DRINK AND DRUGS NEWS
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DDN

THE BIGGER PICTURE

WHY AREN'T WE EMBRACING DIVERSITY IN RECOVERY?

Inside: Our essential residential treatment directory

DDN

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EDITOR'S LETTER

'Learn what you can. Try to get vulnerable.'

We talk so readily about the science of addiction – dopamine receptors, the way our brains are wired. But do we think enough about matters of the heart – the direct connection between one human being and another? The need for belonging runs throughout this month's articles.

Russell Brand (interview, page 10) divides opinion and his latest book will be no exception. Will his rewrite of the 12 steps make the philosophy more accessible, translating it for a modern age where just about everything is framed as addiction? Can you get past his uncompromising semantics to tune into his argument for 'looking at life a little less selfishly'?

Beck Gee-Cohen (page 14) urges us to tackle the stigma of gender stereotyping with an open heart and there is plenty in his advice to make us scrutinise outdated systems. Avoiding the issue is not good enough – 'learn what you can, try to get vulnerable – and be ok when you mess up. Learn to apologise,' he said during the interview, adding 'if this is too hard for you, maybe you shouldn't be in this field.'

Mark Prest (page 6) has experienced the 'level of invisibility' in treatment. He left rehab feeling full of fear and with 'a sense of homelessness'. Why is addiction framed as a criminality and not a health issue, he wants to know – a scenario that takes care even further away from the appropriate support systems and makes us even less inclined to overturn stereotypes. We have to create the safe space to make equality second nature.

And in this issue we relaunch our residential treatment directory, which we hope will make the best treatment easier to find.

Claire Brown, editor

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

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ACMD ISSUES URGENT WARNING ON FUNDING CUTS

FUNDING CUTS ARE THE 'SINGLE BIGGEST THREAT' TO TREATMENT RECOVERY OUTCOMES, according to the government's own advisors, the ACMD. Maintaining funding levels for treatment is 'essential' for preventing drug-related deaths, states *Commissioning impact on drug treatment*, which contains examples of funding reductions brought about by re-procurement or variations to existing contracts.

The disruption caused by frequent re-procurement is creating instability and churn in the system, 'draining vital resources' and leading to 'risky transition points' for service users, it says, with 'significant extra efforts' needed to protect investment and quality. Re-procurement was reported as an expensive process for both commissioners and providers, with some commissioners having to 'fight' for contract lengths of more than three years, while others said delays in local decision-making were leading to 'rushed processes and poor transitions'. Commissioning contracts should be between five and ten years, the report urges, while links between treatment services and local healthcare should also be strengthened.

'A lack of spending on drug treatment is short sighted and a catalyst for disaster,' said ACMD recovery committee chair, Annette Dale-Perera. 'England had built a world-class drug treatment system, with fast access to free, good-quality drug treatment. This system is now being dismantled due to reductions in resources. Unless government protect funding, the new drug strategy aspiration of "effectively funded and commissioned services" will be compromised.'

The report also wants to see more transparency and 'clearer financial reporting' to challenge local disinvestment, and for drug and alcohol services to be mandated within local authority budgets – a call backed by a National Aids Trust briefing endorsed by Blenheim, Release, IDPC, SMMGP and others. The government also needs to ensure that provision of the 'whole range' of harm reduction initiatives is in place to address increasing rates of drug-related deaths, says *Still no harm reduction? A critical review of the UK government's new drug strategy,* which urges that naloxone be made 'routinely available' and that use of consumption rooms is considered in areas of high-prevalence drug use.

'England had built a world-class drug treatment system, with fast access to free, good-quality drug treatment. This system is now being dismantled'

ANNETTE DALE-PERERA

Despite 'compelling and extensive evidence' for the cost-effectiveness of harm reduction initiatives, political and financial support for them have 'sharply declined' in recent years, it says, with harm reduction 'barely mentioned' in this year's drug strategy. This is in 'sharp contrast', the briefing states, to Ireland's new strategy, *Reducing harm, supporting recovery*, which includes support for both consumption rooms and decriminalisation (*DDN*, September, page 5).

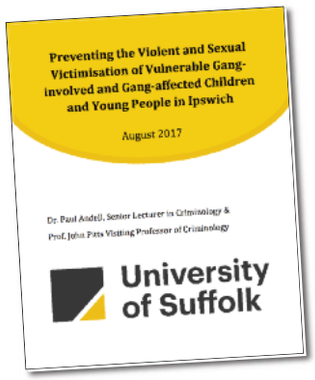
Commissioning impact on drug treatment at www.gov.uk
Still no harm reduction? at www.nat.org.uk

UNFAIR ODDS

BLACK AND MINORITY ETHNIC PEOPLE FACE BIAS, including 'overt discrimination', in parts of the criminal justice system, says the final report of David Lammy MP's 18-month review. Last year's interim report found that black and Asian men were nearly 1.5 times more likely to receive custodial sentences for drugs offences than white men (*DDN*, December 2016, page 5). 'The criminal justice system has deep-seated issues to address,' Lammy stated. *The Lammy review: final report at www.gov.uk*

Black and Asian men are nearly 1.5 times more likely to receive custodial sentences for drugs offences

DAVID LAMMY



COUNTY LINES

SUPPORTING YOUNG PEOPLE AND FAMILIES to be resilient is one of the key ways of tackling gang and drug-related violence, according to researchers from the University of Suffolk. The academics were looking into the phenomenon of 'county lines', where drug gangs from big cities target smaller communities where the law enforcement response is likely to be less severe. 'Young people are particularly vulnerable to the harms generated from these illicit enterprises, and a sensitive but robust response is required,' says the report.
Document at www.uos.ac.uk

CANCER CLAIMS

THE DRINKS INDUSTRY IS MISREPRESENTING THE EVIDENCE about alcohol-related cancer risks, according to research by the London School of Hygiene & Tropical Medicine and Sweden's Karolinska Institutet. While drinking is a 'well-established' risk factor for a number of cancers, including liver, breast, colorectal and oral cavity, the drinks industry is misleading the public through 'activities that have parallels with those of the tobacco industry', says the review. Analysis of cancer-related information on the websites and publications of nearly 30 industry-funded organisations worldwide found that 'most' showed 'some sort of distortion or misrepresentation' of evidence. *How alcohol industry organisations mislead the public about alcohol and cancer, in the journal Drug and Alcohol Review, at onlinelibrary.wiley.com*

AMBITIOUS AIMS

THE SCOTTISH GOVERNMENT has promised an additional £20m of funding for drug and alcohol treatment as part of its 2017-18 programme. It has also begun its promised overhaul of the country's drug strategy and will deliver a 'refreshed' alcohol framework before the end of the year, says the programme document, *A nation with ambition*. Scotland's drug death rate is now the highest in the EU, while the number of alcohol deaths has risen by 10 per cent in a year (*DDN*, September, page 4).
Document at www.gov.scot

PCC PRIORITIES

THE POLICE AND CRIME COMMISSIONER FOR NORTH WALES, Arfon Jones, has called for the establishment of a pilot drug consumption room in the region in his annual report, *Looking to the future: my policing objectives*. With consumption rooms now looking likely to be established in Glasgow (*DDN*, July/August, page 4) and Dublin (*DDN*, September, page 5), the Welsh Government's advisory panel on substance misuse is carrying out research into the value of a facility in Wales, the results of which will presented to public health minister Rebecca Evans. The PCC report also advocates decriminalisation, as most drug use 'is recreational and causes no harm'. *Document at modgoveng.conwy.gov.uk*

CHANGE CHARTER

A REPORT FROM THE CROSS PARTY PARLIAMENTARY GROUP on Drugs, Alcohol and Justice has set out ten key demands for the UK government, including prioritising 'coordinated harm reduction strategies' to reduce drug and alcohol-related deaths and identifying a single government minister responsible for drug and alcohol policy. *Charter for change* also urges the government to 'follow the guidance' of the ACMD, and joins the ACMD, National Aids Trust and other bodies in calling for provision of drug and alcohol services by local authorities to be mandated (see news, facing page), with adequate resources available for effective treatment. *Document at blenheimcdp.org.uk*

SECURE SETTINGS

ADDITIONAL GUIDANCE AND TRAINING is needed on the management of people using NPS in secure mental health settings, according to a PHE review. Wider clinical staff, including those in emergency departments, also need to be educated about the acute mental health symptoms associated with NPS use, says *A review of new psychoactive substances in secure mental health settings. Available at www.gov.uk*

DEATHS DOWN UNDER

AUSTRALIA HAS RECORDED ITS HIGHEST NUMBER OF DRUG RELATED DEATHS since the last century, with the death rate now standing at 7.5 per 100,000 population. 'Psychostimulants' such as methamphetamine are now the third most common cause of drug deaths, according to figures from the Australian Bureau of Statistics. Record numbers of drug-related deaths are also being recorded in England and Wales, Scotland and the US (*DDN*, September, pages 4 and 5). *Causes of death, Australia, 2016, at www.abs.gov.au*

LIVER DISEASE STATS MAP OUT STARK INEQUALITIES

PEOPLE IN BLACKPOOL ARE ALMOST EIGHT TIMES MORE LIKELY TO DIE PREMATURELY FROM LIVER DISEASE than those in South Norfolk, according to new figures from Public Health England (PHE).

The agency's updated 'liver disease atlas' is designed to help health professionals allocate resources more effectively and reveals a wide variation of premature mortality rates across the country, with less than four people per 100,000 population in the South Norfolk clinical commissioning group area dying before the age of 75, compared to more than 30 in Blackpool.

Liver disease now accounts for nearly 12 per cent of total deaths among men in their 40s, with alcohol, obesity and hepatitis C and B responsible for 90 per cent of cases. Hospital admissions for liver cirrhosis have doubled over the last decade, says PHE, although there are significant variations across the regions and most of the higher rates are 'clustered' in the more deprived areas. 'People in the most deprived population fifth who die from liver disease typically do so almost one decade earlier than those who die from liver disease in the most affluent population fifth,' the document adds. Alcohol-related hospital admissions for under-18s, however, have fallen, although PHE stresses the importance of developing a strategy to 'tackle the rising burden of liver disease, especially in younger adults'.

'Chronic liver disease is a silent killer of young adults, creeping up and showing itself when it's often too late,' said PHE's head of clinical epidemiology, Professor Julia Verne. 'However, around 90 per cent of liver disease is preventable. We hope local health professionals will make the most of this rich data source to inform how they reduce the burden of liver disease in their areas.'

The British Liver Trust said the figures showed the UK was facing a liver disease crisis. 'People are dying of liver damage younger and younger, with the average age of death now being mid-fifties,' said its director of communications and policy, Vanessa Hebditch. 'It is also becoming more and more common for liver units to have much younger individuals waiting for a liver transplant or dying on the wards.' People 'need to be diagnosed much earlier to obtain effective care, treatment and support as soon as possible,' she stressed.

Atlas of variation in risk factors and healthcare for liver disease: September 2017 at fingertips.phe.org.uk

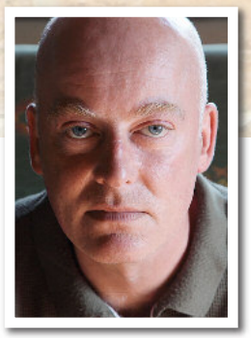
See news focus, page 8

'Around 90 per cent of liver disease is preventable. We hope local health professionals will make the most of this rich data source to inform how they reduce the burden of liver disease in their areas.'

PROF JULIA VERNE

IT'S AN HONOUR!

Ex-Federation of Drug and Alcohol Professionals (FDAP) chief executive **CAROLE SHARMA** has been awarded an honorary degree by the University of West London for her services to the drug treatment sector. Highly regarded in the field, and a regular chair at *DDN*'s annual service user conference, Ms Sharma has worked tirelessly for decades to improve standards of practice and the status of drug and alcohol workers.



Recovery should be about freedom. So why aren't we embracing diversity, asks **Mark Prest**

The bigger picture

Picture an addict, what do you see? Someone white, probably working class and straight – a stereotype straight out of *Trainspotting*.

As a gay man in recovery, my own treatment experiences clearly demonstrated that the 'one shoe fits all' approach doesn't work. It was a small place, an intimate affair and to my knowledge I was the only out gay in the rehab. It's since felt to me that my sexuality and its relationship to my alcoholism were simply ignored by my counsellors. I exited rehab with much of the hurt and harm from my failed relationship hangovers still firmly in place. Post-rehab I've come to think of this as feeling like a pile of broken biscuits instead of a full packet of Rich Tea or Hobnobs. My gay and recovery identities were at odds and even now, nine years on, I'm still feeling conflicted.

Twelve step and other recovery values such as an abstinence-based lifestyle, self-honesty, personal responsibility and the need for healthy loving relationships don't rub along well with the hollow quick-fix 'Grindr fuck' and the substance-orientated, hedonistic LGBT+, objectified world and lifestyle norm.

I agree that with recovery there comes a need for a moral self-realignment and to see the world with eyes wide open. If we do as we've always done then it will always be the same. This is needed whether you're queer, black, straight, male, a woman or person living with a disability. It's harder to achieve though when like me, you're from the recovery community's wider margins. And it feels like there are no places or access to the experientially informed people, services, or other agencies that can advise and help interpret this culturally specific and conflicted internal process. There's a sense of homelessness – where do I belong?

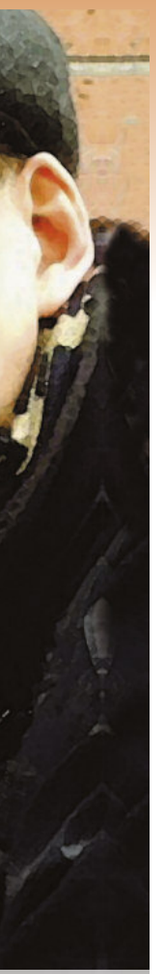
I left treatment feeling full of fear and trepidation. I disconnected, rejected who I was, isolated myself from my queer folk. It felt like there were no socially enabling, more inclusive, non-judgemental, dry alternatives where I might safely meet or connect with like-minded people within the LGBT+ community. I'm not alone in feeling this: there are others who I know and have met through Manchester's two LGBT+ friendly fellowship meetings. As it stands, LGBT+ recovery services and those tailored to meet the needs of other minority or marginalised groups are a rare and exceptional thing.

