

DDN

Drink and Drugs News
December 2020 – January 2021
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A FRAGILE PICTURE

Commissioning
in an age of cuts

GOING VIRAL

A look back at a
tumultuous year



FACING UP

ADDRESSING THE IMPACT OF ALCOHOL MISUSE ON VETERANS AND THEIR FAMILIES

LEVEL 2
NOW LIVE

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An open access training resource developed as part of the Exchange Supplies social mission to maximise the impact of harm reduction.

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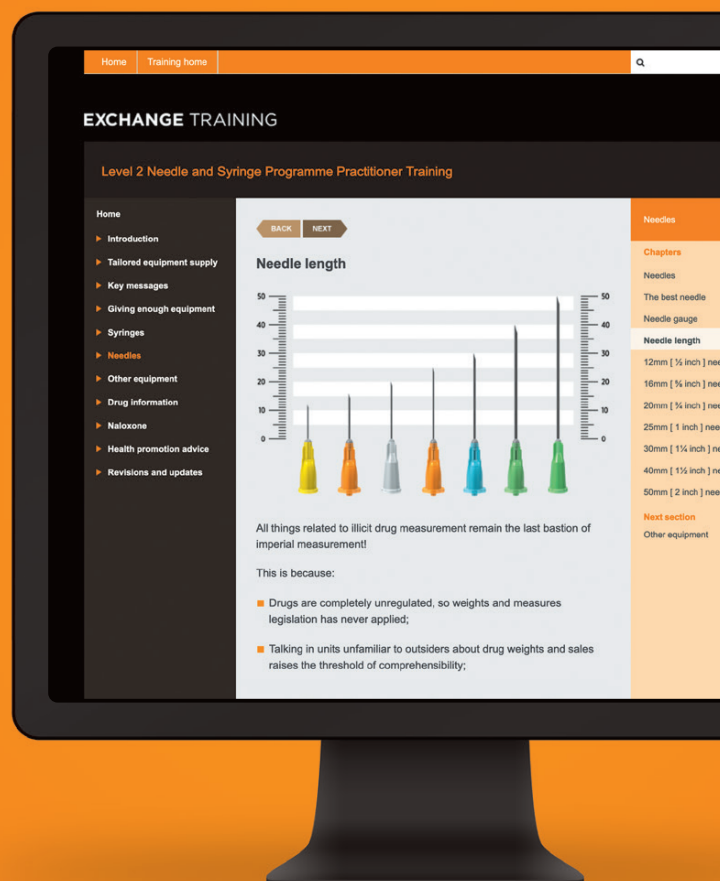
Level 1 is a foundation course for needle and syringe programme practitioners and covers the core attitudes, knowledge, and skills required to distribute injecting equipment, with over 200 certificates of qualification issued to NSP practitioners to date.

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DDN

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PLEASE GIVE US YOUR FEEDBACK!



'DDN has its finger on the pulse of drug and alcohol treatment and the wider context... keep on keeping on!'

We love reading your feedback and suggestions – please fill in our readers' survey at www.drinkanddrugsnews.com/ddn-readers-survey-2020/

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'There are much-needed glimpses of hope'

Our news in this issue leads with the positive results of the heroin assisted treatment pilot in Middlesbrough – a scheme whose dramatic impact has resulted in funding to evaluate it, and which will hopefully encourage further roll-out. These are the moments we must look for in a terribly difficult year. Our review of the last 12 months (p14) reminds us of the painful decisions and swift adaptations we all had to make – but it also tells the story of services rising to the challenge and gives much-needed glimpses of hope.

There are many opportunities ahead, particularly through partnership working. Adfam and the Forces in Mind Trust have been finding ways to support veterans and their families (p6), answering a massive need that's been flagged up for so long in our sector. Alcohol Awareness Week has galvanised services from all over the country to educate and inspire for the common cause (p8). And a parent's concern about a school's approach to drugs is an invitation to comment on this fundamentally important matter (p12). We've also focused on the vital process of commissioning (p10), with an invite to join the debate.

A heartfelt thank you to those of you who have already completed our readers' survey. If you haven't yet, please do! Season's greetings and all the very best.

Claire Brown, editor

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and @DDNmagazine



Middlesbrough HAT pilot has 'dramatic impact'

The Middlesbrough heroin assisted treatment (HAT) pilot launched last year (DDN, November 2019, page 5) has had a 'dramatic impact', according to the programme's clinical team lead Daniel Ahmed. Teesside University has now been given a £60,000 grant to independently evaluate the scheme and its results.

The HAT pilot, the UK's first, was launched to tackle high rates of street drug deaths and drug litter, remove the health risks associated with street heroin, and divert people from acquisitive crime and offending behaviour. Since its launch, 14 people for whom all other treatment had failed and were causing 'most concern' to criminal justice and health and social care agencies have been accepted on to the programme. Some had been using heroin for more than 20 years.

