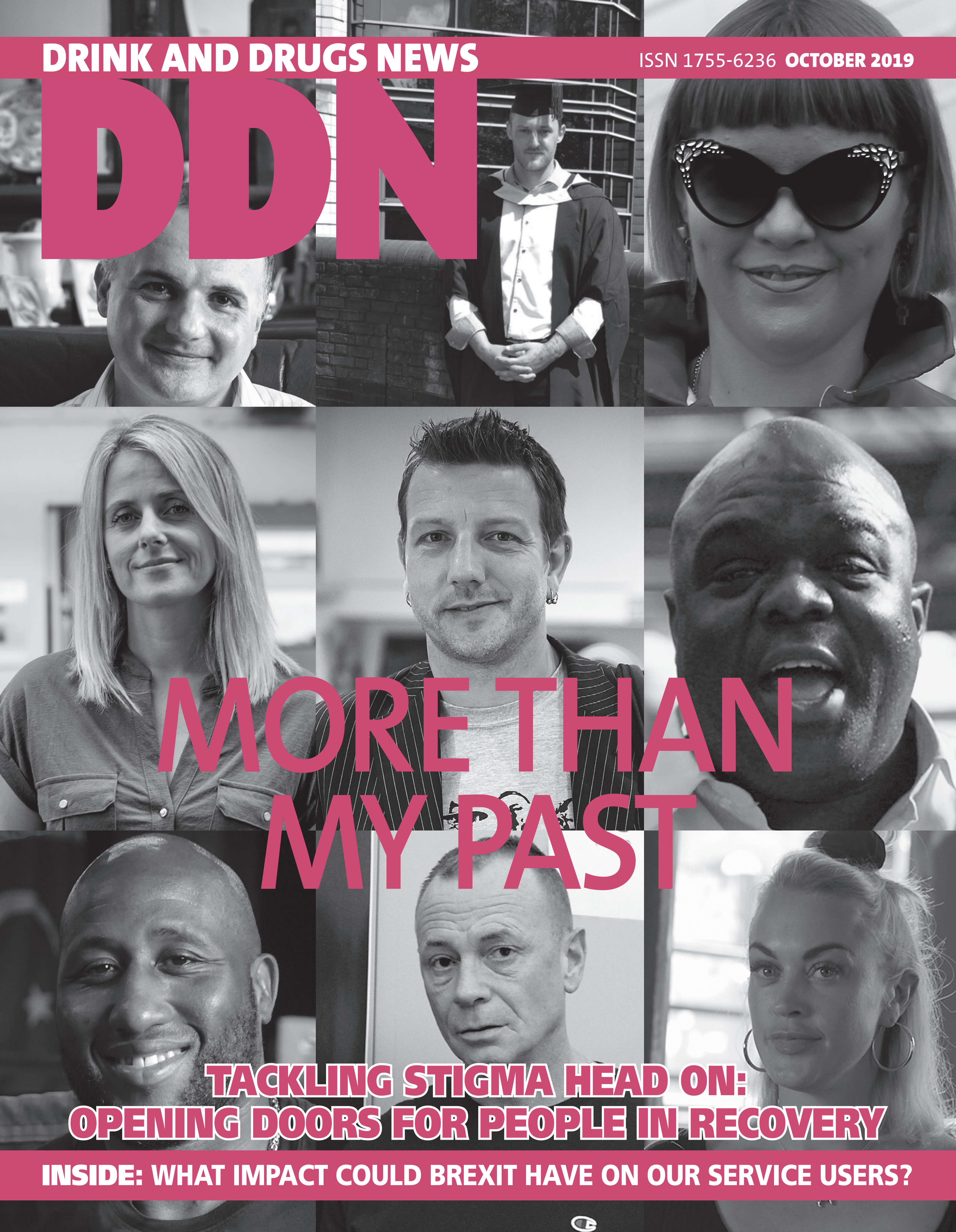

DRINK AND DRUGS NEWS
ISSN 1755-6236 OCTOBER 2019
DDN
MORE THAN MY PAST
TACKLING STIGMA HEAD ON: OPENING DOORS FOR PEOPLE IN RECOVERY
INSIDE: WHAT IMPACT COULD BREXIT HAVE ON OUR SERVICE USERS?

Insurance Brokers

For all your
SPECIALIST INSURANCE
requirements

Ask us for a quote

0115 981 0284 • www.ifmselect.co.uk

IFM Insurance Brokers (Midlands) Ltd trading as IFM Select are authorised and regulated by the Financial Conduct Authority.

MAKE ALCOHOL A PRIORITY IN YOUR AREA

DrinkCoach is a cost-effective way to screen residents and deliver online advice and interventions.

- Invest-to-save
- Evidenced-based
- Fully digital pathway
- Complements local services

More than 220,000 screened so far*

Visit www.drinkcoach.org.uk for more information

Test - App - Online Coaching

*228,282 screened since inception to end April 2019.
DrinkCoach is delivered by Humankind | Reg charity: 515755 | Ltd company: 1820492
Reg office: Sapphire House, Aycliffe Business Park, Horndale Ave, Newton Aycliffe, DL5 6DS
humankindcharity.org.uk

humankind®

DDN

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

CONTENTS

ON THE COVER
Tackling stigma head on, p6

4 NEWS
Two in five homeless deaths drug-related; millions prescribed addictive drugs.

6 MORE THAN MY PAST
Forward Trust's new campaign is tackling stigma head on, says Asi Panditharatna.

8 WE NEED TO TALK ABOUT BREXIT
Political turmoil is dangerous for drug users, says Nick Goldstein.

10 THE POWER OF NALOXONE
Emily Hill looks back on Harbour Housing's life-saving decision

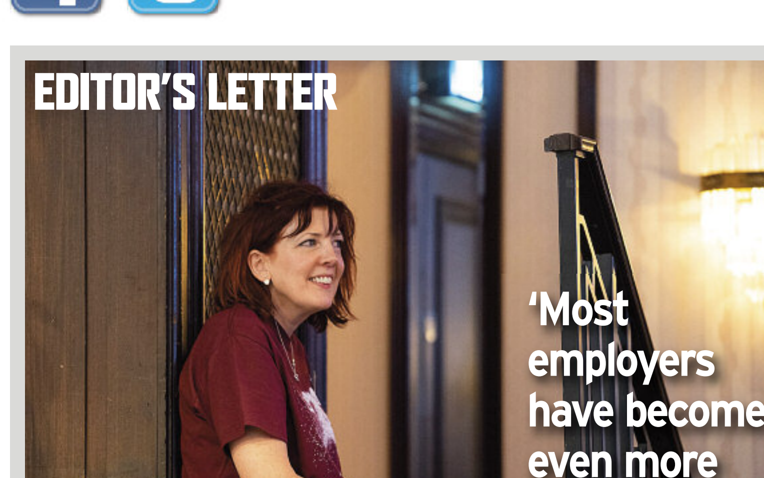
11 UP CLOSE AND INTERPERSONAL
Group therapy has huge potential to help recovery, as Dr Tim Leighton explains.

12 JUST THE JOB
Hélène Begg looks at how Brighton's Pavilions service is rethinking its approach to employment support.

14 LETTERS & COMMENT
Prescribing problems; political expediency.

16 JOURNEYS OF RECOVERY
Humankind's staff take us with them on their cycling adventure.

EDITOR'S LETTER



'Most employers have become even more risk averse'

pic: nigelbrunsdon.com

For a long time now we've been involved in initiatives to help remove barriers for those seeking to get back into work (page 6 and page 12). Remember the UKDPC's work on tackling stigma and getting people who have used drugs back into employment? Remember the old heated debates in *DDN* about the 'two-year rule' used by some employers to demand 'clean' time before people could be considered for a job? Several years ago we were involved in a recovery conference, where we invited senior staff from large organisations to outline their policies for supporting people with criminal records to begin a career with them.

But have we moved on at all? The prison door revolves as much as ever and with the exception of a few shining examples in the Timpson mould, most employers have become even more risk averse, refusing to look at the opportunities for them in unleashing the talent and skills of people who would offer so much valuable experience in return for a foothold. Let's hope that Forward Trust's campaign continues to gain traction as the voices of its participants get louder. It's much needed, that's for sure.

Unfortunately, the political situation gives little confidence to anyone – least of all those who have cause to worry that their health may be further compromised and their stability challenged in the days ahead. Nick Goldstein turns over a worrying scenario on page 8. Can we hope to be any the wiser in a few weeks? It's anyone's guess. Let us know how you are weathering the uncertainty.