It doesn't help when the 2017 governmental drug strategy – released by the Home Office instead of the Department of Health, thus framing addiction as a criminality and not a health issue – fragments and minimises the situation by focusing on chemsex rather than the issues facing the community as a whole. BAME community needs are not even mentioned.

The statistics are alarming. In a 2016 *Guardian* opinion piece headlined 'Gay men are battling a demon more powerful than HIV – and it's hidden', journalist and activist Owen Jones says:

> **'According to Stonewall research in 2014, 52 per cent of young LGBT people report they have, at some point, self-harmed; a staggering 44 per cent have considered suicide; and 42 per cent have sought medical help for mental distress. Alcohol and drug abuse are often damaging forms of self-medication to deal with this underlying distress. A recent study by the LGBT Foundation found that drug use among LGB people is seven times higher than the general population, binge drinking is twice as common among gay and bisexual men, and substance dependency is significantly higher.'**

More on recovery at www.drinkanddrugsnews.com



Left: D. Hoyle, UNSEEN Performance artist David Hoyle, who presided over walkabout performance Apples & Other Fruit at Manchester's HOME. Created as part of *UNSEEN: Simultaneous Realities*

Above: David Hoyle, Manchester Pride Performance artist David Hoyle runs a stall called 5 Minutes of Peace, where you can't buy anything. Manchester Pride, August 2017. Part of *UNSEEN: Simultaneous Realities*

Below: 10b (2) Out of place and at the margins: one hundred songs for Kneeze and Vijay by Sutapa Biswas, Rochdale bus station interchange. Created as part of *UNSEEN: Simultaneous Realities*

Recovery for me is about freedom. But where is the freedom when services are not representative and fail to meet the needs of not just queer but other culturally diverse people? Tailored, more inclusive approaches to recovery are critical and a civil and human right. These are all very timely considerations as we're in the midst of celebrating 50 years since the partial decriminalisation of homosexuality. Yet it would appear that for some of us in, or working towards, recovery we're still the victims of systematic homophobia or other discriminatory forms. I've personally experienced and witnessed this from in and outside of the rehab and 'rooms'.

Nearly a decade since rehab I'm finally seeking integration of these two polarised and opposing identities towards a more liveable identity fit. I founded Portraits of Recovery (PORe), a visual arts charity, in 2011 in response to my professional background in the arts and my own addiction recovery experiences. PORe's work looks at bringing about new ways of knowing addiction and recovery by working with contemporary art and artists. The publically exhibited work, commissioned from a range of artists, supports the emancipatory reframing of addiction and recovery identities. In other words, it aims to blow away the myths and legends in favour of social change by presenting more authentic and diverse forms of self-representation.

Art has become my central strategy for recovery. I conceive, make, experience, produce and collect it. Art helps me feel good about myself, gives me a reason to get out of bed in the morning and a purpose for living. If it works for me then why not for others, as previous PORe projects have demonstrated? Working with an individual's existing cultural capital as a transferable asset from the old life to the new, can through additional cultural investment make sense of the past. This approach also helps to support a sense of cultural citizenship as a device for social justice, inclusion and change.

PORe's latest offering, UNSEEN: Simultaneous Realities, is an umbrella arts project, under which sits a series of new commissions that explore the viability and desire for Greater Manchester's South Asian, LGBT+ and disability recovery communities to be visible and understood. At its heart is a project that draws attention to and visually celebrates the diversity of our recovery communities. It also speaks to the urgent need for culturally diverse and tailored approaches to recovery, which are few and far between. The project has been developed in collaboration with Professor Amanda Ravetz from Manchester Metropolitan University (MMU).

UNSEEN is a reactive stance against the white heteronormative bias of treatment and recovery services, seeking to change this imbalance through activist-related artistic and cultural advocacy. Its public-facing exhibition, performance and events programmes engage the public in dialogue for the emancipatory reframing of addiction and recovery identities.

Stereotyping does nobody any good – not people looking towards recovery, their family and friends, nor health services or wider society. Holding or promoting such one-dimensional views is discriminatory and inaccurate. UNSEEN frames addiction in diverse communities as a health concern – not a choice.

PORe's work is couched within Recoverism, developed in response to a cost-cutting and politically hijacked recovery agenda. This new social movement, borne out of Manchester and the North West, supports a more inclusive, interdisciplinary Recoverist discourse as allied to the arts. Led by Clive Parkinson, of Arts for Health at MMU in partnership with PORe, it was an outcome of a European arts project called I AM. We're all recovering from something, so why not invite others to join in the conversation? More about this can be learned from the online Recoverist Manifesto.

I'll finish with a quote taken from the publication's introduction by author Will Self, as this sums up what recovery and Recoverism is about for me:

'One thing that the vicissitudes of addictive illness teaches us, it's that in the last analysis what matters is not our circumstances or our experiences – let alone our thoughts – but our feelings: we need to feel and be felt by other feeling people.'

Mark Prest is the founding director of Portraits of Recovery, a curator, a man in recovery and a recovery activist. Full details of UNSEEN: Simultaneous Realities at www.portraitsofrecovery.org.uk

UNSEEN EVENTS

Artist's talk: Sutapa Biswas discusses the work she created as part of UNSEEN. With Dr Anandi Ramamurthy, reader in Post-Colonial Cultures, Sheffield Hallam University and Sunny Dhadley, founding director of the Recovery Foundation.
Saturday 7 October 2017, 1-3pm Touchstones Rochdale. Free, but booking required on 01706 924 928

Installations: Out of place and at the margins: one hundred songs for Kneeze and Vijay, Sutapa Biswas's installations created as part of UNSEEN: Simultaneous Realities.
Until 16 December 2017, Rochdale bus station interchange and Touchstones Rochdale. Free

Film: Launch of Fruit Bowl, directed by Professor Amanda Ravetz and Huw Wahl. A portrait of performance artist David Hoyle.
Thursday 16 December 6-9pm, Whitworth Art Gallery. Free

AN END IN SIGHT?

Despite its prevalence, hepatitis C has long been under-prioritised by health services. But could new drugs and a new commitment from the NHS mean we may finally see this killer condition eradicated?

Last month Public Health England (PHE) published the updated version of its 'liver disease atlas', which unsurprisingly made for grim reading. Not only does liver disease account for 12 per cent of total deaths among men in their 40s, but people in the most deprived communities who die from the condition will do so a decade earlier than those in more prosperous areas (see news, page 5).

While many of the deaths on the PHE map are alcohol-related, many more will be a result of hepatitis C, and PHE has renewed its call for people to get tested as a 'substantial proportion' of those living with the virus are unlikely to be aware that they are infected (*DDN*, September, page 4).

Despite hep C's prevalence and its reputation as the 'silent killer' the condition has been, says the Hepatitis C Trust, 'grossly under-prioritised' by health services (*DDN*, November 2013, page 4). That, however, seems to be changing, with a recent commitment from NHS chief Simon Stevens to invest in 'revolutionary' new treatments and continue to work closely with the pharmaceutical industry to bring prices down.

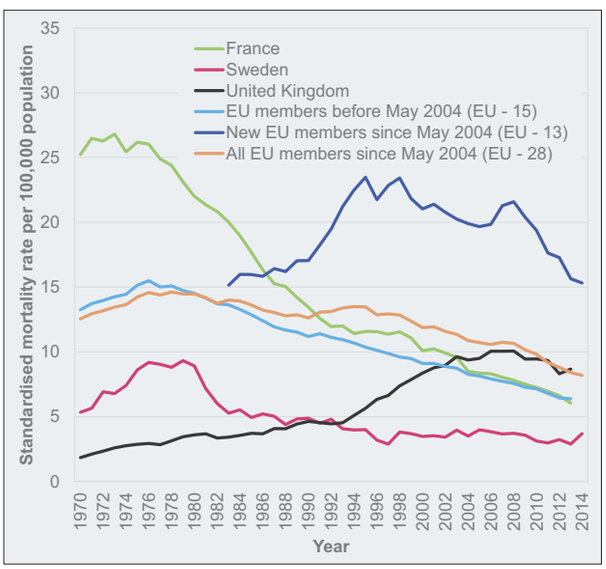
The comments were 'really welcome', Hepatitis C Trust deputy chief executive Rachel Halford tells *DDN* , as 'he's out there in public now – there's a commitment that there perhaps wasn't two years ago'. The trust however has stressed the need for the government to take 'bold action' in partnership with the industry to make availability of the new treatments universal.

'I think there's been a great improvement,' says Halford. 'I think the biggest problem we have now is finding all the undiagnosed. If things continue as they are, the concern is that the ODNs [Operational Delivery Networks for treatment] run out of patients so the emphasis has to be on finding the undiagnosed and supporting people into treatment. We've got Simon Stevens' comments, the price of the drugs has dropped dramatically and we know that there are more coming on line, so essentially what we need is to ensure that we have the people in place to access the treatment.'

While stigma inevitably remains a significant barrier it's also important to 'change the actual message', she stresses. 'You have people who perhaps were diagnosed some time ago and have dropped off the radar, and one of the things we hear from drug services we work with is that people still think they'll be getting interferon. We need to change the message so that it's about oral treatments with no – or limited, short-term – side effects. Stigma will always be an issue, but if we can we raise awareness around the new treatments then it all becomes more common. So hopefully you'll just go to your GP, get your prescription and off you go, as with something like antibiotics. That ease of access in itself would de-stigmatise it.'

Right: Premature mortality from chronic liver disease and cirrhosis in people aged under 65 in the UK and European Union (EU) countries before and after 2004, and France and Sweden, 1970-2014

'Stigma will always be an issue, but if we can we raise awareness around the new treatments then it all becomes more common.'
RACHEL HALFORD



From: The 2nd Atlas of variation in risk factors and healthcare for liver disease in England. http://fingertips.phe.org.uk/profile/atlas-of-variation/

A new report from the London Joint Working Group on Substance Use and Hepatitis C (see column, facing page) sets out a number of recommendations for improving access, including that testing be offered in all drug treatment services and needle exchanges, and GP practices be commissioned to offer testing to former drug users and those not in contact with services. The report also wants to see integrated HCV treatment commissioned within drug treatment where possible, a call the trust backs.

'Part of the remit of the ODNs is to have outreach, and drug services are the obvious places to do it – there are some that already do,' says Halford. 'There's no reason why nurses can't be out there doing everything and going into drug services. We've got a pilot in Birmingham where a nurse runs a clinic inside a drug service, which we're running with the support of peers to see if we can reduce DNAs [Did Not Attends].' Another opportunity is prisons, she states, with estimates of the proportion of the prison population with hepatitis C ranging from 10 to 24 per cent. 'The prevalence, if you average it out, is probably around 15 per cent – that's a big prevalence, and a captive audience.'

The trust has said before that with the right action there's no reason why hep C couldn't be eliminated within the next decade. Does the new NHS position make that aim more realistic? 'I think it does,' she says. 'And also the work happening in Scotland and Wales – they're the ones leading the way with their commitment and action towards elimination, so what we need to see from our government is some kind of framework or action plan. While it's fantastic that Simon Stevens has stood up and said what's he's said, we still don't have a strategy, a plan, a framework.

'The framework we worked on with NHS England was abandoned last year, and they were going to be putting together some kind of operational delivery framework but that hasn't come to fruition either. So I think what we need is something substantial in writing that lays out the pathways and maps out exactly how we're going to achieve this, because we will see that in Scotland and Wales. They can calculate the numbers they're treating, how many will be left in 2020, and so on. What we need to see is our government and the NHS doing that as well.'

More help and resources at www.drinkanddrugsnews.com

WITHIN OUR GRASP

We can win the war against hepatitis C but we need to seize the opportunity, says **Dee Cunniffe**

We have seen great strides in the development of treatment for hepatitis C in recent years. Revolutionary new drugs for this life-threatening disease, which can result in cirrhosis, liver failure or liver cancer, can save people's lives and make a real difference. But the battle has not yet been won.

Despite the introduction in 2014 of new direct-acting antiviral drugs, which can cure hepatitis C in more than nine out of ten cases, there remain huge barriers to those attempting to access treatment. Through our new report, the London Joint Working Group on Substance Use and Hepatitis C (LJWG) reveals that increasing the number of people treated with these medicines offers the potential to halve disease burden in ten to 20 years.

This is an exciting and important opportunity in our efforts to reduce the number of people dying from the disease by 65 per cent before 2030. However, significant action and progress is needed to enable access to these life-saving drugs – especially for the vulnerable, socially excluded sections of the population who inject drugs.

Furthermore, this isn't just about increasing access to the treatments themselves. With 40 per cent of people living with hepatitis C in London estimated to be undiagnosed, access is only half the battle. To successfully eliminate the disease, we need to ensure this 'silent killer', which often remains undetected for many years without symptoms, is diagnosed effectively. This will require services to shift their approach across the patient pathway, from improving testing regimes to enabling better access to drugs.

Current service provision across the country, and particularly in London, is often patchy, disjointed and unable to support the needs of vulnerable, socially excluded populations such as people who inject drugs.

SO, WHAT CAN WE DO TO IMPROVE SERVICES?

Firstly, we need to ensure there is more 'joined-up' thinking across services in all London boroughs. Improved coordination will enable patients to receive the testing and treatment they need, where and when they access it. Joint commissioning arrangements should also be developed between clinical commissioning groups (CCGs) and public health to ensure robust and deliverable pathways are established.

Secondly, all boroughs should create and implement a strategy specifically targeted at addressing liver disease and hepatitis C. An important area to be tackled here is reaching people who inject drugs. This remains the major risk factor for becoming infected.

Our third key call is for hepatitis C antibody testing to be offered in more places across the capital. Testing should be accessible at all drug treatment services and other venues, such as needle and syringe exchange programmes, as well as in pharmacies.

While significant challenges remain to successfully eliminating hepatitis C, our findings offer hope that we can significantly reduce the number of lives lost to the virus. Joining up services and improving access to these revolutionary life-saving drugs can enable us to halve the disease burden in ten to 20 years, helping us on our way to achieving our targets. This might seem ambitious, but with the right structural changes, it's firmly within our reach.