Participants visit a clinic twice a day to receive a prescribed dose

of diamorphine under supervision, and have access to agencies that can help with health, housing and financial issues. Analysis of six participants who have spent at least 30 weeks on the programme found a 98 per cent attendance rate for the sessions, even throughout lockdown, while offending levels have plummeted. The six participants had committed more than 540 detected crimes before joining, which has since fallen to a combined total of three lower-level offences.

The scheme, which has been licensed by the Home Office, was launched and partly funded by Cleveland PCC Barry Coppinger using money seized under the Proceeds of Crime Act, with further funding from Durham Tees Valley Community Rehabilitation Company. The new research will look at the experiences of people who have 'completed, discontinued or refused to engage' with the programme, and will be carried out by Professor Tammi Walker



www.gazettelive.co.uk

of Teesside University, Professor Graham Towl of Durham University and Dr Magdalena Harris of the London School of Hygiene and Tropical Medicine. Of the original 14 participants, one left voluntarily and two left after committing a crime, while treatment had to be stopped in four cases for medical reasons. The remaining seven are still receiving treatment. 'This is not a soft option, it's a smart option,'

'This is not a soft option, it's a smart option.'

DANIEL AHMED

said Ahmed. 'What we are doing is following an evidence base that is producing results.'

A week's units for 'price of a coffee'

DRINKERS IN ENGLAND can consume their entire weekly guideline amount of alcohol for the price of a coffee, according to research from the Alcohol Health Alliance.

The alliance visited shops and supermarkets across the UK and found that the cheapest drinks were all in England, where no minimum unit price has been introduced. 'It is possible to drink the low-risk weekly guidelines of 14 units for just £2.68 – about the price of a cup of coffee in many high street chains,' the alliance states. Beers, wines and spirits were all on sale in London branches of Aldi and Lidl for between 31 and 38p per unit, while cider remains the cheapest product – available for as little as 19p per unit. The minimum unit price in Scotland and Wales is 50p.

A YouGov survey carried out in October found that 56 per cent of the public would support an increase in alcohol taxes if the money was used to fund services impacted by alcohol, such as the NHS and police. While alcohol duty raises between £10bn and £12bn per year, PHE estimates the annual cost of alcohol-related harm at £27bn.

'Historic victory' in Oregon

THE DIVISIVE US PRESIDENTIAL ELECTION

also saw Oregon become the first state to vote in favour of decriminalising possession of small amounts of all drugs for personal use.

The state's electorate voted 'yes' to Oregon Measure 110, which supports making 'personal non-commercial possession of a controlled substance' – including heroin, cocaine and methamphetamine – subject to no more than a \$100 fine, as well as establishing a treatment and recovery programme financed in part by the state's marijuana

tax and savings from not processing people through the criminal justice system. Anyone arrested for offences related to drug dealing will still be subject to criminal prosecution.

The initiative had been launched by advocacy group the Drug Policy Alliance, which called the result a 'historic victory', a 'monumental night for drug policy reform', and 'arguably the biggest blow to the war on drugs to date'. The vote confirmed 'a substantial shift in public support' in favour of treating drug use as a health rather than criminal issue, it said.

OREGON is the first US State to decriminalise drug possession. Measure 110 makes it a noncriminal violation (similar to a traffic offence) to possess:

- Less than 1 gram of heroin
- Less than 1 gram, or less than 5 pills, of MDMA
- Less than 2 grams of methamphetamine
- Less than 40 units of LSD
- Less than 12 grams of psilocybin
- Less than 40 units of methadone
- Less than 40 pills of oxycodone
- Less than 2 grams of cocaine



More than half of over 50s drinking at risky levels

More than 50 per cent of over 50s are drinking at levels that 'could cause health problems now or in the future', according to research commissioned by With You (We Are With You), while almost a quarter are classed as 'high risk or possibly dependent'. The findings have been released as the charity launches a free helpline for anyone over 50 who may be worried about their drinking. Using a validated screening tool, the survey of 1,150 people also found that more than 4m over 50s were binge drinking at least once a week during lockdown. Almost 2m stated that lockdown had led to them drinking earlier in the day, while more than 5m said that restrictions had led to them drinking alone.

People aged over 55 are already the group most likely to drink at hazardous levels, the charity points out. More than 1.3m over 50s said the second lockdown would lead to them drinking 'even more', however. As well as the effects of lockdown on drinking habits and mental health, the research also reveals its impact on families, with one in three people whose parents are over 50 worried about the drinking habits

of at least one parent since March. 'We know that life changes such as bereavement, retirement and a lack of purpose have led to older adults drinking more in recent years while younger generations are drinking less,' said head of the Drink Wise, Age Well programme at With You, Julie Breslin. 'Nearly 80 per cent of over 50s we work with drink at home alone, hidden from view. It's clear from these findings that the necessary coronavirus restrictions have exacerbated these issues whilst having a big impact on older adults' mental health.'