Claire Brown, editor
Keep in touch at www.drinkanddrugsnews.com and @DDNmagazine

CJ Wellings

DDN is published by CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT
t: 0845 299 3429

Editor: Claire Brown
e: claire@cjwellings.com

Advertising manager: Ian Ralph
e: ian@cjwellings.com

Reporter: David Gilliver
e: david@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

website:
www.drinkanddrugsnews.com

Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover montage by JellyPics

CJ Wellings Ltd does not accept responsibility for the accuracy of statements made by contributors or advertisers.

The contents of this magazine are the copyright of CJ Wellings Ltd, but do not necessarily represent its views, or those of its partner organisations.

DDN is an independent publication, entirely funded by advertising. Proud to work in partnership with:

NEWS

TWO IN FIVE HOMELESS DEATHS NOW DRUG-RELATED

THERE WERE AN ESTIMATED 726 DEATHS of homeless people in England and Wales registered during 2018, according to the latest figures from the Office for National Statistics (ONS) – a 22 per cent increase on the previous year. Two in five of the deaths were related to drug poisoning, representing a 55 per cent increase since 2017.

The ONS statistics include people either sleeping rough or using emergency accommodation such as homeless shelters or hostels. Almost 90 per cent of the total deaths were among men, with the mean age just 45 for males and 43 for females, compared to 76 and 81 in the general population. Suicide and alcohol-specific causes both also accounted for 12 per cent each of the estimated deaths.

A fifth of the overall deaths occurred in London, with a further 14 per cent in the North West. Among the drug-related deaths, opiates were the most frequently mentioned substances, with alcohol also mentioned on the death certificate in many cases.

'The deaths of 726 homeless people in England and Wales recorded in 2018 represent an increase of over a fifth on the previous year. That's the largest rise since these figures began in 2013,' said head of health analysis and life events at ONS, Ben Humberstone. 'A key driver of the change is the number of deaths related to drug poisoning, which are up by 55 per cent since 2017 compared to 16 per cent for the population as a whole. The ONS estimates are designed to help inform the work of everyone seeking to protect this highly vulnerable section of our community.'

Crisis chief executive Jon Sparkes said it was 'heartbreaking that hundreds of people were forced to spend the last days of their lives without the dignity of a secure home. Behind these statistics are human beings, who like all of us had talents and ambitions. They shouldn't be dying unnoticed and unaccounted for. It's crucial that governments urgently expand the safeguarding system used to investigate the deaths of vulnerable adults to include everyone who has died while street homeless, so we can help prevent more people from dying needlessly.'

> 'It's crucial that governments urgently expand the safeguarding system used to investigate the deaths of vulnerable adults to include everyone who has died while street homeless.'
>
> JON SPARKES

'Years of funding cuts have devastated crucial services supporting people who are homeless,' added CEO of St Mungo's, Howard Sinclair. 'The human cost is a national tragedy.'

PHARMACY FINDINGS

THE LONDON JOINT WORKING GROUP on Substance Use and Hepatitis C (LJWG) has published the results of the second phase of its pharmacy testing pilot project following its launch last year (*DDN*, June 2018, page 5). Of more than 300 clients offered HCV testing almost 60 per cent accepted, of whom 38 per cent tested positive. Almost 80 per cent said they would prefer to be treated at their pharmacy if it was an option. 'This pilot clearly demonstrates that offering hepatitis C testing in community pharmacies can reach a vulnerable group of people who are at high risk of infection,' said project lead Dr Suman Verma. 'Through this small-scale pilot, many people who were living with the virus unawares have now been diagnosed and some successfully treated. Many more will have had useful harm reduction conversations with their pharmacist about staying safe and avoiding infection in the future.'

> Of more than 300 clients offered HCV testing almost 60 per cent accepted. DR SUMAN VERMA

POLICY IMPACT

ALCOHOL CONSUMPTION IN RUSSIA – particularly of spirits and bootleg products – has dropped by more than 40 per cent since 2003, according to a WHO report. While the 1990s would see one in two men of working age die prematurely because of alcohol, the fall has helped to increase life expectancy to 68 for men and 78 for women, the highest levels ever. 'The experience gathered by the Russian Federation in reducing the burden of disease stemming from alcohol represents a powerful argument that effective alcohol policy is essential to improving the prospects of living long and healthy lives,' says WHO. *Alcohol policy impact case study: the effects of alcohol control measures on mortality and life expectancy in the Russian Federation at http://www.euro.who.int/en/home*

COUNTY CASH

NEW MEASURES to crack down on county lines activity have been announced by the home secretary, Priti Patel. They include an expansion of the National County Lines Coordination Centre, more police teams at key railway hubs, enhanced data analysis of vehicles using automatic number plate recognition and more specialist support for young people and their families. The measures will be backed by £20m of investment, the Home Office states.

DRINK AWARE

THE THEME OF THIS YEAR'S ALCOHOL AWARENESS WEEK, which runs from 11-17 November, is 'Alcohol and Me'. Coordinated by Alcohol Change UK, the week will see the launch of a series of short quizzes to help people consider their relationship with alcohol and whether 'it's time to make a change'. *More information at alcoholchange.org.uk*

CLASS A LEVELS

JUST OVER 20 PER CENT of 16 to 24-year-olds had taken a drug in the previous year, compared to 18 per cent in 2015-16, according to the latest Home Office statistics. Just under 9 per cent had taken a class A drug, however, the highest estimate since 2002-03 and 'mainly driven by an increase in powder cocaine and ecstasy use'. Around 3.7 per cent of adults overall had taken a class A drug in the previous year, says *Drugs misuse: findings from the 2018/19 crime survey for England and Wales*, and 'while there is some fluctuation from year-to-year, there has been a general upward trend in class A drug use since the 1996 survey'. *Document at www.gov.uk*

MILLIONS BEING PRESCRIBED POTENTIALLY ADDICTIVE DRUGS

MILLIONS OF PEOPLE IN ENGLAND are being prescribed potentially addictive medications, according to the findings of a major review by Public Health England (PHE).

Announced last year (*DDN*, February 2018, page 4), the review looks at dependence and withdrawal issues associated with five commonly prescribed classes of medication – opioid pain medicine, benzodiazepines, 'z' drugs such as zopiclone, antidepressants and gabapentinoids. It found that one in four adults – 11.5m people – had been prescribed at least one of these in the year to March 2018, with half of those on a prescription having been continuously prescribed the drugs for at least a year and up to 32 per cent for at least three years. Benzodiazepines are not recommended for use lasting more than a month, while opioids for chronic non-cancer pain are known to be ineffective when used over the long term.

Prescriptions for antidepressants and gabapentinoids are on the rise, but those for opioids, benzodiazepines and z drugs are all falling, the review found. There were, however, wide variations in prescribing rates across clinical commissioning groups (CCGs), with both prescribing levels and length of prescriptions for opioids and gabapentinoids higher in some of the country's most deprived areas.

'People who have been on these drugs for longer time periods should not stop taking their medication suddenly,' PHE stresses. 'If they are concerned they should seek the support of their GP.' However, people who had experienced problems with the drugs reported feeling 'uninformed' when they started taking them and 'unsupported' after getting into difficulties. 'Patients experienced barriers to accessing and engaging in treatment services,' the report says. 'They felt there was a lack of information on the risks of medication and that doctors did not acknowledge or recognise withdrawal symptoms.'

Among the document's recommendations are the development of new clinical guidelines on the safe management of dependence and withdrawal problems, and improved information for patients about the benefits and risks of the medications. It also wants to see better training for clinicians to make sure their prescribing adheres to best practice, and the establishment of a national helpline for patients.

'More needs to be done to educate and support patients.'
ROSANNA O'CONNOR

'We know that GPs in some of the more deprived areas are under great pressure but, as this review highlights, more needs to be done to educate and support patients, as well as looking closely at prescribing practice, and what alternative treatments are available locally,' said PHE's director of alcohol, drugs, tobacco and justice, Rosanna O'Connor. 'While the scale and nature of opioid prescribing does not reflect the so-called crisis in North America, the NHS needs to take action now to protect patients.'

Prescribed medicines review: report at www.gov.uk

SMOKELESS FUELLED

Adult smoking rates in England fell by 2.2 per cent in the first six months of the year, according to University College London's smoking toolkit study – the equivalent of 200 fewer smokers every hour. 'We're really excited about this data showing such a huge drop in the number of smokers so far in 2019,' said study lead professor Jamie Brown. 'We're at an all-time low for the number of smokers, but we want to see more people quitting.'

www.ucl.ac.uk/health-psychology/research/Smoking_Toolkit_Study

'We're at an all-time low for the number of smokers...'
PROFESSOR JAMIE BROWN

DRINKING DAYS

THE PERCENTAGE OF MEN IN SCOTLAND drinking more than four units on their heaviest drinking day has fallen from 45 per cent to 36 per cent since 2003, according to the latest figures, while the percentage of women drinking more than three units fell from 37 to 28 per cent over the same period. The proportion of adults who now smoke is 19 per cent, down from 28 per cent in 2003.