Dee Cunniffe is a policy lead on the London Joint Working Group on Substance Use and Hepatitis C (LJWG)

RESOURCES CORNER

Valuable viewing

George Allan finds FEAD to be a website worth saving

The recent demise of Lifeline calls into question the continued existence of the Film Exchange on Alcohol and Drugs (FEAD). This website (www.fead.org.uk) was set up in 2008 by Lifeline as a platform for sharing the experience and knowledge of central figures in the field. The site has never received significant publicity, which is a shame as it contains a wealth of material which can both educate and challenge.

The site contains two types of video. Firstly, there are clips of individual 'talking heads' presenting their views on aspects of theory, policy or service provision. These usually last less than five minutes, ensuring that presenters concentrate on the core of their arguments. Secondly, the site includes full presentations from conferences run by organisations such as UK SMART Recovery, the New Directions in the Study of Alcohol Group and Scotland's Futures Forum. The richness, depth and variety of the ground covered is impressive. Here you will find such diverse inputs as Nick Heather on the confusion between moderating alcohol consumption and controlled drinking, Joy Barlow on early work with drug-using mothers and John Davies on how 'addiction' is socially constructed and the implications of this for treatment and policy.

> 'Fifteen minutes on the site is guaranteed to encourage viewers to step back from immediate pressures and immerse themselves in aspects of the bigger picture. As teaching aids the short videos are invaluable.'

The opinions expressed cannot fail to enlighten, inspire or provoke. The viewer may be surprised. If you think you can guess what Neil McKeganey's attitudes towards supervised injecting facilities might be, or David Best's views of risk reduction approaches, then you may have to reconsider. The site was established around the time when 'recovery' was emerging as a contentious issue and this has ensured that the topic is given a good airing. While a neat definition continues to elude us, the views of such luminaries as William White, Griffith Edwards and Annette Dale-Perera help to shed light on a slippery concept.

Fifteen minutes on the site is guaranteed to encourage viewers to step back from immediate pressures and immerse themselves in aspects of the bigger picture. As teaching aids the short videos are invaluable. The material is also an important historical record: for this reason alone, it is essential that the site continues and it is hoped that another organisation will take it over and maintain and develop it.

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

INTERVIEW

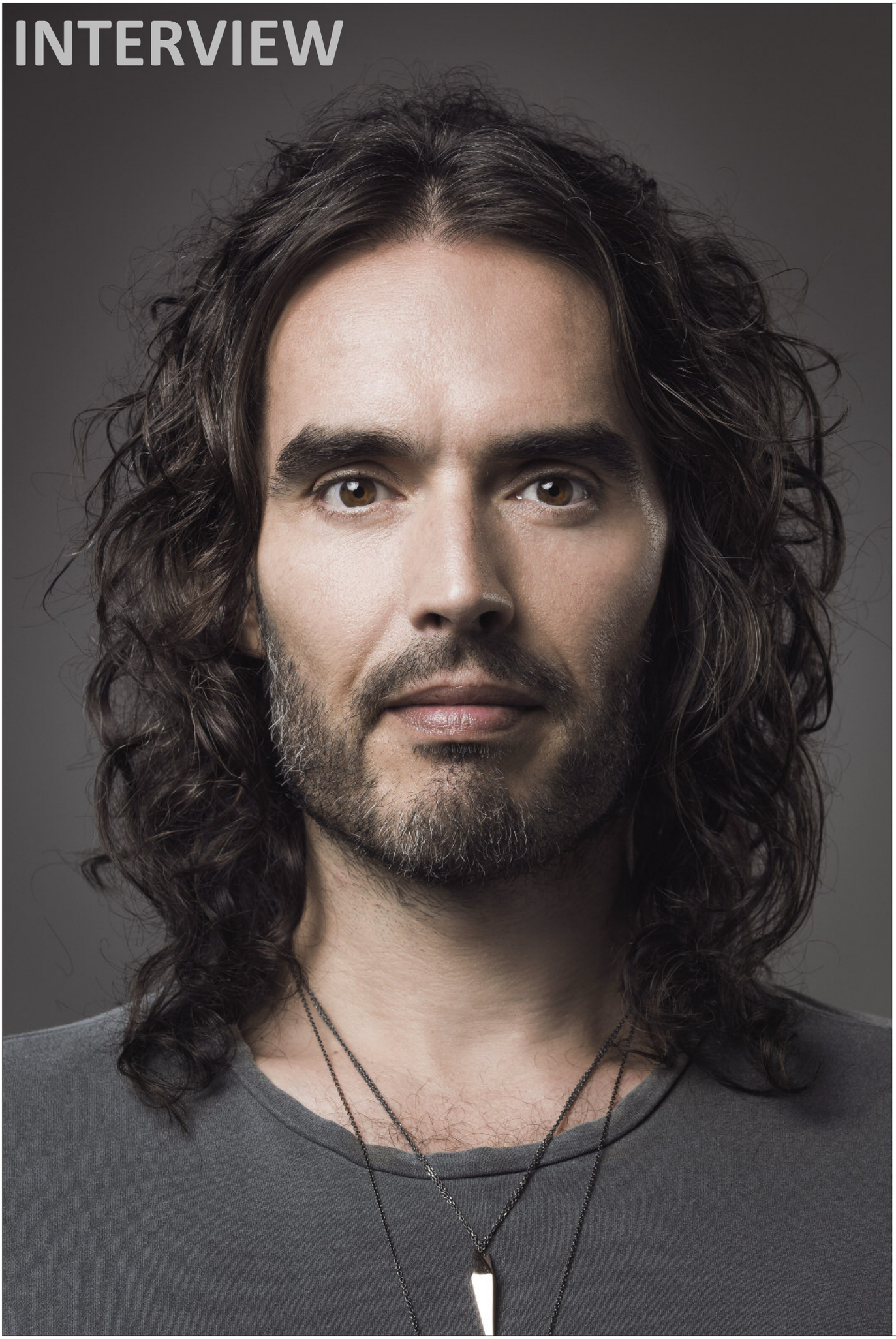
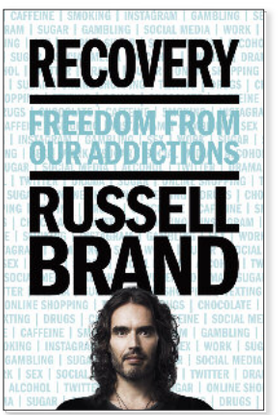


Image: Matt Crockett

More on recovery at www.drinkanddrugsnews.com

BEING HUMAN

Russell Brand says recovery is about finding connection in an alienating culture. **DDN** meets the man bold enough to rewrite the 12 steps for modern life



We're all on the scale of addiction, says Russell Brand. 'Most of us are able to find ways of operating within the culture successfully, to a degree – whereas with "addicts" [he draws the quotation marks in the air] it's more observable. They are canaries in the cage of a condition that is pervasive.' The addiction might be to drugs or alcohol, or it could relate to any other area of life – consumerism, materialism, the way you relate to romantic partnerships, – 'those subtle forms of addiction, whereby your identity and wellbeing are attached to external phenomena'.

Brand is on a non-stop merry-go-round of book launching, and is drinking tea and waving his arms around in the upstairs room of a smart restaurant near Piccadilly Circus. His book is called *Recovery* and is about 'how the model that exists to understand addiction can be used as a template to move you from forms of attachment'.

Put simply, he wants us to get to grips with the thorny problem of 'being human' in an environment that fosters disconnection, alienation and despair. He 'fucked [his] life up so royally' that he 'had no option but to seek and accept help'. There are still traces of the nest-haired apologist of *My Booky Wook*, but his journey through 12-step treatment has produced a narrative that wants to change things. The engaging anecdotes are still there, but this time they are entwined with a manual – and an earnest entreaty that anyone can change their health, circumstances and outlook, if they have the right mindset.

At the heart of it all is connection, or lack of it, and while he finds the traditions of the original 12 steps interesting, he holds them up to modern life and finds them unyielding – 'the Christianity, the patriarchy, the way God is presenting, that type of language'.

His response is to translate the steps for modern life. So step four, pledging to make 'a searching and fearless moral inventory of ourselves' becomes 'Write down all the things that are fucking you up or have ever fucked you up and don't lie, or leave anything out'.

He sought help and went through the steps out of desperation, he says. 'It's not like heroin tastes nice. These things are self-administered placebos – ways of dealing with the fact that we can't connect.' And it wasn't easy, he warns in the book, as he leads on to step one: 'It's bloody difficult. It is the hardest thing I've ever done,' adding 'Actually no, the hardest thing I've ever done is toil under the misapprehension that I could wring pleasure out of the material world, be it through fame, money, drugs or sex, always arriving back at the same glum stoop of weary dissatisfaction.'

So why did he feel the need to write a self-help book? He grapples with the term and rejects it. 'What I'm trying to do is present the idea of self-help differently, and I can only do my personal version of that.' He feels qualified to write about addiction because he's experienced it 'so vividly and continually'.

He has, he says, tried to make the book humorous and accessible so you don't feel that it's a manual. 'I don't sometimes like the tone of a self-help book. Sometimes I find gurus dauntingly perfect – it's like talking to someone who has transcended. But this is a self-help book for people who are actually fucked, by somebody who is fucked. It's a miracle that I'm not on heroin, it's unbelievable that I'm not doing something weird now, and it's only because of this.'

'I think that conversation is the first point,' he adds. 'We can set a template by just talking' – something that Brand seems never to have a problem with.

'Addiction is amorphous and you may not know you have it,' he says, gazing into the middle distance. 'To use a science fiction analogy, you may not know you're in the Matrix. If consumerism and materialism and individualism are such all-encompassing philosophies, you can't even envisage a culture that's not about mass production... all of our systems, all of our tools are broken.'

Through his book he wants us to ask ourselves what we can do about it; what we can change. 'You don't have to be unhappy, you're not supposed to be unhappy,' he says. 'If you're unhappy, that's a signal – respond to it.'

A few years ago Brand was the face of recovery, speaking at conferences including the Recovery Festival, visiting Recovery Central in Birmingham and talking about the need for 'addicts' to get 'clean'.

In his book he tells the anecdote of trying to help a homeless man to clean up and dress suppurating leg ulcers. In the course of fetching supplies to attempt this horrible task, he buys the man a few cans of booze. 'I've never been one to impose abstinence where drink and drugs are clearly needed,' he writes. 'It's not for me to judge what a street-sleeper does to cope with their inexcusable suffering. I think that compassion and understanding even in this dubious form provide more comfort and hope and are even more likely to inspire change than impotent piety and unresearched judgement.'

Does this mean he has developed a more inclusive view of recovery – that it could now apply to people who are not abstinent, but stabilising in treatment? A step further, is he inviting people who are not drug free – and might not intend to be – to join the conversation? Can we bring our own versions of being human to the table?

He replies as if dressing down his former self: 'I've never met anybody on a script that I would regard as fucking clean. They're fucked. And 80-90 per cent of the time they're using on top of it – as you know, don't you?'

So is he not concerned about people being booted out of services because they're not abstinent? What about the homeless guy – what is he supposed to do? Brand looks thoughtful and resists his publicist's attempts to wind up the conversation to leave for the next appointment – he wants to explain himself. The book predicates the need for kindness and he is not about to let his comment be misinterpreted.

'I'm a puritan oddly, curiously, given my buccaneer, cavalier background,' he responds. 'I am a bit orthodox. If you are a drug addict you cannot take drugs. But I recognise now because of being with people in much harsher circumstances than I, thank God, have never experienced, that they need to be able to engage a whatever level they're at. But the intention should always be abstinence. Not believing that it's possible for everyone – I don't like that kind of cynicism. I do believe it's possible for everyone for be drug free.'

In Brand's final chapter of *Recovery*, he takes us on his journey with his wife Laura to the hospital and the birthing room for the birth of their daughter. It is a funny, sincere and neurotic account that steps away from his 'how to' guide and speaks with raw emotion about the 'newly acquired altitude'. His journey has been 'a total excavation of who I am and what it means for me to be a human in the world'.

Leading into the practical exercises to start the programme – the section where the reader picks up a pen and begins their soul-searching inventory – he says 'I am like a former fat man, stood in his gigantic old trousers, two thumbs up and lithe, unable to believe the change.' There is no doubting his sincerity in wanting to take you to the other side of your misery. **DDN**

Recovery: Freedom from our Addictions by Russell Brand is published by Bluebird, ISBN 978-1-5098-4494-4

Death rates have risen dramatically for prescription drugs pregabalin and gabapentin. Let's be aware of the risks, says **Clare Kingsbury-Bell**

PRESCRIBE WITH CAUTION

Drug-related deaths linked to pregabalin and gabapentin have risen 2,675 per cent and 637 per cent respectively in just six years. Addaction believes the risk of addiction and overdose related to these two prescription drugs hasn't been made clear enough, particularly where they are prescribed to people with a history of substance misuse. Death rates have risen even more rapidly than those related to new psychoactive substances (NPS), which in the same time period show an increase of 123 per cent.

The ACMD advised government that pregabalin and gabapentin prescribing in the UK has increased by 350 per cent and 150 per cent respectively in five years, and an increasing number are also being bought and sold on the streets. The government has just confirmed that they will become class C drugs, subject to consultation.

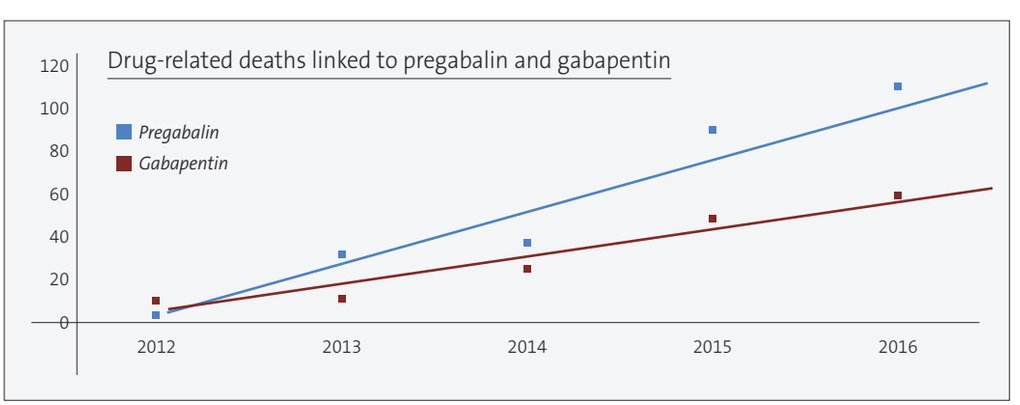
The medicines can depress the central nervous system causing sedation and reduced breathing. So if someone is already taking substances that depress the central nervous system, including alcohol, opioids like heroin, or benzodiazepines like diazepam, they will be more prone to overdose.

