values and were genuine in showing the reality of what we do' LEANNE SMULLEN (above)

The two parts of the documentary had combined viewing figures of more than 2.4m, plus almost another 800,000 (so far) on iPlayer. This has helped give people with limited knowledge of the sector a deep and realistic insight into the issues and challenges that many people experiencing addiction face.

The documentary was the subject of articles written in The Sun, Mirror, and Evening Standard and broadcast on BBC Radio 5 Live further raising awareness of drug and alcohol misuse and the challenges of rebuilding a life and a future.

The general response from the public was encouraging and Phoenix received supportive messages from viewers across the country, such as: 'Watching #AddictedParents; I think Phoenix Futures does fab work to help parents change their lives and overcome drug addiction' and '#AddictedParents staff are amazing, calm and empathetic, but tough and take no messing, kudos to all. Not sure I could do such an emotionally challenging job.'

James Armstrong is director of marketing and innovation at Phoenix Futures