Scottish health survey 2018 at https://www.gov.scot/

SOCIAL SALES

A QUARTER OF YOUNG PEOPLE have seen illegal drugs advertised for sale on social media, according to a report from Volteface. Cannabis, cocaine and MDMA were the substances most frequently advertised, says *DM for details: selling drugs in the age of social media*, with distribution activity most prevalent on Snapchat, Instagram and Facebook. 'Social media is providing drug dealers with easy-to-use and familiar platforms that they can use to find and build trust with customers, advertise their business, and disguise their activities,' the document states. 'The emergence of drug markets on social media is not simply a transfer of harmful activity from the offline world onto the online world. It is a new problem which presents new threats.'

Report at volteface.me

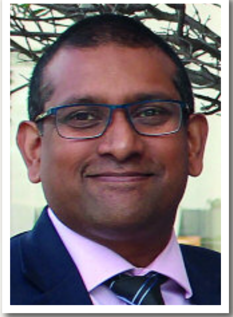
HALF MEASURES

THE INTRODUCTION OF MINIMUM UNIT PRICING (MUP) in Scotland appears to have cut the amount purchased per person by around 1.2 units a week, according to a paper published in the *BMJ*, the equivalent of half a pint of beer. Reductions in consumption 'only occurred in the households that bought the most alcohol', says *Immediate impact of minimum unit pricing on alcohol purchases in Scotland*. Meanwhile, the first study into the impact of alcohol minimum pricing on homeless drinkers has been launched by Glasgow Caledonian University. 'You might think MUP would affect homeless people and street drinkers the most, given they represent the poorest groups in society and tend to consume cheap alcohol,' said co-lead Prof Lawrie Elliott. 'However, we don't know this, nor do we know about any unintended consequences of the legislation – for example switching to illicit alcohol or drugs.' *Report at www.bmj.com/content/366/bmj.l5274*

GET TESTED

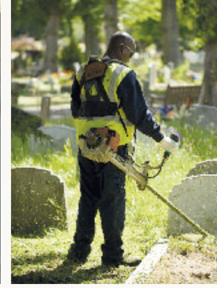
UP TO TWO THIRDS of the estimated 143,000 people in the UK living with a chronic hepatitis C infection may be unaware they have it, according to the latest figures from PHE. The agency is renewing its call for anyone who believes they have been at risk of contracting the virus – particularly if they have ever injected drugs – to get tested. 'Given that new treatments provide a cure in around 95 per cent of those who take them, there has never been a better time,' said PHE senior scientist Dr Helen Harris.

Hepatitis C in the UK at www.gov.uk



A new campaign is tackling stigma head on, says **Asi Panditharatna**

'We believe everyone has the ability to turn their life around, if given the chance.'



More than my

More Than My Past is a national campaign, launched by The Forward Trust, to challenge the stigma that prevents people with difficult pasts reaching their full potential. It shows that ex-offenders and people in recovery from addiction not only want to change and succeed – they can and do.

The campaign website and social media share stories of people from all walks of life who have successfully confronted their problems and moved on to prosper in their personal and professional lives. Through sharing personal accounts of overcoming addiction and offending, they are calling on the government, employers and general public to share a belief in people's capacity for recovery and rehabilitation. They want us to celebrate their stories of achievement over adversity while taking action to support this agenda.

Forward are also supported in the campaign by a number of employers who believe in giving people another chance as a potential new pool of talent in these challenging times.

A HIDDEN WORKFORCE

The campaign aims to demonstrate to employers that individuals who have successfully recovered from addiction or who are rehabilitated ex-offenders are a worthy investment, if given the opportunity to prove themselves. Among the key facts it has highlighted:

- *Ex-offenders and people in recovery are the two groups that organisations are least likely to employ; one in four people in recovery have been turned down for jobs three times or more when disclosing their past (Bridging the gaps, The Forward Trust, 2017).*
- *Seventy-five per cent of prisoners have no job on release even though having a job is the single biggest factor in reducing re-offending; 15 per cent of prisoners have never worked legally, and 47 per cent of prisoners have no qualifications.*
- *Those in recovery from addiction who are employed are 22 per cent more likely to be abstinent than those who are not, and having a job more than doubles the length of abstinence.*

Meanwhile, with Brexit looming, evidence shows that employers may need to seek out new pools of talent to be able to meet their requirements. According to the Chartered Institute of Personnel and Development (CIPD), 70 per cent of employers with vacancies said that at least some of those were proving hard to fill in autumn 2018, compared to 51 per cent in spring 2017.

Some employers are already embracing the opportunity to work with this group of people, and know how rewarding it can be for both the business and the individuals. Catering company and food retailer Cook, leading retail service provider Timpson and transport social enterprise HCT Group are among those backing this new campaign.

'HCT Group believes that someone's history shouldn't define them,' said Dai Powell, HCT Group's chief executive. 'We're proud to support the More Than My Past campaign as we believe in the potential of people whose past may not have been perfect. So many individuals still face too many barriers to employment due to a criminal past. But if they are given a chance they can – and do – turn their lives around to become valuable members of society.'

Asi Panditharatna is divisional director of employment services

> 'Some employers are already embracing the opportunity to work with this group of people and know how rewarding it can be...'

*See the transformational change that ex-offenders and people in recovery can achieve at **www.morethanmypast.org.uk** and by joining the conversation on social media:*

MTMPStories *@morethanmypast* ***morethanmypast_stories***

More on stigma at:
www.drinkanddrugsnews.com

past

SHARE OUR BELIEF!

'Forward has been supporting people with criminal backgrounds or drug and alcohol problems to turn their lives around for over 25 years,' says Forward Trust CEO Mike Trace. We know that if we show a belief in their ability to make a positive change, and give them the opportunity to prove themselves, they can do amazing things.

We back up this belief by aiming to have a high proportion of all our staff, apprentices and volunteers with 'lived experience' – either a history of drug/alcohol problems, or of offending. Currently, a third of our 400 salaried staff, all of our 20 apprentices, and 80 per cent of our 150 volunteers, report that they are in one of these categories.

We want the general public and employers to share our belief in this untapped potential and do something to support people to be more than their past.

Andy, one of the many inspiring participants of the campaign, tells his story

'THINGS ARE SO DIFFERENT NOW...'

It started how it does for so many: I was a social drinker. Like a lot of people, I started drinking in my mid to late teens, but it started to escalate in my early twenties. Then I started to get into drugs as well and things just spiralled out of control from there. I lost relationships and jobs because of my drinking and using. Soon I felt like I'd given up and my addiction became even more entrenched. I started committing crime and was in and out of court all the time.

I first went to rehab in 2003. I stayed completely sober for three months, but deep down I didn't think I had a problem with drink. When I moved into my own place, I struggled to pay my bills and I soon turned back to drink, which led back to drugs. Although I was in a better place, doing my best to look after myself for the next few years, I couldn't let go of drugs and alcohol altogether. In 2015, I moved from Sheffield down to my mum's house in Surrey, where I was still drinking and using. She tried to help but I still wasn't ready to change.

The grief of my dad dying in October that year made my addiction worse. I just couldn't put drugs and alcohol down and things were getting steadily worse. Then I had one of those life-changing conversations with a friend and something inside me clicked – I knew I needed to get sober. That was in February 2016, and I haven't touched a drug or a drink since.

Around the same time, I was introduced to Transform Housing and Support, who supported me into one of their dry houses (supported accommodation where residents must remain free from drugs and alcohol). With the support of a friend I made in the Transform house, I learned to cook and look after myself.