Addaction pharmacists and doctors are asking for more guidance to be given to prescribers, including GPs, about how the drugs can be prescribed more safely, particularly for people with a history of substance misuse. The drugs were first prescribed for the treatment of epilepsy. Their use was then extended to include general anxiety disorders and soon they were recognised as useful in the treatment of chronic and neuropathic pain.

'That's when they took off in terms of prescriptions because a chronic pain with a neuropathic element is difficult to manage with medication,' says Addaction pharmacist, Rachel Britton. 'They were marketed as drugs that could reduce the need for strong opiates. GPs were encouraged to use pregabalin and gabapentin in guidance about how to manage chronic pain, where we were seeing the use of long-term, high-dose opiates.

'It was then, four or five years ago, that we started hearing that, particularly in prisons, these drugs had a street value and people were using them illicitly. Drug users recognised them as another way of altering their state of mind and started using them in a similar way to benzodiazepines.'

She advises that prescribing of pregabalin and gabapentin needs to be done with the same caution as for benzodiazepines. This should include careful medication review to ensure that patients are getting benefit in terms of their chronic pain, and ensuring that the medication is not being overused. 'I would strongly caution against the use of these drugs in patients with a history of substance misuse,' she adds.



'I've had clients who say their GP started them on a prescribed dose, they then started buying them on the street...'

Ben Sessa, consultant psychiatrist at Addaction, draws strong comparisons between pregabalin and gabapentin and benzos, including the addictive qualities.

'The original suggestion that they don't have abuse potential is not correct,' he says. 'Similar to benzos they have a very clear dependence risk with formal symptoms if you stop taking them including anxiety, agitation and physical symptoms including tremors, sweating and insomnia.

'I've had clients who say their GP started them on a prescribed dose, they then started buying them on the street and now can't stop without getting severe physical symptoms. A medical detox of these drugs is incredibly slow and can take up to nine months if the dose is high. Talking with colleagues, we're all seeing the same thing.'

Those taking pregabalin or gabapentin in line with professional medical advice are cautioned not to make any changes without first speaking to a healthcare professional.

If you have any queries, please use our free web chat facility or get in touch with your nearest service via www.addaction.org.uk

Clare Kingsbury-Bell is interim head of communications at Addaction

DRINK AND DRUGS NEWS
DDN
AUTUMN 2017

RESIDENTIAL TREATMENT DIRECTORY

An at-a-glance listing for both statutory referrers and those seeking treatment

Silkworth
CHARITY GROUP

Your life wants you back.

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- > Recovery Day Programme
- > Secondary Care Programme
- > Family Programme
- > Aftercare Programme
- > Education Programme

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silkworthlodge
www.silkworthlodge.co.uk

DDN
DRINK AND DRUGS NEWS

WELCOME

to the 2017 DDN Residential Treatment Directory

We have tried to create as comprehensive a directory as possible, and have offered all services a free listing. Many services have also included a short description providing more details on the services they offer, which hopefully will help decide where is best for you, or your client or loved one.

Knowing which service is right is not an easy decision and Hannah Shead from The Choices Group has provided some practical advice to help make that decision. By using the directory and the web links available you can view the range of facilities on offer around the country.

DDN magazine cannot recommend one facility over another, but the one piece of advice we can offer is to contact them directly and talk to the people who work there – many of whom can speak from personal experience. They will be more than willing to answer any questions you may have, and help you make the best decision for you.

We are extremely grateful to The Choices Group for sponsoring this resource, and all the other organisations who have taken additional advertising or featured listings. Without this support we would be unable to produce both the free directory and magazine.

While we have worked to make this directory as comprehensive as possible, services change, new services open, and some services will close. **This directory will be regularly updated online on www.drinkanddrugsnews.com**

If you would like to change a listing or add a service please contact ian@cjwellings.com

DDN magazine cannot recommend one facility over another, but the one piece of advice we can offer is to contact them directly and talk to the people who work there...

DDN RESIDENTIAL DIRECTORY AUTUMN 2017 DDN RESI

Acorn Recovery Projects

www.acornrecovery.org.uk • 0161 484 0000
NorthWest, Eclectic

Our innovative recovery services enable individuals and their families to break free from drug, alcohol and other addictions. We support people throughout their recovery journey in a compassionate way, focussing on the long term solution, even beyond treatment. Clients can live in our supported housing for a temporary time with full support for a move back into the community for independent living. We also run a thriving volunteer community with in-house training schemes also on offer.

Abbeycare

www.abbeycare.co.uk
Lanarkshire & Cambridgeshire, 12-Step

Addaction Chy

www.chy.addaction.org.uk • 01872 262414
Cornwall, Eclectic

'Life-changing' are words shared by people who spend time recovering from a dependency at Addaction Chy, a 17-bed residential centre in Cornwall. Here people relearn how to positively look after themselves mentally and physically. While behaviours change, skills are developed through courses and volunteering. Dogs welcome. Move-on flats available.

ANA Treatment Centres

www.anatreatmentcentres.com • 02392 373433
Portsmouth, Eclectic

Set by the Solent in Portsmouth, Hampshire, ANA offers residential treatment for drug and alcohol addictions and associated disorders. We provide excellent, accredited, caring, tailored programmes for men and women who want a life free from addiction and we also work closely with families. We offer three stands of services; therapy, health & well-being & life skills.

Bosence Farm Community Ltd

www.bosencefarm.com • 01736 850006
Cornwall, 12-Step

Bosence Farm is a CQC registered charity providing residential treatment from three distinct services:

1. Detox and stabilisation for adults and 17 year olds who are in need of a medically led detoxification or stabilisation from illicit drugs, alcohol or prescribed medications.
2. Rehabilitation for adults who wish to address their drug and alcohol misuse utilising the 12-step model.
3. Young People offers a bespoke treatment programme for young people experiencing issues with substance misuse and related needs

Acer Unit

www.awp.nhs.uk/services/sdas/detoxification-stabilisation
Bristol, Detox Centre

Acquiesce

www.acquiesce.org.uk
Bolton, Supported Housing

Action on Addiction

www.actiononaddiction.org.uk
Wiltshire, Detox Centre

Alexander Clinic

www.alexanderclinic.co.uk
Aberdeen, Detox Centre

Amber Foundation

www.amberweb.org
England, Supported Housing

Broadreach

www.broadreach-house.org.uk • 01752 790000
Plymouth, Eclectic

Broadreach offer three houses providing everything that is required to enable lasting recovery for our clients. Our commitment to clinical excellence, our dedicated staff and our holistic, evidence-based approach to treatment create an environment that promotes positive, lasting change.

Broadway Lodge

www.broadwaylodge.org.uk • 020 8399 6555
Weston-Super-Mare, 12-Step

Established in 1974 Broadway Lodge provides 12-step abstinence based treatment supporting people into recovery from a wide range of addictive behaviours including substance misuse, sex, co-dependency, gambling and gaming; also supporting clients with secondary issues such as self-harm and eating disorders

Detoxification can be provided for alcohol, illicit drugs, novel psychoactive substances and prescribed medication including pain relief and benzodiazepines.

ARK House

www.arkhouserehab.co.uk
Scarborough, Detox Centre

Assisi Community Care Francis House

www.alcoholrehabservices.co.uk
North Devon, Therapeutic Community

BAC O'Connor

www.bacandoconnor.co.uk
Staffordshire, Eclectic

Birchwood Residential Treatment

www.kaleidoscopeproject.org.uk
Merseyside, Detox Centre

Bosence Farm Community Ltd

www.bosencefarm.com
Cornwall, 12-Step

Castle Craig

www.castlecraig.co.uk
Edinburgh, 12-Step

CGL Park House

www.changegrowlive.org • 0121 523 5940
Birmingham, Detox Centre

Park House is an 18-bed unit staffed by an experienced team of specialist doctors, nurses, healthcare assistants and group work specialists. The detox centre is staffed 24 hours a day, 7 days a week and supported by clinical and operational on-call systems. Park House has beds allocated to both Birmingham residents and non-Birmingham residents.

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CGL St Thomas Fund
www.changegrowlive.org • 01273 823762
Brighton, Eclectic

St Thomas Fund is a residential rehabilitation service based in Brighton and Hove that offers a safe place for adults wanting to become free of drugs and alcohol, and make positive steps towards recovery. It is a free service for adults over the age of 18 with a local connection to Brighton and Hove; places are agreed with all parties following referral and assessment.

Chandos House Addiction Treatment Centre
www.chandos.org
Bristol, Eclectic

Changes UK
www.changesuk.org
West Midlands, Birmingham & Solihull, Eclectic

Charterhouse Clinic Flore
www.charterhouseclinicflore.com
Northamptonshire, Eclectic

City Roads
www.cranstoun.org/cityroads
London, Detox Centre

East Coast Recovery Ltd
www.eastcoastrecovery.co.uk
Lowestoft, 12-Step

ESH Community
www.eshworks.org
Midlands, Eclectic

Freedom Recovery Centre
www.freedomrecoverycentre.co.uk
Catford, 12-Step

Equinox Brook Drive
www.equinoxcare.org.uk • 020 7820 9924
London, Detox Centre

In partnership with The South London and Maudsley Hospital we provide clinical, medically managed detoxification programmes for adults over 18 who require assisted withdrawal from addictive substances from any combination of alcohol, heroin, recreational drugs, prescription drugs, stimulants such as cocaine and crack cocaine, solvents and cannabis.

Focus12
www.focus12.co.uk • 01284 701702
Bury St Edmunds, Detox Centre

Focus12 is a community based residential treatment centre offering intensive primary treatment of alcoholism and addiction. We offer a safe, supportive environment to explore and practice recovery with the goal of living an abstinent lifestyle. We boast impressive success rates and competitive prices. Contact us for a free assessment.

Littledale Hall Therapeutic Community
www.littledalehalltc.co.uk
Lancaster, Therapeutic Community

Livingstone House
www.livingstonehouseuk.org
Birmingham, 12-Step

Gilead Foundations
www.gilead.org.uk • 01837 851240
Okehampton, Eclectic

Gilead Foundations Charity provides accommodation for people who require support to overcome their compulsive behaviours through learning Christian principles and basic work ethics. Gilead is based on a working dairy & egg production farm which gives opportunity for a variety of agricultural work experience to equip them with work ethics.

Hebron Trust
www.hebrontrust.org.uk • 01603 439905
Norwich, 12-Step

Hebron House has been changing lives for 30 years. We are situated in Norwich, Norfolk in two beautiful houses. We offer a 12-step programme including: a tailored care plan; therapeutic key worker; two, one to one counselling sessions per week; group therapy; CBT; sport, leisure and gardening activities; assistance to address financial/debt problems; move on house.

Gloucester House
www.gloucesterhouse.org.uk • 01793 762365
Highworth, 12-Step

Gloucester House recognises the damaging effects caused to individuals, families and communities through substance misuse, and our holistic, integrated 12-step programme is designed to empower and support every individual to attain a life free from dependency, to look beyond their issues and to explore ways of changing their lives.

Kenward Trust
www.kenwardtrust.org.uk • 01622 814187
Yalding, 12-Step

Kenward Trust is a charity, helping people to transform their lives for nearly 50 years, from the misery of addiction, homelessness and crime.

The Trust offers people the opportunity to change their lives and reach their full potential. We help address substance misuse and homelessness issues, bringing hope, help and support, for both men and women.

Ley Community
www.leycommunity.co.uk • 01865 371777
Oxfordshire, Therapeutic Community

The Ley Community makes recovery real by providing the ideal therapeutic environment for lasting change. Everyone leaves us with everything they need to succeed first time; employment, accommodation, extended aftercare, and well established peer networks. We don't just point them in the right direction, we ensure they reach their destination

Nehemiah Project
www.tnp.org.uk
London, Supported Housing

Oxygen Recovery Services
www.oxygenrecovery.co.uk
Hertfordshire, Therapeutic community

DDN RESIDENTIAL DIRECTORY AUTUMN 2017 DDN RESI

Mount Carmel

www.mountcarmel.org.uk • 020 8769 7674
London, 12-Step

A centre of excellence for alcohol treatment, Mount Carmel delivers safe, supportive, and non-judgemental help, offering both residential and day programmes.

Our prices are very affordable, we have more than 30 years' experience of providing treatment, and our many successful clients not only stop drinking - they change their lives.

PCP

www.rehabtoday.com
Nationwide, 12-Step

The Nelson Trust

01453 885633
Gloucestershire, Eclectic

Providing both a mixed sex house and a women's only service The Nelson Trust offers abstinence based treatment utilising a holistic package incorporating the development of recovery capital alongside relapse prevention with a trauma informed, gender responsive individualised package of care.

Notaro ARBD Care

www.arbdcare.co.uk • 01934 422 822
Weston-super-Mare, 12-Step

Notaro ARBD Care provides individualised support and care to people living with the effects of alcohol abuse, such as Korsakoff's Syndrome or alcohol related brain damage, within 3 residential settings. Each person follows our 3-step enablement programme, to help regain basic living skills and help them to live independently. For some conditions, we provide a home for life. Referrals are excepted from across the UK.

Phoenix Futures – Grace House

www.phoenix-futures.org.uk/grace-house-female-only-residential-service • 0207 916 5013
London, Eclectic

Grace House is a specialist female-only residential service in a quiet area in North London. The service provides trauma informed treatment for women with substance misuse problems and complex needs, including domestic violence, offending behaviour, sexual exploitation, homelessness and eating disorders.

Treatment: Biopsychosocial model • Full substance misuse group work programme • Specialist group programme including domestic and sexual violence • Cognitive Behavioural Therapy • Complementary therapies • Recovery through nature

Pierpoint Addiction Services

www.pierpoint.co.uk
Blackpool, 12-Step

Priory Group

www.priorygroup.com
Nationwide, Eclectic

Promis

www.promis.co.uk
London, Eclectic

Recovery Hub Ipswich

www.recoveryhubipswich.com
Ipswich, 12-Step

Silkworth Lodge

www.silkworthlodge.co.uk
Jersey, 12-Step

Providence

www.providenceproject.org • 0800 9550945
Bournemouth, Eclectic

The Providence Projects, established in 1996 and based just a few hundred yards from the beach in Bournemouth, is one of the leading addiction treatment facilities in the UK. The Providence Projects offer affordable programmes and a range of comprehensive options including detox, primary treatment, secondary treatment and aftercare.

Phoenix Futures – Scottish Residential Service

www.phoenix-futures.org.uk/scottish-residential-service • 0141 332 0121
Glasgow, Therapeutic Community

Phoenix Futures Scottish Residential Service offers abstinence based treatment for males or females over 18. The service is in a purpose built centre on the outskirts of Glasgow and benefits from strong links with the local recovery community.

Treatment: Therapeutic Community model • Behavioural role play therapy • Life story work • Full group work programme • Complementary therapies • Recovery through nature

Somewhere House

www.somewherehouse.com
Brunham on Sea, Therapeutic Community

Step by Step Recovery

www.stepbysteprecovery.co.uk
Essex, Therapeutic Community

Steps Together Rehab

www.stepstogether.rehab
Nottinghamshire, Detox Centre

T.H.O.M.A.S.

www.thomasonline.org.uk
Blackburn, 12-Step

Sefton Park

www.sefton-park.com • 01934 626371
Weston-super-Mare, Therapeutic Community

Sefton Park is a private residential rehab located in a Grade II listed building near to the sea front. Our clients are treated with courtesy, empathy, honesty and respect. Our clients experience high quality care and the personalised support they need to work through their issues.

Our treatment is person-centred, structured, supportive, challenging and personalised to the specific needs of each client. Our treatment helps our clients to gain an understanding of the causes of their addiction and how to live their life free from substance misuse.

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Phoenix Futures – National Specialist Family Service

www.phoenix-futures.org.uk/national-specialist-family-service • 0114 268 5131
Sheffield, Therapeutic Community

Phoenix Futures National Specialist Family Service is a unique service offering residential treatment for mums and dads to address their drug and alcohol issues whilst remaining the primary carers for their children.

Positive parenting programme • Life story work • Full group work programme • Complementary therapies • Ofsted registered crèche • Family focused interventions

Phoenix Futures – Sheffield

www.phoenix-futures.org.uk/sheffield-residential-service • 0114 230 8230
Sheffield, Therapeutic Community

Phoenix Futures Sheffield Residential Service offers abstinence based treatment for males or females over 18. The service is based in a large Victorian house in tranquil and beautiful grounds in a leafy, suburban area of Sheffield.

Therapeutic community model • Behavioural role play therapy • Life story work • Full group work programme • Complementary therapies • Recovery through nature

Phoenix Futures – Wirral

www.phoenix-futures.org.uk/wirral-residential-service
0151 652 2667
Wirral, Therapeutic Community

Phoenix Futures Wirral Residential Service offers abstinence based treatment for males or females over 18. The service is a haven for animal lovers with chickens, rabbits, guinea pigs and cats. Uniquely residents are also able to bring their dogs (provided they are neutered), to live in the on-site kennels.

Therapeutic community model • Behavioural role play therapy • Life story work • Full group work programme • Complementary therapies • Recovery through nature

Steps Together

www.stepstogether.rehab • 0800 385 585
Nottinghamshire, Eclectic

Steps Together Rehab is an exclusive private residential clinic, set in a beautiful tranquil location in Nottinghamshire. It is the perfect place for detox, alcohol and drug addiction rehabilitation and aftercare. Our team consists of some of the UK's most experienced and qualified practitioners. Interventions available.

Talitha Koum

www.talithakoum.org.uk
Suffolk, Therapeutic Community

Trevi House

www.trevihouse.org • 01752 255758
Plymouth

Trevi House is a truly unique mother and child rehab. We have 25 years experience of helping families to recover from drug and alcohol addiction. Based in Plymouth, we can accommodate mothers with their children from babies through to school age. We are also able to support pregnant women. Our new extensive free aftercare service is able to offer support with relocation

Secure site, CCTV monitored • High quality accommodation • 24 staff hour cover • Maternal detox (drugs & alcohol) • Therapeutic groupwork programme • Input from clinical psychologist • Specialist on site nursery with sensory room (Ofsted registered) • Comprehensive progress reports • Individually tailored packages of care.

Turning Point

www.wellbeing.turning-point.co.uk/residential
Workington, Therapeutic Community

UK Addiction Treatment Centres

www.ukat.co.uk
Nationwide, 12-Step

Western Counselling

www.westerncounselling.com • 0800 849 9257
Bristol, 12-Step

Western Counselling offers a structured, abstinence-based, 12-step residential treatment programme. Our professional services include alcohol detox, drug detox, and a programme of rehabilitation and aftercare, to give you the best possible chance of achieving and sustaining long-term recovery from addiction.

If you are seeking addiction treatment yourself or for a family member, Western Counselling Bristol provides a safe, secure, supportive environment to start the recovery journey.

Smithfield Detox Service

www.wellbeing.turning-point.co.uk/residential
0161 827 8570
Manchester, Detox

Smithfield Detox Service is a purpose built 22 bed specialist in-patient detoxification unit, located in Manchester City Centre, for adults of 18 years and over who wish to address their substance misuse and recovery within a specialist safe and supportive environment.

Yeldall Manor

www.yeldall.org.uk
Bristol, 12-Step

For 40 years Yeldall Manor has helped men overcome their drug and alcohol addictions. We facilitate constructive change in a supportive residential environment through structured therapeutic programmes led by highly trained staff.

Yeldall offers: Detoxification • Rehabilitation • Resettlement • Work & training • Move-on housing • Aftercare

CHOICES Rehabs

www.addictionrehabuk.org

Going to rehab should be an informed decision, not a blind date. **Hannah Shead** suggests ways to achieve a good match

THE RIGHT CHOICE

I can still recall the first time that a client told me he wanted to go to rehab. I was working in a community drug service and my client was using heroin chaotically. He had lost his job and his family and was on the cusp of becoming homeless. Yes, rehab seemed the perfect solution. I told my colleague, who promptly advised me which rehab to send him to.

So, off my client went. He did extremely well and it turns out that the rehab, Sefton Park, was a good match for his needs. However, when I look back I shudder that this successful match of need to placement was more a matter of luck than clinical judgement.

This was 17 years ago, and things have come a long way. Many drug and alcohol teams have 'approved providers lists' and have a system for placing clients according to their treatment needs.

It should be remembered however, that going to rehab is quite literally a life-changing decision and the importance of choosing the right provider cannot be overstated.

So, what sort of questions might you want to ask your client – or be asking yourself, if you are the potential resident?

SINGLE SEX OR MIXED?

Some women I talk to are very vocal about their need to be in an all-female environment, as the issues underlying their addiction are not ones that they would wish to work through in mixed groups. Some people recognise the potential distraction of the opposite sex and identify single sex rehabs as providing the best opportunity to focus on recovery.

Equally, there will be those that want the opportunity to work on their relationships with both men and women, and welcome the diversity that a mixed rehab can offer.

There is no right or wrong – only what is right for the individual.

TREATMENT PHILOSOPHY

This is an important part of the decision-making process. People all too often think that rehab is either 12-step or not, but there is a huge scope of choice within the different 12-step programmes on offer so this is not always a helpful distinction to make.

'It should be remembered that going to rehab is quite literally a life-changing decision and the importance of choosing the right provider cannot be overstated.'

Treatment centres throughout the UK offer a rich variety of programmes, with a wide range of interventions such as CBT, person centred counselling, family work, education and training, couples therapy, outdoor pursuits and volunteering, to name but a few.

HOME OR AWAY?

For some people, rehab will offer the opportunity to make a fresh start elsewhere, however, for others it is important to stay close to their home environment and community.

LENGTH OF PROGRAMME

There are different lengths of programme on offer, according to need.

MAKING THE CHOICE

I am pleased to know that my service is a member of Choices, a group of independent rehabs that have come together to share best practice and make the options easier to understand. Representatives of our 16 rehabs meet every two months to explore ways that we can work together to improve the resident's experience.

One of the greatest perks of being a Choices member has been the opportunity to visit the other centres. The experience of walking into a rehab and quite simply getting a 'feel' for it is unrivalled and we would encourage anyone considering going into rehab to go and visit at least one possible unit. You can also use resources such as the DDN listing, Public Heath England's Rehab Online (www.rehab-online.org.uk) and the Choices website (www.addictionrehabuk.org) to compare the different centres.

We invite you to look beyond our leaflets and referral paperwork and visit us. Come and meet our current residents – you can be sure that they will tell it as it is! Stay for lunch; check out our hospitality, our food and drinks.

Come and get to know how we tick. Don't just let us assess you or your client – come and assess us!

Hannah Shead is chief executive of Trevi House
Choices website is at www.addictionrehabuk.org

‘Supporting you towards independence’

Notaro ARBD Care has over 30 years experience of providing individualised support for people living with Korsakoff’s Syndrome or other alcohol related brain damage from across the UK.

Following our successful 3-step enablement programme, our goal is to assist the person back into community living having regained basic living skills, dignity and structure. For those with a more serious diagnosis, we do provide a home for life. Fees are reduced as the person steps through the programme.

We have been working with local authorities across the UK, providing what most see as the missing piece to aiding a successful recovery.

Come and chat to us at the forthcoming DDN Conference to find out more, just look out for our colourful stand.

If you would like to request a brochure or to arrange a free assessment,

please contact:
01278 557091

or email:
enquiry@arbdcare.co.uk
www.arbdcare.co.uk

I had been in and out of rehab and hospitals many times, nothing worked until coming to Serenita. I have been able to get better by on-going support, personal development and guidance. I feel very comfortable here and am looking forward to walking out one day, not running.

- Martin, ARBD Resident

notaro
ARBD CARE

For further information visit:
www.arbdcare.co.uk

N. Notaro Homes Ltd, Top Floor Office, 25-31 Boulevard,Weston-super-Mare BS23 1NX

Sefton Park

For addiction treatment that works

Sefton Park bases its personalised treatment on the belief that no two clients' treatment needs are the same

A PERSONAL TOUCH

SEFTON PARK IS A RESIDENTIAL ADDICTIONS TREATMENT CENTRE located by the beach in the seaside town of Weston-super-Mare. This year the service is celebrating 25 years of helping people become free from addiction.

Our shared belief is that every individual has the right to care, respect, autonomy and choice, and that every individual should also have the opportunity to change the way they live. We provide that opportunity by helping the client to understand the causes of their addiction and gain more control over their lives.

OUR TREATMENT APPROACH

As an alternative to 12-step, the treatment we provide takes a self-empowerment approach, helping the client to gain a better understanding of their underlying issues, attitudes and behaviours.

The qualified and experienced team deploy a wide range of cognitive and person-centred interventions within the caring and supportive environment of the therapeutic community. In this way, we help our clients to better understand their underlying feelings and anxieties within a person-centred ethos.

The detox facility is now in its second year and has had an excellent response and very good outcomes. We also partner with other units in the South West to provide full medically assisted detoxes.

WORKING WITH THE FAMILY AND SIGNIFICANT OTHERS

We recognise that addiction is something that affects the whole family. If requested by the client we will facilitate family conferences in the interest of establishing dialogue and mutual understanding around the impact that substance misuse has on the family. This can also prove to be a good opportunity for the client and their family to consider the choices open to them for the near and more distant future. Staff encourage family visits at weekends as we understand the importance of the family unit and the support that can be provided through social visits.

HEALTHY LIVING AND MINDFULNESS

We support the client in building confidence by helping them develop their potential.

We provide a 'Discovery Day' in a rural environment that promotes new experiences through risk taking and team building. These are outdoors activities such as falconry, rope climbing, orienteering, bushcraft and woodland cooking – lots of team-based exercises and having fun in the outdoors.

Fortnightly, our staff organise a 'Mindfulness Day', with the opportunity to experience a whole raft of mindfulness activities – acupuncture, meditation, poetry, music and artwork, depending on what's available on that particular day. The client selects their own choice from the activities. It's about relaxing, learning, experiencing new things and self-expression through art and poetry – doing things that allow people to reconnect with themselves. It's about re-finding your inner self.

FOOD IS A LARGE PART OF RECOVERY.

We focus on a healthy lifestyle and our kitchen team ensure that all dietary requirements and preferences are catered for. We bake our own bread each day and our clients enjoy a varied diet and healthy range of meals. We have considerable experience of supporting clients with food issues and a well-developed understanding of the support required.

Exercise is also encouraged – there are opportunities to access a local gym and the two miles of sandy beach on our doorstep create the opportunity for walks, running and bike rides. Bikes are provided!

ACCESS TO STRUCTURED AFTERCARE AND SUPPORTED HOUSING

Having access to aftercare support is a very important element of the treatment journey, so aftercare services are available to all Sefton Park clients. If you're in recovery and you've completed Sefton Park then our aftercare support is available for as long as it's needed. We also offer aftercare support via Skype.

We offer support with housing via our experienced aftercare and resettlement worker and enjoy strong connections with a range of supported housing providers in the local area and across the country. Each client who completes treatment at Sefton Park will normally have access to supported housing locally.

During the latest CQC inspection the clients said to the Inspectors:

> "...the care they received was individualised"

> "...found the staff working for the service to be exceptionally kind, caring and supportive"

> "...appreciated how staff encouraged them to take responsibility for their recovery"

> "...staff treating them as individuals, respecting their individual needs"

> "...supporting them to make the choices that were important to them"

A WHOLE TEAM APPROACH TO CLIENT CARE

The whole team at Sefton Park take pride in supporting each individual client in achieving a successful treatment outcome, with the client's needs at the core of what they do. The work is intensive, and it's very much client-centred which means it's personalised to the needs of each client.