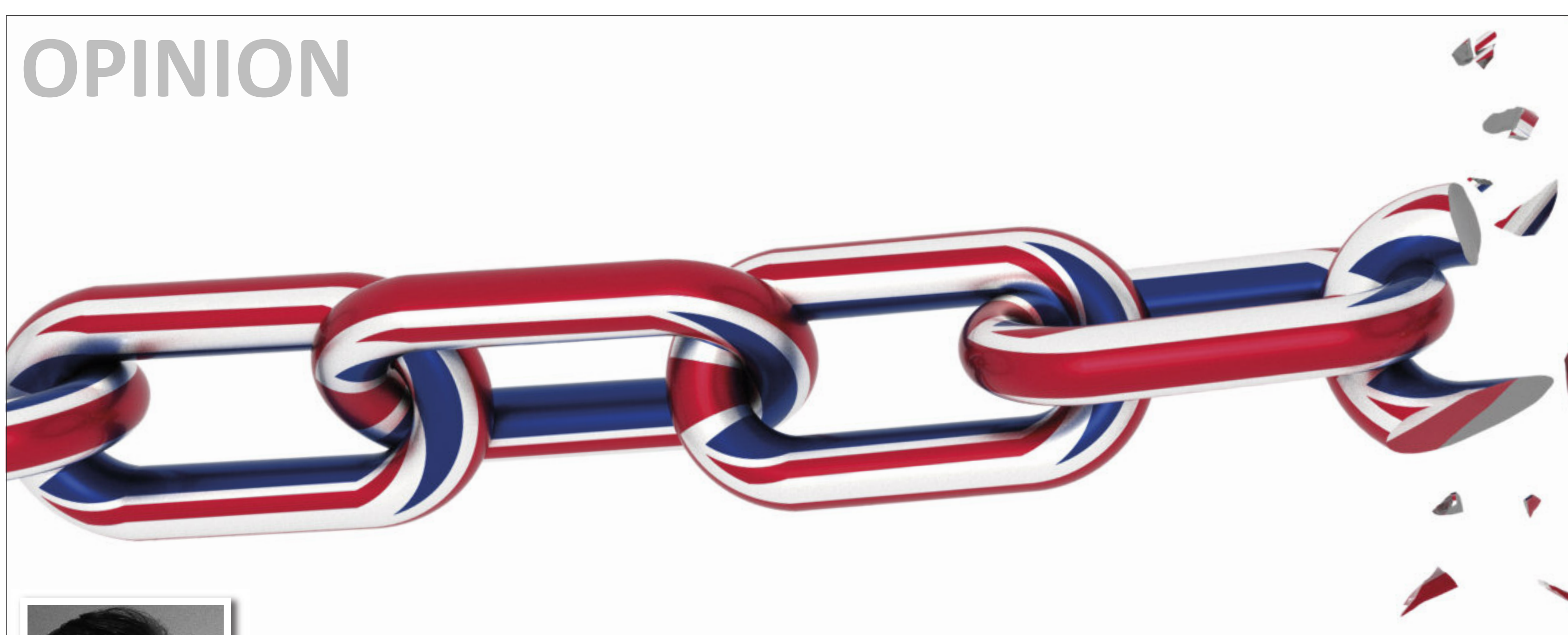
A month after I got sober, I started volunteering and attending fellowship meetings. I've found this has been so helpful to my recovery – giving me a structure and a purpose to my life. Since I found recovery, I've got back into things I used to like but hadn't really had the time for – like fishing and cycling. I loved fishing as a child but in active addiction, it just fell away. Now I go whenever I can – either with a friend or by myself – it's a really great way to have some quality thinking time.

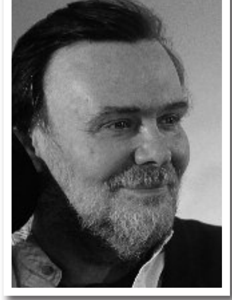
In 2017, a friend introduced me to The Forward Trust. They supported me to start a level 2 qualification in peer mentoring and also 'meet and greet' training. I now do meet and greets for them – meeting a Forward prison client at the gate on the day of their release and supporting them with things like appointments and getting to rehab or supported accommodation.

I also volunteer in a charity shop and cheered on Forward fundraisers at the London to Brighton bike ride. It was such a great day and I felt really proud to be involved in the charity – plus I love cycling!

It took me a long time to get where I am today, but I've worked hard and things are so different now. I cycle every day, even when it's raining cats and dogs! Once I'm on the bike, it's like a form of meditation for me and really helps me to switch off. I'm giving back to a great organisation, learning new skills and I'm hoping to apply to do Forward's apprenticeship scheme soon.

My mum is so proud of me and how far I've come, and I'm proud of me too. I'm living proof that people can change their circumstances.





The implications of this political turmoil are dangerous for service users says **Nick Goldstein**

We need to talk about

Ha! Brexit!! I can imagine eyes rolling out there, but bear with me – I promise to avoid commenting on Brexit itself or the ideology and tribal politics that propel it.

This article will just be a gentle ramble through some of the plausible short- and long-term implications of Brexit on substance misuse.

I'm afraid there will much supposition, conjecture and flat-out guess work because when it comes to Brexit there are very few definites and a mountain of intangibles. This is certainly the cause of much political uncertainty, but the coup de grace is an uninterested silence from the state, political parties, NGOs, charities and, more forgivably, from drug users themselves. More on this silence and its meaning later.

There are significant implications for substance misuse and substance misuse treatment that come from the wide variety of Brexits still possible. These range from our potentially leaving Europol with its knock-on effect on policing influencing how much and even what drugs are available, to our potentially leaving the EMCDDA – an agency that provides key data used by policy makers, which would obviously have a knock-on effect on any future politico-legal change.

Of rather more concern would be the loss of the European Convention on Human Rights and access to the European Court of Human Rights in Strasbourg. These rights (ironically put together mainly by David Maxwell Fyfe at Churchill's behest and based on English law) are limited but offer invaluable protection to many vulnerable groups – including drug users.

One example of their worth is that they were used successfully as the legal basis of a case brought by prisoners to ensure maintenance treatment in the prison estate. I can't prove it, but I have a feeling that it was fear of Strasbourg that curtailed many of the coalition government's more extreme plans for substance misuse treatment, including time-limiting it – something that might become of interest to some in government again after Brexit.

In the longer term it would take a brave human to bet against the economic and social cost of a Brexit which could be a negative influence for 50 years, increasing both numbers of drug users and those seeking treatment.

A treatment system that has struggled with the removal of ring-fenced budgets and is now funded as part of public health through local authorities can only suffer as the economy struggles and business rates fall. So, there will potentially be more service users and less money for services – a turbo charging of the double whammy that has hit treatment services since 2010 and has resulted in an orgy of 'salami slicing'.

A further worry is that there isn't much salami left to slice, and a brave new, post-Brexit world could provide the impetus for a significant change in the structure of treatment. And while change is subjective, it would take a very brave man to see Brexit as an opportunity for positive change.

Most of these outcomes lie in the future, but drug shortages and supply chain problems are of more immediate concern. Considering the complex supply system of modern drug production, it's distinctly possible that there will be temporary problems with the availability of some drugs. Of even more concern is the government's response to this possibility, which amounts to quietly passing the power to pharmacists to alter both the amount of drug and even the drug itself, via an amendment to the Human Medicines Regulations.

Granted, ministers have to specifically give pharmacists this power on a drug by drug basis, despite a lack of medical training or a full assessment of the patient's needs. Absolutely nothing in my experience suggests the unique maintenance prescribing that predominates substance misuse treatment would receive any consideration. The amendment, which takes power away from doctors and gives it

> 'Brexit has made it clear that the state's primary aim is to protect wider society from substance misusers not help substance misusers themselves.'

Join the debate, have your say:
www.drinkanddrugsnews.com

Image: summerphotos/iStock

to pharmacists, is a worrying sign of the government's approach and values.

Obviously much of the above is guess work. Brexit and its impact is highly fluid with many variables and possibilities, but its impact on substance misuse is particularly hard to evaluate because an aura of silence exists around the subject and now, at the eleventh hour, we're surrounded by what Dick Cheney would refer to as 'known unknowns' and 'unknown unknowns'. Or to put it another way, we know sod all about the short- or long-term impact of any form of Brexit on substance misuse due to the state's lack of interest or inability to research the area. After years of cuts, services are reactive and lack the ability to enact a proactive approach.

Uncertainty clouds most areas of life post-Brexit, but attempts have been made to assess risk, from Operation Yellowhammer to specific sector analysis. As an example, there are several pieces of research on Brexit's impact on the fishing industry. Research has been done, maps have been drawn – some thought has been put into fishing post-Brexit and there are 10,000 fulltime fishermen in the UK. So the fact that so little has been done to evaluate the possible impacts of Brexit on substance misuse and substance misuse treatment – fields that have a direct impact on around 270,000 people in treatment and a damn sight more out of treatment – a little larger cohort than the fishing industry, not to mention a more vulnerable cohort, is sad if not surprising.

It's hard to see much positive in Brexit for substance misusers. The good people at The King's Fund have done some actual research on the impact of Brexit on general public health and social care, and although substance misuse is a unique field there are enough commonalities to make their findings disturbing. Most likely, Brexit will lead to poorer services and more suffering, but one positive outcome is that it's highlighted the indifference of the state to the whole subject.

Brexit has made it clear that the state's primary aim is to protect wider society from substance misusers, not help substance misusers themselves. Accepting we're an afterthought in policy makers minds is a valuable realisation, and the gaping hole where the state's Brexit preparation should be is a timely reminder of our role in their scheme of things.

Nick Goldstein is a service user

In an open letter to MPs, The King's Fund, the Health Foundation and Nuffield Trust summarised the four major areas where the impact of a no-deal Brexit could be felt most sharply in health and care.