You can put any four clients in a room together and it will soon be obvious that they are not the same.

Each client is different and has different issues to address. Each client is on a different journey.

So, each client needs an individualised approach that recognises their differences.

FOUNDATION66
part of the Phoenix Futures Group
Experts in recovery for more than 45 years

At **FOUNDATION66** everything they are and everything they do is channelled into helping people affected by drug and alcohol problems to make positive changes in their lives. **Grace House** is **FOUNDATION66**'s female-only residential service providing drug and alcohol free support for women with substance misuse problems and complex needs, including domestic violence, offending behaviour, sexual exploitation, homelessness and eating disorders. Amy's story is typical of the opportunities offerered at **Grace House**

LIFE CHANCE

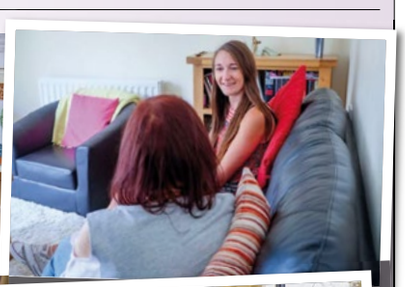
'It has been life-changing. I have been given the chance to build the future I deserve'

These are the words of Amy Munford, 27, after she spent nine months at Grace House, Foundation66's all-female rehab in Camden, North London.

Amy had been a heavy drinker and had suffered from an eating disorder since her teenage years, which became progressively worse through her time at university and into employment. Getting into an abusive relationship and surrounding herself with people who aided her addiction made matters worse and it wasn't long before Amy had deteriorated to the point where she was just surviving on drinking all day – her friends had deserted her and her family had no idea what more they could do.

With her health suffering to the point where she was unable to walk, Amy was referred by Westminster Drug and Alcohol Project to Grace House, where an all-female team provides friendly support to women with substance misuse problems and complex needs, including domestic violence, offending behaviour, sexual exploitation, homelessness and eating disorders.

Amy moved into the house, where she was assessed and given a personalised treatment and counselling programme that gradually helped her turn her life around. Looking back on her time there, Amy reflects: 'It was a wonderful community to recover in. I had enough freedom to grow and rebuild as a person and was able to input into my own recovery. Thanks to Grace House, I now have my health back, have been able to re-connect with my family and have built lasting friendships.'



'Amy's story shows how the philosophy behind Grace House really works.'
BEA WHEELER, LOCALITY MANAGER

Since leaving Grace House, Amy now has her own flat, at 'Amy's Place' (provided through the Amy Winehouse Foundation), is attending college and continues to have treatment for her eating disorder. She is now looking positively to the future, with plans to study further, move in to her own property and start a new career.

'Amy's story shows how the philosophy behind Grace House really works.' says Bea Wheeler, Foundation66's Locality Manager, 'A stable home is the basis for a successful and sustained recovery and Grace House provides women, like Amy, with the time, space and support to address their substance misuse and complex needs, to help them take the next step to a brighter future.'

If you would like further details on the **Grace House** service, either to refer, or self-refer, then please call on **020 7916 5013** or email **GraceHouse.Referrals@foundation66.org.uk**

LEGAL LINE

FOCUS ON FAIRNESS

The CQC has set new equality objectives, as *Jenny Wilde* explains

UNDER THE EQUALITY ACT 2010, the CQC is legally required to set equality objectives at least every four years. In March 2017 the regulator revealed four new objectives that will have a direct impact on services.

The first is around **PERSON-CENTRED CARE** and equality. Noting that leadership is required to make person-centred care a reality, the CQC found that some groups – including disabled people, people from black and minority ethnic groups, lesbian, gay and bisexual people, younger people and those aged over 75 – were less likely to say that they were involved in their care across a range of sectors. It also found that black and minority ethnic (BME) people and lesbian, gay and bisexual people reported poorer mental health than other groups.

To combat this, the CQC has taken a series of steps, including adding a specific question to Provider Information Request forms (PIR) in relation to equality, and helping inspectors to ask the right questions and gather evidence.

Providers must be sure that their service and the leaders carrying out regulated activities ensure that all service users are included in the planning and execution of their care.

The second is **ACCESSIBLE INFORMATION AND COMMUNICATION**. With 11m people in the UK with hearing loss and almost 2m people living with sight loss, all publicly funded providers must now meet the Accessible Information Standard. This aims to improve the lives of people who need information to be communicated in a specific way. Although the standard doesn't apply to private providers, it should still be seriously considered as good practice.

> Person-centred care is key to achieving these objectives and compliance with CQC regulations.

The third objective is around **EQUALITY AND THE WELL-LED PROVIDER**. The equality aspects are now better developed in the key lines of enquiry (KLOEs), prompts and ratings characteristics in CQC's new assessment frameworks for both health and social care services. Inspectors are now prompted to look for evidence that providers take account of equality characteristics for people using their services.

Finally, there should be **EQUAL ACCESS TO PATHWAYS OF CARE**. The CQC has noted that people using health and social care services often need to use more than one service, known as a 'pathway of care'. However, people in some groups may have difficulty accessing particular care pathways, such as GP services, which could lead to poorer outcomes for them. The CQC found that there can be barriers to accessing GP services for migrants, asylum seekers, gypsies and travellers, and pathways could be improved at a provider and local system level. This should be a consideration of any substance misuse service.

Providers of substance misuse services must be aware of the importance of delivering care in line with these objectives, particularly as the CQC are, quite rightly, prioritising how people from minority backgrounds experience services. Person-centred care is key to achieving these objectives and compliance with CQC regulations.

Jenny Wilde is senior associate solicitor at Ridouts Solicitors, www.ridout-law.com

MEDIA SAVVY

The news, and the skews, in the national media

If we are going to have a national discussion about drugs, then all sides of the argument have to be heard. The debate can't just include recovering junkies and the soppy liberals who have been calling for cannabis to be legalised for decades, despite all the evidence that long-term use leads to psychosis. We must also hear from the parents and children of addicts who have seen their families torn apart by drugs. And we must also hear from the cops, doctors and nurses who have to clean up the human ruin caused by them. We should also hear from those of us who have had our own experiences and discovered that, for all the fleeting moments of pleasure, drugs provide no happy ending for anyone. And they never will.
Tony Parsons, *Sun*, 23 September

Drug policy should not be entirely determined by scientific evidence on harms – what's also important is how society conceptualises and tolerates different types of risk behaviour, and how culture and history interact with policy priorities. However, it is still striking that people in the UK who wish to legally alter their states of consciousness through psychoactive drug use have little legal choice, and are directed by drugs policy towards some of the most harmful drugs available.
Harry Sumnall, *Guardian*, 1 September

Whether you meet an addict, visit a drug-addicted community or encounter the middle-class parents of an irreversibly cannabis-induced psychotic child, what is apparent is that it is drug use (not its prohibition) that has destroyed their lives, corrupted the community or compromised a child's mental health. The truth is our law is liberal, not punitive. The casualties of drugs are casualties of uninhibited freedom, not of prohibition. Had the law stepped in, more young men and women would be alive today or have a future worth living.
Kathy Gyngell, *Guardian*, 20 September

The scandalous takeover of the BBC's flagship *Today* programme by the drug lobby has just got even worse. You may recall a few weeks ago a drug propagandist giving out the street prices of cocaine (the buying and selling of which are imprisonable offences) quite unchallenged, on this programme. This is just one of many instances where the arguments of drug legalisers are prominently presented without serious challenge, on this and other BBC programmes. If, like me, you oppose this policy, you are hardly ever asked on.
Peter Hitchens, *Mail On Sunday*, 3 September

One Love

The best way to tackle the stigma of gender stereotyping is with an open heart. DDN talks to Beck Gee-Cohen

'I was pretty functional when I was using. It was easy because I hid my gender and sexuality, so it was easy for me to hide my addiction as well.' Beck Gee-Cohen, clinician, trainer, consultant, and trans person in recovery is reflecting on why members of the LGBTQ+ community are more likely to misuse drugs and alcohol.

'When we have to hide our authentic self, when who we are is not what society says we should be, we turn to drugs and alcohol for relief,' he says. 'We might do things we wouldn't normally do – and a lot of that is about finding acceptance and relieving the pain of being not wanted and not seen.'

Gee-Cohen became addicted while working as a bartender. 'My friends would go out to the pub and we would all drink, but I would be the one who would go home and continue to use, and continue to drink late into the night by myself,' he says. 'I'd surround myself with people who drank the same as I did, so people who didn't use or didn't drink were no longer a part of my life.'

Later, in recovery, he went back to college to study sociology looking at gender and sexuality, and then on to do addiction counselling. He thought back to his nights at the bar, 'seeing a lot of people dying who were part of the LGBT community because they weren't getting the best services they could get' and knew his vocation. Then as a clinician he realised he wanted to make a bigger impact and 'help to shift the culture around LGBTQ people in treatment'.

'Addiction treatment can get set in its ways – "this is how we've always done it",' he says. 'That's like a red flag for me. Addiction is crafty – drugs have changed, alcohol has changed, the community and society have changed around it. So we need to change around it too.'

So how can we find and reach out to people who may be struggling? 'It's about noticing, recognising and not being afraid to say something,' he says. 'I think many of us are afraid to say something – we don't want to cause any conflict or make a wrong judgement. But asking "is everything ok?" is the number one thing we can do.'

Asking the right questions is the first lesson for treatment centres, and Gee-Cohen emphasises that the process should be formalised into policies and procedures, starting with the intake form.

'I work with plenty of facilities and institutions that say "we don't have LGBT people here" and I say "how do you know if you're not asking the question?"' He tries not to feel frustrated, but it underlines the need for a systems overhaul. 'They'll also say "we've never had a trans person" and I'll say "well statistically, you probably have".

Getting the paperwork in order is an essential part of becoming more responsive, but he also likes to get to work with the staff team – not just the clinicians 'who are more likely to get continued education' but the auxiliary and admissions staff, 'the ones answering the phone or spending the most time with the client'. It's important to create change from that very first phone call, or the advert that you do, he says. 'You have to think about the whole picture.' It's also vital to link with mental health services in a meaningful way, making sure all the staff along the therapeutic chain are knowledgeable about the community and ready to be accepting and affirming.

The 'whole culture' change needed involves working on awareness – thinking about 'meeting the community where they're at'. He's mindful of the fact that this works both ways and talks about the 'disconnect in any huge society'. We get into a bubble, he says. There are topics that are 'hot' and important in the community, but when he's talking about LGBTQ issues, he's 'learned to slow down and realise that not everyone has the experience and knowledge that I have, and that this could be new information'.

> 'I work with plenty of facilities and institutions that say we don't have LGBT people here, and I say how do you know if you're not asking the question? They'll also say we've never had a trans person, and I'll say well statistically, you probably have.'

It takes patience to dismantle stigma and stereotypes, but Gee-Cohen uses his experience – and his engaging personality – to open the conversation.

'Sometimes I'm the first transgender person people have met – just like sometimes I'm the first person in recovery someone has met,' he says. 'So I use that as a way of lessening anxiety and use a little bit of humour to make it human and draw people in. Once that anxiety is lessened we can get to talking – I'm able to effect change in that way.'

When people first come into treatment they are at their most vulnerable state, he points out. 'They're not super-happy, they're very scared and can come off as angry, entitled – all of the things that we like to place on people.' If a trans person comes into a facility they are likely to be angry because they are coming

More on equality at
www.drinkanddrugsnews.com

off drugs, and 'there's so much more going on besides them being trans'. But we tend to focus on that and place people in a box – 'all trans people are angry, all gay men are entitled and bitchy, or whatever. We like to lump people into all these identities and that does a disservice'.

So he tries to come in as being a person in recovery, as being trans, and as being a clinician. 'I don't speak for the community – I try not to – but I want people to have a good first impression. And when I talk to families, especially of young people, the fear of their kid being trans or whatever can lessen a little bit when they see one that has had success, has been to college, who's married and who's in recovery.'

And taking away the fear – of the unknown, of messing up, of getting even the acronyms wrong ('Is it LGBTQ? Do I put the "i" in? Do I put the plus? I've changed my own website five times!') – is a great big part of the message.

'We need to make this a place that is safe and open so people can express themselves in a genuine way,' he says. 'When we talk about recovery, we talk about honesty. And if we can't get honest in this setting, then we are of course at risk of relapse.'

At his forthcoming workshop with Adela Campbell, a psychodrama therapist, he's relishing the thought of involving his London audience in exploring language, relationships and plenty of experiential work. He talks of 'diving deeper' into each subset community – gay, lesbian, bisexual, trans and intersex – and exploring the issues that arise.

'I really like to challenge people's comfort levels – make them a little uncomfortable, but also walk with them through that discomfort so they know they're not alone,' he says. 'When they leave they'll be more comfortable in working with this community and have some resources.'

If it's anything like the experience of chatting to Gee-Cohen, it promises to be an enlightening day and a real opportunity to embrace a more open-hearted approach to treatment. DDN

'Healing trauma in the LGBTQ+ community', presented by Beck Gee-Cohen and Adela Campbell is on 25 November in London. Book at www.icaadevents.com

Losing the legacy

Mark Reid's alcohol problems became the focus of his own life. He describes how Nacoa gave him the insight and the tools to take control

I am an adult child of an alcoholic. I am also an alcoholic. I stopped drinking seven years ago. A key part of my current thinking about my alcoholism is to look at the formative role played by my dad's drinking. To do this, I have turned to the aspects of the issue covered by the National Association for Children of Alcoholics (Nacoa) and also Adult Children of Alcoholics (ACA).

Seeing what they do is a revelation and has brought me a new, extra, peace of mind. It involved a pit stop from the full daily circuit of my Alcoholics Anonymous programme, though that remains central to my recovery. Its emphasis on personal responsibility is now nuanced by what Nacoa informs.

I have spoken to my dad about his drinking days. He doesn't really bother with it now. I was brought up in a culture in which a lot of men went to the pub every night – or more specifically in dad's case, the working men's club, partly because the club offered the justification that there was more reason to go than just alcohol; they needed committee members who had to attend, to make important decisions and do the books.