1. A RISK OF INTENSIFYING THE STAFFING CRISIS

The NHS has serious workforce shortages, with nearly 100,000 vacancies in English NHS trusts and a further 110,000 in social care. With 116,000 EU nationals working in health care and 104,000 in social care, even a small trend towards European migrants leaving the United Kingdom due to a fall in the pound or uncertainty around being granted settled status will worsen this situation.

2. SHORTAGES AND PRICE RISES FOR VITAL SUPPLIES

Despite plans for stockpiling and creating new supply routes, the large amount of new paperwork and regulatory hurdles that a no deal Brexit would create for imports is likely to increase shortages of medicines and medical devices. Although it is difficult to judge the magnitude of the problem, the leaked Operation Yellowhammer document emphasised the vulnerability of supply chains in the sector. We can be certain that these additional burdens will mean companies face higher costs to get their products into the UK – costs that will ultimately be passed on to the NHS.

3. THE NEED TO CARE FOR RETURNING EMIGRANTS

A no deal Brexit will mean UK emigrants to the European Union do not have guaranteed rights, and they may have to return to the United Kingdom to live and receive treatment if they become ill. Around 200,000 people using the special EU scheme that guarantees health care rights to retirees abroad would face losing that protection. It is unclear how many of the roughly 800,000 other UK nationals in Europe might also be unable to access or afford care. While we would have a duty to help these individuals, it would add considerably to the already high demand pressures on the NHS and social care.

4. FUNDING SHORTFALLS AT A TIME WHEN HEALTH AND CARE NEED IT MOST

Although an extra £20.5bn has been pledged to the day-to-day budget of the NHS in England, this does not cover other areas of spending such as investment in buildings, equipment and staff training budgets, which have been reduced in recent years. Creating real improvements for patients will also require repairs and upgrades to buildings and equipment, increased public health funding, and a stable social care system. In particular, analysis by the Health Foundation estimates that £1.0bn extra in 2020-21 and £2.1bn in 2021-22 are needed just to stabilise the adult social care system. Yet the Office for Budget Responsibility's assessment is that the United Kingdom's public finances would be around £30bn worse off each year in a no deal scenario of medium disruptiveness. This sum is more than the total spent on adult social care plus investment in NHS buildings and equipment across the whole of the United Kingdom in 2017-18.

Health and care services are already struggling to meet rising demand for services and maintain standards of care, not least in advance of an expected difficult winter. The potential consequences of a no deal Brexit could significantly impede services' ability to meet the needs of the individual patients and service users who rely on them.

The impact of a no deal Brexit on health and care: an open letter to MPs at www.kingsfund.org.uk

As soon as Harbour Housing introduced naloxone a life was saved. A decade on they are looking back on one of their best decisions, as **Emily Hill** explains

The power of naloxone

HOMELESS CHARITY HARBOUR HOUSING is celebrating a decade of its naloxone scheme, which is proving effective in saving lives from opioid overdoses. Naloxone is a competitive antagonist which, simply put, means that it is a drug that can temporarily reverse the effects of an overdose through knocking the opioids off the receptors.

It has been described by staff at Harbour as a 'miracle drug' as it can bring people back from the brink of death, and has been used to successfully prevent 46 cases of overdose at Harbour since it was introduced in 2009.

The drug is administered via syringe directly into the muscle and is incredibly fast acting, in most cases reviving the patient in minutes.

Jade Barron, a tenancy sustainment officer at Harbour, has intervened in several overdose situations. 'It's incredible how quickly the naloxone takes effect. People can be revived immediately and the great thing about it is that there are no negative side effects so it's completely safe to use,' she said. 'Sometimes it acts as a wake-up call. I've had a resident be brought back with naloxone and the next week decide to fully commit to recovery.'

And with each naloxone kit costing as little as £30 it is clear that easier access to this life-saving drug could help to save thousands of lives, as well as taxpayers' money.

Harbour was approached by Marion Barton, social inclusion lead for the Cornwall and Isles of Scilly Drug and Alcohol Action Team (DAAT), in 2009 and asked to pilot the scheme. At the time Harbour was tolerant to alcohol use on site but not the use of drugs, and despite this had sadly lost residents to overdose.

It was for this reason, says Chris Abbott, Harbour's head of housing, that management decided to go ahead with the project. 'We wanted to make things safer for our residents, and naloxone seemed like an excellent way to do this,' he said.

'Just after we had initiated the project we had another overdose incident and this time we were able to save their life with the naloxone. We knew then that we would do whatever we could to go ahead with this project and ensure that naloxone was available to whoever needed it.'

'Sometimes it acts as a wake-up call. I've had a resident be brought back with naloxone and the next week decide to fully commit to recovery.'
JADE BARRON

Naloxone was more heavily regulated back in 2009 and could only be prescribed directly to a drug user, which was not an effective way to ensure their safety as they would be unable to use it on themselves in an overdose situation. Harbour has been instrumental in developing national naloxone policy, helping to influence the change in 2015 that allowed the drug to be prescribed to a responsible person and kept in communal areas of supported accommodation facilities.

Over the last ten years naloxone has become an integral part of Harbour's harm reduction procedure, with kits easily available across all of its properties in boxes attached directly to the walls, as well as in first-aid kits and kept in vehicles.

After the development of the naloxone scheme, Harbour was assisted by drug and housing policy expert Kevin Flemen to adjust its own policy to become tolerant to use of drugs within the law. Through having this high tolerance to both drug and alcohol use, Harbour has been able to accept referrals from those who would otherwise have nowhere else to go.

People struggling with addiction need the right support to be able to manage their substance use, and Harbour says that their tolerant 'eyes wide open' approach allows for honesty and trust between staff and residents, which has a really positive impact on recovery.

Drug use is much more dangerous when it is kept hidden, and recent figures from the Office of National Statistics revealed that drug-related deaths reached an all-time high of 4,359 across England and Wales last year (DDN, September, page 4).

Naloxone distribution has become much more widespread in recent years, and thanks to the hard work of the DAAT it is now available in all supported accommodations across Cornwall. All staff, residents and volunteers at Harbour are trained in the administration of naloxone, and in recent years Harbour has also trained members of staff from other supported accommodations.

We hope that the increase in availability of this life-saving drug will reduce the harm to people struggling with addiction and stop the rise of preventable deaths.

Emily Hill is tenancy sustainment officer: communications and research at Harbour Housing

Interpersonal group therapy has huge potential to help people in their recovery. However, ongoing supervised practice and support are critical in training effective facilitators, says **Dr Tim Leighton**

Up close and interpersonal

ANYONE GOING TO A RESIDENTIAL OR DAY REHAB will almost certainly be asked to participate in some form of group therapy, and there is also a place for this kind of therapy at other stages of change. Participating in group therapy can be scary but it can also be exhilarating and life changing. However, it's vital that the staff who run the therapy know what they are doing, and have the skills to help each member get what they need from the group to build and strengthen their resources for change.

Yet there is very little training available in group therapy in this country, particularly when it comes to models suitable for people with addiction problems. At Action on Addiction we have offered introductory training in interpersonal group therapy for many years, both as part of our University of Bath degree course and as standalone CPD, and while many people have found this training invaluable, it is only introductory. To master a therapy, particularly a complex group therapy model, it takes more than a week's basic grounding, no matter how well practitioners understand the model and its application, and no matter how enthusiastic they feel about what they have learned. What is needed is ongoing supervised practice, training and support.

Many of us who work in this field are expected to practise models of counselling and therapy with fairly minimal training in the specialist interventions, and while we may have generic counselling qualifications which form a vital foundation for the work, most of this training does not include group therapy facilitation. Our cash-strapped field seems not to be able to afford to train our practitioners to the level and for the duration required to produce really skilled, confident and qualified therapists. There is a huge amount of talent and vocational energy in the field so there are beacons of good practice in many areas, but we also know that sometimes standards fall short.

> 'There is very little training available in group therapy in this country, particularly when it comes to models suitable for people with addiction problems.'

We feel that practitioners deserve more, and it has long been our ambition to create and develop a proper clinical training for people working therapeutically in the field of addiction. Our new intermediate course in interpersonal group therapy is our first offering – it's designed to be accessible, and it will be very much practice-based. Attendance at the training group each month will focus on collaborative learning and skills building, while the academic knowledge required will be built with guided distance-learning between the sessions.

Why go for interpersonal group therapy? We believe this model has great potential to help those who are on the journey of recovery understand the way they relate to other people and learn to build fulfilling relationships that meet social and emotional needs. In problematic drug use or addiction, relationships are often impaired, and relating to others without the use of drugs can be a challenge. However, trusting relationships with others and participating in a rewarding social network are some of the strongest predictors of durable change. Feelings of belonging, and receiving and giving support to others, have been for many people the cornerstone of a recovery of confidence and self-worth.

The course is designed specifically for those working with people who have alcohol, drug, gambling and related issues. It takes a great deal of skill, understanding, perseverance and confidence to facilitate therapy groups that are safe, trusting and lead to lasting change, and we hope that this course will make a contribution to the more widespread provision of this excellent model.

Dr Tim Leighton is director of professional education and research at Action on Addiction

More information at www.actiononaddiction.org.uk

63% of the British public knows someone who has had an addiction

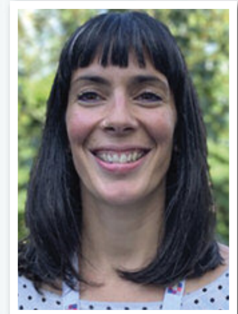
69% think more should be done to support people affected by addiction

70% think more should be done to support their families

Source: www.actiononaddiction.org.uk

Image: Paul Doyle/Alamy

JUST



Getting a job can be one of the key drivers of recovery, but not everyone is ready at the same time. **Hélène Begg** explains how the IPS model has helped Cranstoun's Brighton-based Pavilions service to rethink its approach to employment support

The 2017 drug strategy clearly stated that services should aim to support clients with their employment needs. As we are all painfully aware, however, financial constraints leave us wondering how we can stretch our budgets and our teams to tackle this national issue.

As a result of a budget reduction early on in our Brighton and Hove five-year contract, Cranstoun had to decide whether we could keep a full-time employment, training and education (ETE) coordinator in post. We needed to work hard on retaining a skilled, experienced and happy workforce capable of managing complex caseloads, and reducing the number of recovery workers was definitely not an option.

So here we were in 2017 reducing the full-time ETE post to a part-time role, even though we work with 2,500 people in treatment over the course of a year. It is fair to say that we knew it would be difficult to achieve our ETE service aims in those circumstances. I can only assume that most services in the country have had to make similar decisions over the past few years.

Thankfully, in 2016, Dame Carol Black's report *An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity* was released with some important findings for our sector. Among other suggestions, she recommended that the

T THE JOB

Individual Placement and Support (IPS) model be trialled in substance misuse services. IPS is an evidence-based model that has been successfully used to help those supported by mental health services to access and sustain work.

Based around eight core principles, the model can be used with people at any stage of recovery who are motivated to find work. It puts emphasis on a quick start to job searching and working directly with employers to create opportunities that match individual client preferences, while providing ongoing support to both client and employer to ensure employment is sustained.

Since May 2018, Brighton and Hove has been one of seven areas testing this model as part of a trial managed by Public Health England and funded jointly by the Department for Work and Pensions and Department of Health and Social Care via the cross-government Work and Health Unit. With more than 1,300 people recruited nationally so far, it is already by far the largest trial of IPS ever undertaken in drug and alcohol treatment services. A team of three employment specialists joined our service soon before the trial began and have worked with our teams of clinical and recovery staff in an integrated model for over a year now. So what have we learned?

> 'It takes time and commitment to overcome organisational and cultural barriers and to build the relationships necessary to ensure any new service is able to make an impact.'

It takes time and commitment to overcome organisational and cultural barriers and to build the relationships necessary to ensure any new service is able to make an impact. The trial has prompted partnership-wide discussions about the role of employment in recovery, challenging us all to consider our assumptions about when and how to begin these discussions with our clients. We are now more confident in initiating these conversations and, crucially, we've learned that the person best placed to decide if a client is ready for work is the client themselves.

We've also learned that traditional employment support is not agile enough to respond to the needs of our client group. While there is abundant evidence showing employment is associated with improved treatment outcomes and a range of other personal, social and economic benefits, for some people employment represents a risk of relapse. This requires a joined-up response to ensure the right support is in place to enable people to safely move towards their employment goals. People require intensive specialised support to remain focused and motivated on moving into employment, and the complexity of people's lives can often impact that motivation.

This is an area where the IPS model may need to be adjusted – enabling clients to pause engagement when resilience is low will better meet the specific needs of those using drug and alcohol treatment services. The learning from the trial will be invaluable in helping inform future developments within the IPS model for this client group.

In recent years, much has been done to raise awareness of mental health issues and address the associated stigma. While the Equality Act 2010 enshrines protection from discrimination in law within the workplace for people experiencing mental ill-health, substance misuse is not one of the act's 'protected characteristics' and we've learned that there is a lot of prejudice and ignorance about addiction and recovery in the job market. When working with employers, we've learnt to focus on each individual's strengths and abilities and what they can offer.

Thankfully there are amazing employers in our city who are passionate about their corporate social responsibility and willing to offer our clients employment opportunities. One of them is Jason Baker from digital marketing agency Citrus Ornge Media, who values the fact that the IPS team 'are able to handle all of the more external supportive aspects' leaving him to focus on the training, skills and personal development of the people who come to work for him.

In Brighton and Hove, 21 per cent of IPS clients have gained competitive paid employment in job roles that they have chosen. Our successes are built on partnerships and joint working – from the volunteers and peer mentors who promote the service to our clinicians and recovery workers who provide recovery support, and from partners at Jobcentre Plus who enable us to meet employers and help with benefit issues to our commissioner who has championed IPS and brought their expertise to our steering group. We have learned that success is a team effort.

While it is still early days for this trial, service users have spoken up this year in our Pavilions annual service user survey. In the 2016-17 survey, when we had decided to reduce the full-time ETE post to part-time, respondents were asked to rate Pavilions provision in meeting 'education, training and employment needs' and we scored an average of 7.6 out of ten – an honourable score, but one of the lowest for the service. By contrast, this year ETE provision was amongst the highest rated, with a 9.4 average score. With more than 150 Pavilions service users participating in the trial at the time of writing, it is clear that the IPS trial has had a wider service level impact than first thought.

Our recovery staff are more comfortable discussing employment, are better equipped to discuss benefits and are signposting those eligible for employment support. I can only hope that the trial will be as successful as the results of our survey indicate, and that the government will see fit to invest into supporting substance users to achieve recovery – this time from unemployment.

Hélène Begg is city manager for Pavilions

Individual Placement and Support (IPS) is an evidence-based approach to supported employment, originally developed for people with mental illness. It is based on eight principles:

1. Every person who wants to work is eligible for IPS-supported employment.
2. Employment services are integrated with treatment services.
3. Competitive employment is the goal.
4. Personalised benefits counselling is provided.
5. The job search starts soon after a person expresses interest in working.
6. Employment specialists systematically develop relationships with employers based upon their client's preferences.
7. Job supports are continuous.
8. Client preferences are honoured.

LETTERS AND COMMENT

DDN WELCOMES YOUR LETTERS

Please email the editor, claire@cjwellings.com, or post them to DDN, CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT. Letters may be edited for space or clarity.

COVER STORY

AGENTS OF CHANGE

We urgently need to become activists once more, argues Nick Wilson in his contribution to The Vision Project

'We have been effective at reducing the risks associated with injecting drug use and developing interventions which deliver some of the most cost-effective health interventions of any kind.'

A NEED FOR VISION

I was happy to see a strapline on last month's DDN that promotes the rebirth of harm reduction activism... And then I turn the page and read the 'Post-its from practice'. What has happened to us in terms of truly understanding what harm reduction is?

THORNY ISSUES

I was happy to see a strapline on last month's *DDN* that promotes the rebirth of harm reduction activism, though who knows where the money will come from for that. And then I turn the page and read the 'Post-its from practice'. What has happened to us in terms of truly understanding what harm reduction is? It is not only clean needles and medically assisted therapies, with the possibility of more low threshold services like safe injecting rooms and increased supervised heroin/morphine prescribing.

How many people in recovery (from addiction and mental health issues), especially the ageing cohorts, need modest doses of different mood-altering substance to live reasonable and functional lives? Think codeine, selective serotonin reuptake inhibitors (SSRIs) and so on. Without these meds prescribed responsibly by our GPs, many people would be forced back to the streets again to medicate pain or depressions, which is what many daily street-opiaphiles (and others) were doing in the first place – self medicating.

Steve Brinksman's comment about the thorny issue of de-prescribing is really dangerous for a lot of people who have finally found stability in their lives because a few GPs are willing to prescribe for pain.

What do I mean? 1) It is a publicly accessible comment that can be read by a) people who know little about any of the above but generally are abstinence aficionados and have the power to prescribe or not. b) It is given respect in a magazine read by thousands.

2) In an era when harm reduction services have suffered annihilation by a government that largely doesn't give a damn where drug users or chronic pain patients and the mentally ill live or die – many NHS patients in fact – I think we need to be extremely careful what is published in DDN.