My dad would go after tea and early evening telly. A daily dose of two hours' drinking time. We'd always hear his key rattle ominously back in the front door at eleven twenty precisely – except on Sundays when last orders was earlier. After the strong Yorkshire ale, the steady and reliable father-of-five who came home to the family from the office every day was gone. He was replaced by a drinker, on edge and up for a verbal clash.

My mum, quieter and more anxious as closing time got nearer, would disappear to bed before he came back. As we became teenagers, we might still be up, listening to music. Sometimes we would stand our ground. It was a hollow show of bravado from me. I remember with crystal clarity the night I cried myself to sleep and vowed to myself to work as hard as I could at school so I could go to university and leave home. Looking back now, I know it was not a hopeful feeling, it was heavy and lonely. That is a word to sum up how people who've grown up with alcoholics say they feel when they talk to Nacoa.

The Nacoa 'checklist' (see right), which I first read in their powerful literature, outlines common themes and is a menu of all the anxieties I had as I grew up. The reasons for rejection when my dad had been drinking were never set out. It came late at night when I was tired and so was all the more disconcerting. Family relations were almost always good by day. The ups and downs left me confused about how people were meant to relate to each other. Were adult men all out drinking and feeling better by coming back and shouting the odds?

I concluded that adults you trusted will disappear and come back different. Why wait for that to happen when you could do it to them first? At other times it made sense to do the opposite and stay loyal to people in the hope they might then be consistent – except this approach just enables others to treat you how they like. Being loyal, where loyalty is undeserved, becomes a way of resigning yourself to low self-esteem.

My inability to deal with all these questions at the time fed into other insecurities. To ease them I drank more or less excessively for 30 years before reaching the park bench. Alcohol engulfed everything I built up along the way – my marriage and contact with my children, my career and liberty.

Having seen how another person's drinking destabilised me, it would seem madness to follow him to the pubs and clubs. Yet learned behaviour is often all we have. It doesn't matter what your role model does; you'll do it too. Nacoa has shown me that the impact of uncomfortable thoughts from living with an alcoholic parent leaves an emotional and psychological deficit. Nacoa identifies and clearly explains what I term the 'comfort deficit' in children of alcoholics. We begin by self-medicating and some of us turn to the only coping mechanism we see in use around us:

'Learned behaviour is often all we have. It doesn't matter what your role model does; you'll do it too.'

Family support and more
www.drinkanddrugsnews.com

alcohol. More of the same. And it is one that the drinking parent is hardly likely to deny the green light to.

What Nacoa does so effectively is fully explain the nature of the deficit which can be created and passed on by alcoholic parents. These explanations are a source of significant reassurance to me. In recovery, awareness is all. As with any unhelpful thinking style, once the child-of-alcoholic deficits are made clear, a new perspective can quickly follow. It allows me to see that my alcoholism is not (all) my own doing, fault or problem.

Equally revelatory to me is the fact that the Nacoa checklist of how children of alcoholics might think, feel and behave is also the matrix for the symptoms of the untreated alcoholic. These many forms of frustration are what I found myself grappling with as I tried to turn abstinence into the equanimity of true sobriety.

Nacoa has helped me triangulate my recovery and see it from a further point of view. Previously I had approached my alcoholism in two main ways. One is the standpoint of cognitive therapy and addressing it as the result of maladaptive responses to life events. Another has been the 12-step approach and accepting that I have my very own set of character defects like self-pity and selfish motives.

However, it can be unsatisfying to see the issue as soluble only by either handing it over to a higher power on the one hand or by being entirely rational on the other. Human nature can completely mis-fuel both these theories. I will still use a composite of both these approaches on a daily basis. Nacoa brings back in my own personal and family experience. Without that we can never fully understand ourselves.

And my dad? He's been a central part of my recovery – emotionally and financially. He was the one who waited patiently outside as the AA meeting went on, or dropped me off at my latest counsellor in early recovery. My parents bore the brunt of my disappearance into addiction – mine was the only empty chair at their 50th wedding anniversary. Each new part of the explanation for our alcoholism we now share. What we also share is the hope that we can help prevent alcoholism seeping into the next generation. And for that, my children also have Nacoa.

The Nacoa helpline is 0800 358 3456, helpline@nacoa.org.uk, nacoa.org.uk
Mark Reid is participation and recovery worker at Path 2 Recovery (P2R), East London NHS Foundation Trust

'You are not alone' the Nacoa checklist

One in five children in the UK live with a parent who drinks hazardously, says Nacoa, with millions of adults still affected by their parents' drinking. These are issues that callers often talk about on their helpline:

- feeling different from other people
- having difficulty with relationships
- fearing rejection and abandonment, yet rejecting others
- being loyal even when loyalty is undeserved
- finding it difficult to have fun
- judging themselves without mercy
- fearing failure, but sabotaging success
- over-reacting to changes over which they have no control
- lying when it would be just as easy to tell the truth
- guessing at what 'normal' is

RECOVERY THRIVES

As Recovery Month continues to go from strength to strength with fundraisers, festivals and fun, **DDN** hears three inspiring accounts of this year's activities

A TIME FOR GRATITUDE

Timmy Ryan reflects on the moment he believed recovery was possible

I went to Addaction Chy, a residential rehab in Cornwall, in December 2014 and it was my last chance saloon. The doctor had told me it was the end of the road for me – that my alcohol addiction was going to finish me.

It'd been with me a long time. A childhood surrounded by violence and spending time in and out of care had led me to drink. I guess I was about 14 years old when I started drinking. I was a complete mess, carrying around a head full of physical and mental abuse. It was like torture and I used anything I could to ease the madness of it all.

For most of my life I managed to be a functioning alcoholic. I held down a construction job and drinking was a big part of that world anyway. It was a rollercoaster. I could be in control for a couple of weeks, but then it'd take the slightest thing and alcohol was back in charge. Gradually, it ground me down and alcohol become my master. Over time it took everything – my marriage, friends and family. It's a terrible disease that took complete control of me.

Everyone used to say I was so distant. I couldn't look people in the eye – didn't think I had the right. I couldn't share with anyone as it destroyed me inside.

At 47, I'd already had two heart attacks and the doctor said the third would be goodnight forever. I had an irregular heartbeat and wasn't looking after myself. I wasn't taking my medication, had lost loads of weight and was literally drinking constantly. I was slowly drinking myself to death and was aware of it, but I couldn't help it – I was drinking to stop the shakes and heaving. The good times had long gone and I was a shell of the man I once was. I was powerless over my addiction and my life had become a complete nightmare full of regret, self-pity and consequences.

My daughter, who was 14 at the time, was walking down the road holding my hand and I said: 'I don't want you to die'. It took until that point to realise what I was doing to everyone around me as well as myself. I thought to myself 'you selfish bastard'. Then I saw myself in the reflection of a pub window and I was looking at a tramp. It was time to get a grip.

I had managed to get to the front door of Addaction about ten times before, but had stopped with my fingers on the handle and then walked away again. I'd been so frightened about what was going to be behind that door. I had burnt all my bridges elsewhere and thought they would be negative towards me too and send me somewhere else. When I finally opened the door, it was the complete opposite. The staff were so supportive and non-judgmental. They saved my life.

That was the start of the journey. When I had those first one-to-ones it was like a storm came out of me, sharing everything – I'd never spoken about it to anyone before. It was amazing having finally said the words. They held so much less power over me. When I arrived at Chy, the staff were equally fantastic. I spent three months in the main house and three months in the move-on flats in the same grounds.

For years I had a head full of negative thoughts that I used as excuses for all sort of things. Treatment took all those excuses away and there was nobody to blame but myself. I took responsibility in a way I never had before.

You think nobody cares about you – but until you start caring about yourself, nobody will. You have to believe in yourself and admit to yourself that you are worth it. But you can't do it on your own; you need people like the staff at Chy to put that belief back into you.

After treatment, I relocated to Cornwall and started volunteering with Chy, doing painting, DIY, that kind of thing. At the same time I did courses in maths and English, which was another milestone in my life. I completed a mental health awareness course and a level two counselling course. I also volunteered for the homeless service. I love being in the house telling my story. I tell new residents how it is and don't sugar-coat it at all. They love the honesty.

After about ten months' volunteering, a job came up. I was so proud of myself just going for the interview – to actually get the job absolutely blew me away. I broke down crying, realising how far I had

RECOVERY MONTH...RECOVERY MONTH...

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'You think nobody cares about you – but until you start caring about yourself, nobody will. You have to believe in yourself and admit to yourself that you are worth it. But you can't do it on your own; you need people...'

come. It's been so much hard work, but I owe Addaction my life. I wish I had found recovery 20 years ago and it's a privilege to help others on that road.

I'm now 50. I live in Falmouth and wake up every day and see the bay outside my window. It's like a dream. I'll always be an alcoholic, but I don't feel the need to tell people now. I live for the future and not the past.

Find Addaction Chy in our directory pages

MY FIRST RECOVERY WALK

Zara Walsh and family joined the crowds in Blackpool

Even though my husband had been in recovery for nearly three years, this was my first recovery walk. I totally underestimated just how big the recovery family is.

I didn't realise how successful the walk would be. My husband and sons have been to the two previous walks and when they came home they would be excited and talk about the walk for days – but this was a whole new level.

I felt so proud to have my husband and children walk alongside me. As we flew our flag right through the town centre, all the way to the Winter Gardens, people stood and stared in pure amazement.

Our five children were so proud to tell people that we are a recovery family as we walked with the thousands of people who did not judge you for your past, and stood with you united as one big family who had been through the rough times similar to us. Our kids had so much fun and even made new friends. I now know that I will be at every walk from now on!

A SENSE OF PURPOSE

Joining in recovery month gave the community at HMP Kirkham the chance to embrace hope and change

The ability to promote any possibility of sustainable recovery to our nation's incarcerated is no easy task for prison recovery services. The challenges are multifaceted and complex. Our client group have entrenched and complicated issues that have often taken a criminal and intoxicating career to embed.

But we like a challenge at HMP Kirkham! Changing the culture of rehabilitation and recovery is very much a passion for the staff and community within this open establishment. Recovery is evident and palpable and our success is infectious.

Recovery month is the perfect opportunity for us to showcase that success and fly our proud purple flag across the country, promoting the possibility of hope, change and accomplishment. Our first recovery month milestone took us back to the Doncaster Recovery Games, where we travelled with hope in our hearts and victorious memories of being the first prison recovery team to win the 2016 challenge.

Our proud team included members of our recovery community, who have worked hard on their journey of discovery, and value the opportunity for resettlement. The day was a true reminder of the importance of connection and positive engagement. Team Kirkham came away with a little less winning silver but as much passion and dedication.

Throughout the course of the month our dedicated staff and client group have worked hard to promote the value of visible recovery, raising awareness and sharing inspirational stories, baking cakes, washing cars and making amends for their destructive past. These memories and experiences are the blueprint to a future of purposeful citizenship.

Freedom from addiction and crime requires the vision of alternative, inspirational and asset-based thinking. This cannot be achieved in isolation and what better way to explore that than to join the thousands of people marching along the blustery Blackpool front on the UK Recovery Walk. That day represented everything that categorises the spirit of recovery and reminded us that together we can make a difference.

I am proud to be part of a thriving, innovative movement within the prison walls and challenge anyone to deny the power of recovery!

Amanda Wrenn is recovery service lead at HMP Kirkham

A solid foundation

ESH Works was built from a dream of peer-based recovery. **Paul Urmston** shares their story

I used drink to cope. I didn't really fit in the corporate world but I did it for fame, glory and money – all to make me look good in the eyes of other people. After coming out of detox and rehab for the second time I decided that enough was enough and that life was actually about being the person you really are and not what you thought everyone else wanted. So the acting stopped and I started a new life.

That was more than 17 years ago. While I was volunteering in recovery a decade ago, I was involved in a project looking at the quality of service provision for addicts and alcoholics in Coventry and Warwickshire. The conclusion of my mini-report back to the drug and alcohol action teams was that there was a lot of support available for people in addiction – but if it'd been a relay race, there were a lot of dropped batons (clients) when they were passed between organisations. There was also a major shortfall in the support for family members, with nowhere to turn to for help and advice.

This motivated three of us in recovery to form ESH Works – which stands for Experience, Strength and Hope – a peer-led mutual support and user involvement organisation to support family members and help guide people through the complexities of recovery and the different services provided. There was also a bit of a dream there that one day we could run a totally peer-led residential rehab facility – not for profit, but just because it was the right thing to do.

> 'As part of the funding drive, we sent dozens of letters out to CEOs of major manufacturers and suppliers, with mixed responses – but if you don't ask you don't get.'

We started our not-for-profit social enterprise in the depression years and our mantra was 'If we can make it work now then we're going to be ok' – and we did make it work. We've moved on to the point of opening Warwickshire's first residential rehab fully staffed by people in recovery.

Back in 2009 drug and alcohol commissioners in Warwickshire were ahead of their time when they funded a couple of thousand pounds to instigate a family support network. Things progressed from there and we delivered our family support all around Warwickshire, hiring local community centres and halls most nights of the week.

We started in a small office in a local council 'start-up' enterprise hub, where we co-ordinated everything. When we first advertised the groups in some locations there would be no one there for the first month or more, until people started noticing the posters and leaflets that we'd dropped off at pharmacies and doctors surgeries.

I remember sitting in an empty room in at a community centre in Nuneaton one wet night, when two people came in. We'd been going to this room on the same night each week for nearly two months without anyone attending. We gave the couple a cuppa, talked through our experiences and the problems they were having with their son, and they went away saying we'd helped. As they continued to come back to our group we found out later that the husband was about to commit suicide the night they first came in, but had seen our leaflet that night in the doctor's surgery and diverted to our group. That changed his life and ours! They've continued to attend and have volunteered with us for many years.

As this family support developed we had a moment of clarity and decided we should include a volunteer in long term recovery in each of our family groups. This was a revelation for our family members – they had a 'tame addict' to fire questions at, who didn't pull the steel shutters down when asked about addiction. This approach is now recognised around the country as good practice, providing the volunteer is supported well in their own recovery so they're not put at risk of discussions opening old wounds.

We applied for grants everywhere and where we were successful the grant providers wanted to see how we made a difference. It was usually down to numbers, so we just made sure we counted people – new clients or family members that were referred to us, or that came as self referrals (as most did).

As a service user involvement organisation we also assisted in writing the service specification for Warwickshire's new 'integrated' drug and alcohol services – and we stressed that the service had to be integrated to stop the 'baton dropping'. We also suggested quite strongly that any service user involvement and peer led support should be outside the mainstream to give it independence, credibility and a separate voice. Winning a service user involvement contract gave us a little more stability in terms of regular income, and we took on staff to manage groups in four locations around the county.

Four years ago we were approached by the Hepatitis C Trust who were running a project locally, to see if we wanted to be involved with a pilot support scheme assisting clients through hepatitis C treatment. We had the local volunteer base to provide peer support and we jumped at the opportunity.

As our peer support activity continued to grow, we had to demonstrate that we were more than just a group of addicts helping each other. We needed to show that we kept our volunteers safe, that we educated them and we looked after them. We looked around and decided to set up a formal peer mentoring programme based on the structured Mentoring and Befriending Foundation's approved provider scheme (APS). It took about six months of hard work to pass the assessment, but we've been an approved provider for a few years now.

PHE provided a glimmer of hope in 2013 for our 'bit of a dream' of opening a residential rehab facility when we won a capital grant to assist with the purchase a 'clean house'. We took out a commercial loan with the bank and funded half ourselves, and we established the house alongside running our peer support activities in Warwickshire. The way we operate in the community is with structured day programmes in different locations around Warwickshire, including the family support. The following year our user involvement contract was extended and we were secure for another couple of years.

In 2015 things started to move even faster when we applied for another PHE grant targeting residential peer-led rehab projects – an absolute hand in glove situation for us. When we were advised we'd been successful, our dream of opening a rehab wholly supported and managed by people in recovery started to look real.

We're now more than a year on from winning the grant and I'd like to say it's been a smooth and peaceful experience, but it hasn't! But we're now in the final stages of preparation before opening our doors.

It's been a mammoth task for the managers, staff, volunteers and mentors to establish the facility, right from finding a suitable location in very expensive Warwickshire. Instead of an off-the-shelf ex hotel or care home we went for a property with potential that we could develop in the future.

What's been key to the whole project is that we've engaged with all the key stakeholders – local drug and alcohol commissioners, chief constable, police and crime commissioner, head of public health in Warwickshire, all the CCGs, and MPs. By selling the benefits to everyone we've had brilliant support from the great and good of Warwickshire.

Some of the obstacles were planning permission, the change of use for the premises, and identifying that a new sewage treatment system was required. We had the inevitable builder problems during renovation and extending the property, giving us one or two sleepless nights. But all of these issues have been overcome with the perseverance and dedication of staff volunteers and mentors.

There's also been some brilliant support from external organisations who are nothing to do with drug and alcohol support. As part of the funding drive, we sent dozens of letters out to CEOs of major manufacturers and suppliers, with mixed responses – but if you don't ask you don't get. We've had fantastic contributions from Tesco, Carpetright, Bensons for Beds, and Renault (for the minibus), all supporting the project with donations in kind or massive discounts.

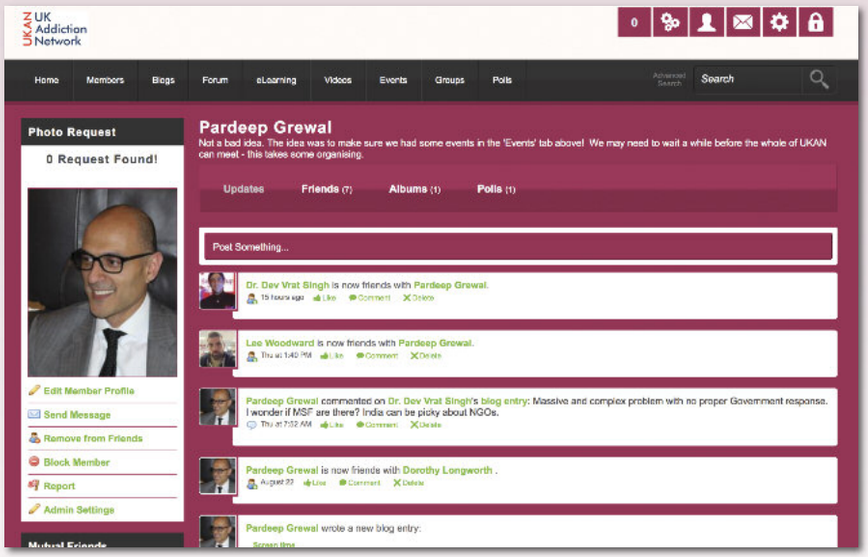
Our staff, volunteers and mentors are now in the last stages of painting and decorating, digging pathways, laying paving, fixing new gates, and setting up the allotment. It's been a hive of activity ready for the opening. We're grateful to all those who have played a part in our story, including the volunteers who've moved on to other roles.

Our local MP Chris White was among those to support our organisation from the start. Watching the dream come to life he commended 'the passion, commitment and hard work of the team' and said 'the wider definition of value is a reality in the provision of their peer-led approach to recovery for addicts and their families'.

Our structured programme now incorporates 12-step awareness, physical activities, yoga, meditation, mindfulness, anger management and professional counselling sessions. We have also developed a rolling family education and awareness programme, which includes Adfam's step approach.

Recovery is all about change for the person in addiction, and by assisting the families to understand and deal with the client's changing approach to life, we will actually be supporting their sustained recovery. We've gone from starting as a small peer-led support organisation to opening an 11-bed fully staffed and supported residential rehab – all achieved with people in recovery.

Paul Urmston (pictured) is CEO of ESH Works



The new UKAN website lets you tap into expertise when you need it. **Pardeep Grewal** explains

HELP AT HAND

SOMETIMES WE WANT TO ASK A QUESTION, share an experience, get help with a tricky situation or just let off some steam. For this we really need a network of like-minded people. You might be one of the lucky ones working in a stable team that never changes, or where expert advice and supervision is readily available. Unfortunately, the rest of us are left wanting.

Recovery workers, if they ever come up for air, struggle to connect with peers or ask questions. There is a good argument that volunteers, psychologists, dual diagnosis specialists, administrators, pharmacist and others working in addictions need access to a supportive online community, where they can meet peers, open up, share knowledge and be curious.

UK Addiction Network (UKAN) is aimed squarely at these groups. It is free to join and works a little like the groups you find on Facebook and LinkedIn. The big difference is that UKAN is designed specifically for people working in addictions and offers the wider range of discussion topics, forums, polls and blogs. Content is sensibly moderated by the UKAN team, all of whom work in the field and seem to know their stuff. And there is strength in numbers; if you have a thorny problem at work there is good chance there is a UKAN member out there who can help.

The person behind the idea is Georges Petitjean. Trained in Belgium and London, he has an interest in how groups can function better. He recently found himself working in a busy residential detoxification unit. The pace was frenetic, with little time for networking or peer support. The small but dedicated team of doctors, nurses, recovery workers and volunteers were all left to get on with things. They muddled along but inevitably came up against situations with no easy answer.

Georges remembers a typical situation. 'It was Friday evening and I was assessing a new patient who had been admitted for a benzodiazepine detox. He said he was allergic to diazepam. I wasn't sure what to do. My line manager had left work already and I didn't know who to turn to.' Then it occurred to him that there might be another way of accessing support: 'Wouldn't it be great if we could post a question online to all the people working in detox units in the UK?'

The idea chimed with his colleagues, especially those working in small teams and where access to a peer support was limited. His hunch was right; people naturally connected online with new peers and colleagues, sharing knowledge and making friends on the way. 'We searched the web,' Georges explained, 'but it was mostly full of adverts or commercial providers. There was nothing for people like us. So the decision to start UKAN was pretty straightforward. The site just needed to be accessible, useful, fun and free.' He has extended the concept to allow members to upload a few photos of themselves. In fact, a photo is now required to register and helps ensure transparency.

The site is certainly straightforward and accessible. You are greeted by a simple newsfeed on a distinctive crimson border and the site is absent of clutter and advertising. The intention is to keep it as free access, funded by money from training, workshops and learning. What UKAN does not do is dictate official guidelines and standards as FDAP, RCGP and others are available for that. But for those interested in learning, there is plenty on offer.

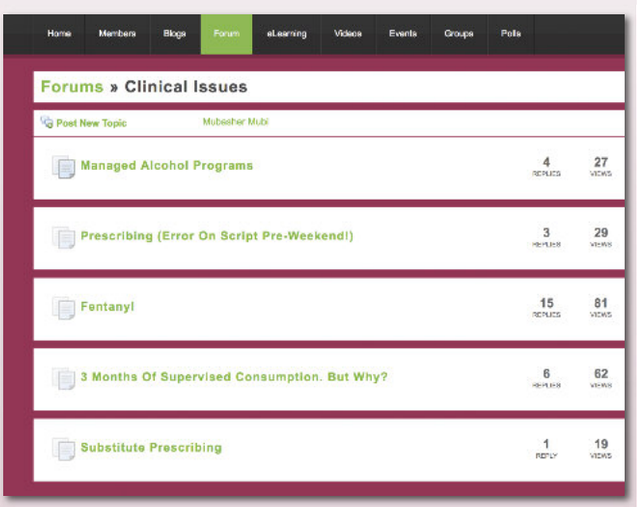
The site has an e-learning foundation programme, with all the necessary elements for good practice, such as assessment, harm reduction, treatment and care planning. There are even role-specific modules to enhance skills for prescribers, recovery workers and volunteers. All the content is developed by experienced workers and includes knowledge progress tests, and a certificate of completion. For those wanting more there are specific workshops and webinars you can attend, all delivered with a healthy amount of networking and socialising.

If the purpose of UKAN is to connect people it will probably succeed. How much face-to-face contact it will promote has yet to be seen, and this is largely up to those who use it. It has an obvious place in a world increasingly connected online and where good quality information is hard to come by. Georges has plans to add an events page so people can attend formal supervision sessions, organise peer group meetings and social events. I'm looking forward to getting some online discussions started on just this topic.

Pardeep Grewal is a psychiatrist

'I was assessing a new patient... I wasn't sure what to do. My line manager had left work already and I didn't know who to turn to.'

GEORGES PETITJEAN



How do you bring a recovery conference to life? **Jamie Gratton** shares his experience

MAKING IT REAL

We have just enjoyed our first Aquarius recovery conference, celebrating how we all approach recovery in our own unique way. The idea came about as a result of discussions with peer mentors and people using Aquarius services about how they could celebrate recovery on a local level, and we worked with partners from the Derby Substance Misuse Services and Derby University Law School to bring it to life.

With a small budget for the event, we set up monthly planning meetings with staff, peers and volunteers to put together a list of what would be needed to move the conference forward.

Our first challenge was to find a venue – not easy, as most of the conference centres in the area wanted £2,000 to £3,000 for the day. Aquarius had been doing some work supporting the Derby University Law School around social justice issues and vulnerable groups, so we discussed our conference proposal with the university. Two days later, we had a venue free of charge, complete with refreshments.

Next came the agenda, and the local recovery community agreed that the main focus for the event should be around sharing life stories and highlighting the power of recovery. We felt it was vital to have a mixture of speakers on the day, offering different perspectives, including those of family members affected by addiction.

With a clear theme in mind, we invited guest speaker Tracy Carr from Public Health England (PHE) to speak about the importance of building recovery capital, and Tony Mercer from PHE to give insight into the social justice issues faced by individuals and families.

Over the coming weeks the team worked hard to bring the different elements of the conference together, and it came with a lot of stress. I had never done anything like this before and was extremely anxious about whether anyone would even turn up! Luckily, I was able to rely on the different coping mechanisms I had learnt while going through my own recovery, and my team leader was able to rein me in when I was panicking and help me to look at things more logically.

When the big day arrived, the conference opened with an introductory speech about the power of recovery and the vital role it plays within communities. This was followed by an ice breaker, run by Steve Gill, and a series of mini games to make people feel relaxed. Soon the conference hall was full of laughter and people were feeling more confident about sharing their stories.

First was Angela. She was open and honest about how a family member's addiction had impacted on her life and the rest of the family, and how the support she had received had helped her get through the hardest times.

Then came one of the Derby Recovery Service peers. Maria had battled with alcoholism for 11 years and had been sober for two years. She spoke about how becoming a peer had strengthened her recovery and her relationship with her children, and how the community had helped her to find somewhere she belonged.

The life stories came one after the other. Kate talked about her journey from teaching at schools around the world to ending up with an alcohol problem, and how joining an art group had given her confidence and made her feel useful again.

Claire, performing at the conference as part of Recovery Rocks, talked about how music had helped her move forward from addiction. She learned to play the guitar because of the support and encouragement given to her by peers within the recovery community.

The final story was from Paul, who explained how 12-step mutual aid has helped him to move forward. Each story moved the audience, some making them laugh, some making them cry, but each one celebrating the fact that discovering recovery meant discovering life.

Each story moved the audience... each one celebrating the fact that discovering recovery meant discovering life.

Four workshops also formed an important part of the event and focused on the different elements of recovery, from building and maintaining a recovery community to ways of encouraging participation and creativity. An exhibition displayed different recovery options open to people living in the area.

A variety of different performances closed the day, including local poet Jamie Thrasivoulou, who is in recovery himself and used his gritty poetry to strike a chord with guests.

This was followed by Hazel, performing a song that she had written herself before taking up her position as sound engineer for Recovery Rocks – the group that we run at Aquarius every Tuesday night with the idea of using music to strengthen recovery.

This was the moment – as they performed in public for the first time ever – that I felt really proud of what we had achieved at the conference. It was the perfect ending to an amazing day. Throughout the day we had laughter, tears, shared experiences and fun.

I had spent the whole of the day saying I was not going to do another one, but about an hour before the end I leaned over to two of my colleagues and whispered, 'I have a great idea for next year!'

Jamie Gratton is recovery network coordinator at Aquarius

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