Allowing a respected GP to advocate de-prescribing in DDN is also so mixed-messaging. On the one hand we should be willing to prescribe more to vulnerable addicts/drug users. On the other hand, we should be pushing chronic pain patients off drugs.

While I understand the need to not over-prescribe to pain patients, I think the idea of starting to coerce any of the above patients off of drugs using the increase of drug-related deaths as an excuse is highly questionable.

We do not accidentally kill ourselves because of access to drugs, otherwise tons more of us would have died during the period when increased prescribing was available to both groups of patients. We 'accidentally' kill ourselves because we are homeless, hungry, so lonely and depressed and cannot see a reason to live. Researchers need to be empowered to take a more detailed analysis of what those increased drug-related deaths are really about instead of simply blaming doctors who are trying to reduce people's pain in this very dark time.

On behalf of www.usersvoice.org

SORRY STATE

Evidence-based treatment should always encompass a range of interventions designed to match a range of individual treatment goals (*DDN*, September, page 6). The problems that I have observed have often come about by expert-derived guidelines in the form of the 'Orange Book', together with advice from ACMD whose statutory remit is to advise governments on drug policy based on effectiveness evidence who are ignored by some politicians for perceived political expediency.

Sadly, I remember having this exact debate when the UK 2010 drug strategy was released, with abstinence-based recovery being apparently the only treatment goal allowed. Person-centred care anyone?

I don't suppose I was alone in forecasting the tragic increase in drug-related deaths, some of which could be said to be the direct result of this policy. Whilst I wasn't alone, I was certainly in a very small minority at the service I worked at in 2010.

There needs to be a range of interventions for different goals that individuals will have at different times in their lives – ranging from harm reduction, opiate maintenance, to abstinence-based recovery. They should all be universally available, none should take precedence, they are all equally valuable.

The sad state of affairs is, I feel, illustrated by my observation that the publication of a new UK government drug strategy is greeted by a degree of enthusiasm by managers rushing to read it that sadly doesn't always seem to be matched by the same enthusiasm to read and study Orange Book guidelines, let alone the research referenced in the guidelines. Another beneficial change might be to move responsibility for drug control from the Home Office to Department of Health.

Paul Almond, via DDN website

/DDNMagazine
@DDNMagazine
www.drinkanddrugsnews.com

MOVING ON: Danny Kushlick has announced that he's leaving Transform after 25 years.

'I founded the organisation when I was 32, in 1994, to campaign for an end to global drug prohibition, and to replace it with an effective, just and humane system of regulation and control,' he said on the organisation's blog. 'It's been an extraordinary trip.'

Drug policy reform has now moved from an 'NGO ghetto' to the mainstream, he said. 'I'm proud that Transform's work has helped turn legal regulation from fantasy into reality.'

LET'S CONNECT!

Extracts from DDN's social media. Have your say by commenting on our website, Facebook page or tweeting us

Deaths of homeless people are up. Deaths of homeless people related to drug poisoning are up. Can anyone explain why the human cost has become so unimportant?

Charlotte Hough:
Poverty-related. Mental health care decimated-related. Social housing unavailable to the most vulnerable-related. Austerity-related. Political mishandling of public finances-related.

Richard Glandfield:
Because most of these people don't vote or consume stuff?

Robert McGregor :
If you destroy social care, public housing, benefits and health this is what you get. It can't be a surprise. It's an intentional policy. The deaths are drug-related? No, they are deprivation- related.

In response to 'Agents of Change', DDN, September, page 6

Wayne Davidson:
When released with no job, no accommodation, no purpose, but one thing they do make sure you leave with is your methadone prescription – they at least make sure you have direction. Took me 22 years to get my self out of the addiction-offending-prison-methadone cycle all against advice of drug and alcohol services.

Andreana Sutherland:
It's not ethical for doctors to leave people suffering. Responsible prescribing can prevent a lot of misuse. Doctors rarely prescribe drugs that really help through the final stages of detox due to fears and stigma around the whole issue of addicts and addiction.

Kelly-Marie Nettleton:
Portugal set a fine example.

In response to 'Scots drug death taskforce up and running' (DDN website):

Glen Carpenter:
Legalise, regulate, consumption rooms and job's a good 'un. The millions spent on 'harm reduction' is being funnelled into the CJ system focusing on the supply lines which is completely ineffective and doing more harm than good

Andrea London :
Stop cutting funding to drug services

/DDNMagazine @DDNMagazine
www.drinkanddrugsnews.com

HAVE YOUR SAY: DDN CONFERENCE 2020

We are now planning the next DDN conference, and we need your help. We want to make 2020 an even more interactive experience for all of our delegates, and we need to know what you want to hear about and talk about.

With the fantastic exhibition area at the centre of the event and more intimate workshops and learning opportunities than ever before, this one-day event is a unique opportunity to ensure that your voice is heard. Held in Birmingham next spring, this will be a vital opportunity to share what is working, highlight what isn't, and work together to build better and fairer treatment for all.

Please take a moment to give us some feedback on past events, and let us know what you want from the conference – what issues are important to you, speakers you'd like to see, and suggestions for presentations.

Find out more and get involved at www.drinkanddrugsnews.com

MEDIA SAVVY

The news, and the skews, in the national media

PRESCRIPTIONS FOR OPIOID-BASED PAINKILLERS have increased by more than 60 per cent in the past decade... With this in mind, people are inevitably comparing the situation here with the epidemic across the pond. Let's be clear, opioid prescribing is monitored much more closely in the UK than in the US, meaning the situation here is nowhere near as severe. But that doesn't mean we should become complacent in the face of what is clearly a growing issue.
Rachel Britton, *Independent*, 10 September

> 'Prescribing is out of control and cannot continue at these levels...'

PEOPLE WHO LIVE WITH CHRONIC PAIN can become defensive if asked to consider weaning themselves off drugs that they're dependent on. Suggesting to someone who feels paralysed by pain that they need to get out for a walk can sound offensive, patronising and uncaring. It's certainly not a binary choice; opioid and other pain-relieving drugs have their place. But prescribing is out of control and cannot continue at these levels. There are difficult conversations to be had at all levels of our health service, right down to the intimate exchanges that happen between GP and patient.
Ann Robinson, *Guardian*, 15 September

A SIGNIFICANT SOURCE OF THE PROBLEM IS THAT GPS FEEL BOTH ASHAMED AND EMBARRASSED that patients have become hooked on medications that they have prescribed, so they simply avoid facing up to it. It's an awkward truth that sometimes the pills we dish out can cause more problems than they ever solve. Yet doctors, increasingly left frazzled by the growing pressure they are put under, are still all-too-willing to reach for the prescription pad when confronted by a patient with complex psychological issues.
Max Pemberton, *Mail*, 10 September

ONE THING IS CLEAR: while those sitting in jail for weed may be black, when cannabis legalisation eventually hits our shores, it will be dominated by white men in suits.
Zoe Smith, *Independent*, 8 September

THE ONCE POORLY UNDERSTOOD PHENOMENON OF COUNTY LINES drug dealing is taking firmer shape in terms of public policy and also of awareness. The emerging picture is disturbing even to those familiar with the most destructive consequences of illegal drugs... There is no point in pretending that there is any quick fix. But a sensible first step would be for the government to put youth services on a statutory footing – and to fund councils properly to deliver them.
***Guardian* editorial, 16 September**

JOURNEYS OF RECOVERY

A team of cyclists made up of staff from Humankind's services across the country completed an epic 170-mile Ride for Recovery from Manchester to Middlesbrough. They take us through their journey

THE RIDE FOR RECOVERY aimed to highlight the many ways to achieve recovery from substance misuse, and to raise money for people who use Humankind services. It was also timed to arrive for the start of the FAVOR UK Recovery Walk in Middlesbrough.

The cyclists were volunteers from services in Manchester, Leeds, London, Halifax and the head office in Newton Aycliffe, and called in at Humankind-led drug and alcohol recovery services along the way. 'Humankind is a major sponsor of the FAVOR UK Recovery Walk this year,' said chief executive officer Paul Townsley, who was among the cyclists. 'We wanted to show our support for this cause with this Ride for Recovery. Raising money and awareness to improve the lives of our service users will demonstrate that.'

Day one was the 43-mile journey from Manchester to Leeds. The riders were seen off by staff and residents at Redbank Recovery Accommodation, who had even baked them food for the trip. Area manager for Humankind's North West services, Helen Hubberstey, was among those turning out to wish the cyclists well. 'I think it's really important we get behind causes like this to demonstrate our commitment to recovery and the journey that our residents are on,' she said, while cyclist Rhian James from Humankind's Manchester office said that 'having people supporting us like this makes us feel it's all worthwhile'.

The cyclists travelled via Humankind-led services at Calderdale Recovery Steps and 5 WAYS, the recovery hub that forms part of Forward Leeds, the city's alcohol and drug service. The members of 5 WAYS, who are all in recovery themselves, were there to greet the riders on arrival with balloons, bunting and a home-made welcome flag. 'It was amazing to see what the cyclists have achieved so far,' said 5 WAYS member Stacey Vickers. 'It made me want to get on my bike and be a part of it next year. The riders created such a brilliant atmosphere.'

'Today has been a real struggle though hill climbs, cobbles and bad weather,' said cyclist Claire Burns from Humankind's HR team when she arrived. 'But the reception we've been given at 5 WAYS is just amazing. Everyone has given us such a warm welcome and it was just the tonic we needed after such a long ride'. Senior practitioner at 5 WAYS Helen Mason added that the community 'loved having them here'.

Day two was the 53-mile journey from Leeds to Northallerton, with the riders stopping off at the Headingley cricket ground before cycling via Ripon to North Yorkshire Horizons' Northallerton hub. 'North Yorkshire Horizons wishes all the very best to everyone taking part in the Ride for Recovery, raising money and awareness to improve the lives of our service users who we support on a daily basis,' said Humankind assistant director Mark Vidgen.

Day three saw the team riding out of Yorkshire and into the North East for the 34-mile trip from Northallerton to Bishop Auckland. 'It was an honour to host this event,' said project manager at County Durham Drug and Alcohol Recovery Service, Bob Smith. 'It gave us a chance to showcase the progress being made in County Durham, and highlight the hard work from service users, staff and volunteers which is showing definite results in advocating real recovery in individuals.'

'It was amazing to see what the cyclists have achieved so far... It made me want to get on my bike and be a part of it next year.'

The final day was the 36-mile stretch from Bishop Auckland to Middlesbrough, with the cyclists arriving in time for the 2019 Recovery Walk. 'The ride has been brilliant, bringing a group of staff together from different services with one aim,' said Paul Townsley. 'It's been great for us all to learn about what is going on at the drug and alcohol services that we have visited along the way, and to get to chat with staff and service users.'

We're here to help turn your life around

At Equinox we offer comprehensive, integrated detoxification and psycho-social services for adults who require medically assisted withdrawal from drugs and alcohol. This includes clients with multiple and complex needs.

In collaboration with SLaM, we combine two specialist teams to provide a full range of end to end care in the initial stages of a clients' recovery programme. Based in a comfortable and relaxed 26 bed residential unit located in Central London, Equinox Brook Drive is an established and trusted service provider with over 27 years' experience in this field.

To find out more call us today on 020 7820 9924
or email us at admin.brookdrive@equinoxcare.org.uk
Visit us at www.equinoxcare.org.uk

Equinox is part of the Social Interest Group (SIG). SIG provides a range of support services for small and medium sized charities to help them thrive. www.socialinterestgroup.org.uk

humankind®
for fair chances

A people led organisation.
Our diverse staff members come from a wide range of backgrounds and careers, but all share one common belief - that all people should have the opportunity to realise their full potential.

web: **humankindcharity.org.uk** telephone: **01325 731160**

'From Dependence to Freedom'

The Pavilion is a stunning residential drug and alcohol treatment centre, delivering personalised and structured detoxification programmes, personally tailored to each individual.

- Low fees
- Flexible payment plans
- CQC rated 'good'
- Part of a not-for-profit organisation
- All rooms en-suite
- Experienced medical and wellbeing professionals

Get in touch today to speak to our confidential, professional and friendly team of experts, (7 days a week, 9:00am – 9:00pm)

01524 39375 enquiries@delphipavilion.co.uk Ashton Road, Lancaster, LA1 5AZ

Accessible, gender-specific, dog-friendly trauma-informed, environmentally-conscious, nature-loving, community-connected, family-friendly, inclusive.

We're celebrating 50 years of Residential Services

www.phoenix-futures.org.uk

Phoenix Futures is a registered charity in England and Wales (No 284880) and in Scotland (No SCO39008); Company Limited by Guarantee Number 1626869; Registered Provider of Social Housing with Homes England (H3795).

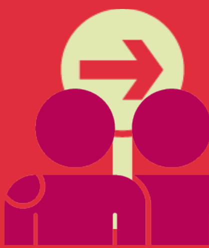
Current clinical opportunities include:

Experienced Nurses and NMP's to work within our Substance Misuse sector in London, Leicester, Wiltshire and Rochdale & Oldham

We offer Bank and Permanent opportunities

Running health facilities and services on a not-for-profit basis, we invest every penny back into our care - and our people.
So if you're ambitious and focused on helping people with substance misuse issues, progress your career with us.

For more information please contact **careers@turning-point.co.uk** or visit us at **https://careers.turning-point.co.uk**



We support people across the UK with substance misuse issues. As a part of our clinical team, you'll make a real difference to their lives as you go above and beyond to help them with their daily needs.

Substance Misuse Personnel

Permanent • Temporary • Consultancy

Supplying experienced, trained staff:

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

Call today: 020 8987 6061

Register online:
www.SamRecruitment.org.uk

Solutions Action Management
Still No.1 for Recruitment and Consultancy

MORE JOBS ONLINE NOW

www.drinkanddrugsnews.com/jobs

Contact ian@cjwellings.com to advertise your next vacancy

BECAUSE PEOPLE MATTER

Turning Point Scotland has a long history of providing high quality social care services to a range of people across Scotland. We are opening two new services in the Glasgow area.

GLASGOW RESIDENTIAL STABILIZATION SERVICE

We aim to provide a 4 to 6 weeks residential service for individuals who are no longer managing their support within a community setting. Our teams provide treatment and support to individuals who are deemed to be engaging in high risk drug and/or alcohol use with complex needs, collaboratively working within a Recovery Orientated System of Care (ROSC) to address the individual's physical, mental, social and emotional needs.

GLASGOW ALCOHOL AND DRUG CRISIS SERVICE

The integrated crisis service will provide a person-centred and flexible response to some of Glasgow's most vulnerable individuals. The service will be direct access, low threshold and be able to respond to individuals who experience multiple barriers to inclusion.

The service will have the ability to adapt to the changing needs of individuals as well as changing trends in relation to alcohol use, drug use, homelessness and other vulnerabilities. The service will respond to individuals in crisis who are: alcohol dependent, drug users (primarily injecting and poly drug use) and the homeless/roofless.

Turning Point Scotland is a large, stable national provider and a charity and provide ongoing investment into our staff training and development, a good GPP pension scheme, and annual leave and sick pay that significantly exceeds the statutory minimum. We are recruiting for the following positions:

SENIOR NURSE

GLASGOW RESIDENTIAL STABILIZATION SERVICE

To work closely with the Service Manager, Lead Nurse, Medical Officer, and Clinical and Care Governance Lead to ensure a consistently high quality of service and to assist individuals towards realising their full potential.

NURSE

GLASGOW RESIDENTIAL STABILIZATION SERVICE

To provide treatment and support to individuals who are deemed to be engaging in high risk drug and/or alcohol use with complex needs.

SENIOR NURSE

GLASGOW ALCOHOL AND DRUG CRISIS SERVICE

To work as part of a multidisciplinary team delivering a range of interventions in 1:1 and group work settings to support, encourage and motivate individuals to assist them to gain some stability back in their life.

LEAD NURSE

GLASGOW ALCOHOL AND DRUG CRISIS SERVICE

To deliver excellent clinical practise at an advanced level to meet the needs of a range of highly complex people, including independent prescribing and advanced clinical assessment.

NURSE

GLASGOW ALCOHOL AND DRUG CRISIS SERVICE

To provide treatment and support to individuals who are deemed to be engaging in high risk drug and/or alcohol use with complex needs.

CLOSING DATE FOR ALL POSTS IS 16.10.19

See full details and apply online at
www.turningpointscotland.com

Superstars Wanted!

Are you creative and motivated to help vulnerable people?

Do you want to grow and develop in a nurturing workplace?

Do you like to build networks and collaborate with others?

Do you thrive in a challenging yet rewarding environment?

If the answer to the above is yes, then we want to work with you!

WDP is an innovative behaviour-change charity.
We help individuals to make long-lasting transformations in improving their health and wellbeing, as well as supporting local communities.

Our talented people work in partnership across the fields of substance misuse, employability, sexual health and inpatient services.

CHECK OUT OUR CURRENT VACANCIES:
www.wdp.org.uk/jobs/current-vacancies

WDP | 18 Dartmouth Street | London | SW1H 9BL
Registered charity no 1031602 | Company no 2807934 | Limited by guarantee | Registered in England and Wales