Meanwhile, Change Grow Live has developed a short online quiz to help people find out if they are drinking dependently and the kind of support they are likely to need, as well as a free webchat service. ONS estimates suggest that the total number of people drinking more than the recommended guidelines increased from 4.8m to 8.4m during the first lockdown. 'It is now essential that the government acts to address this increase in higher risk drinking,' said Change Grow Live executive director Nic Adamson. 'Unless we have the capacity to reach and support over 3m more people who are now identified as high-risk drinkers, the long-term



'Coronavirus restrictions have exacerbated these issues whilst having a big impact on older adults' mental health.'

JULIE BRESLIN

implications for public health will be disastrous'

- Helpline at 0808 8010750.
- Alcohol quiz at www.changegrowlive.org/advice-info/alcohol-drugs/alcohol-drinking-levels-quiz-self-assessment
- See feature page 8

Military mindset

MORE THAN 70 PER CENT of serving and ex-service personnel with an alcohol problem have not sought help, according to a Forces in Mind Trust report by the University of Liverpool and King's College. Only half of those who met the criteria for alcohol misuse even recognised that they had a problem, it adds.

'We know that military personnel are more likely to experience alcohol problems than the general population and this report has established that a large proportion of those with a problem do not seek any help,' said Dr Laura Goodwin of the University of Liverpool. 'One reason for this is due to low recognition of alcohol problems, which may be driven by heavy drinking being normalised in a military context. We need to do more to address the stigma around alcohol problems and to support those who require support to access it.' *Help seeking for alcohol problems at www.fim-trust.org/reports/*

ACMD: Reclassify GHB

GHB, GBL AND RELATED COMPOUND 1,4-BD should be reclassified as class B substances, the ACMD has stated in a letter to home secretary Priti Patel. She had written to the ACMD earlier this year requesting an urgent review of GHB's classification following high profile cases in which it had been used to facilitate rapes and murders (*DDN*, February, page 5).

However, classification and scheduling on their own are 'unlikely' to be sufficient to significantly reduce the harms associated with GHB and related substances (GHBRs), the commission states, and calls for improved monitoring and reporting of levels of use.

There also needs to be better integration of drug treatment and sexual health service commissioning to tackle the harms associated with GHBRs use, it says, as well as measures to ensure that services are accessible and non-exclusive.

Local News

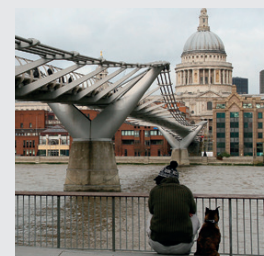


Higher learning

RCPsych's 'higher trainee of the year' award has gone to Dr Emmert Roberts at the National Addiction Centre. 'Addiction psychiatry is a subspecialty on the brink of extinction,' he said, and hoped the award helped RCPsych advocate 'for funding parity for the millions of patients with drug, alcohol and tobacco addiction in the UK'. *List of winners at www.rcpsych.ac.uk*

Light work

The Blue Light project has now worked with more than 70 local authorities and is looking to engage with more to help develop their responses to change resistant drinkers. *Contact Mike.Ward@alcoholchange.org.uk*



Key lessons

A full evaluation of London's Homeless Hotel Drug and Alcohol Service (HDAS) (*DDN*, September, page 6) – established to provide support to people in emergency hotel accommodation during the pandemic – has been published, including guidance for future provision. *Lessons learned at <https://osf.io/7cdbx/>*

The home front



Despite high levels of problematic substance use among ex-services personnel, the ingrained forces mentality can mean a reluctance to seek help – something that also extends to their families, says **Robert Stebbings**

Whilst the majority of serving personnel successfully transition out of the forces and back into civilian society, sadly it is also the case that many veterans encounter difficulties with substance use. Alcohol consumption plays a significant role in military culture, having

done so for many years, and unsurprisingly this can translate to alcohol dependency amongst former members of the armed forces in subsequent years, whilst issues around drug dependency also exist.

Such substance use problems rarely exist in isolation and the presence of a number of co-occurring problems, such as mental health, violence/abuse, criminal

Force for change



We need to better serve those who've served, says **Ray Lock**

Back in the eighties, I was based near Düsseldorf as one of around a hundred thousand members of British Forces Germany. Friday night was happy hour – although it carried on until midnight. Saturday night was often a formal dinner, and Sunday a jazz lunch. Long before it became popular in the UK, Warsteiner lager had gained the nickname 'wobbly' for the effect it had the morning after. Alcohol was tax free, the only drugs taken were Brufen and life was good (if you discounted the threat of nuclear Armageddon).

Life for members of the armed

forces in the 2020s though has changed – most are based in the UK and increasingly they and their families are integrated into local communities. Alcohol use has certainly fallen, and the Ministry of Defence has been trying for some years to lower consumption among its people via health strategies. Sadly, a recent initiative to introduce an annual check has been suspended due to COVID-19, although the ministry's intent is clear. But the steps taken so far fall well short of those recommended by the Commission on Alcohol Harm. When I ran a large base in Wiltshire, we had over a hundred separately licensed bars selling

behaviour, and employment/ financial difficulties, add further complexity. These problems – and their cumulative and longstanding nature – can also have a significant and sustained impact on veterans' families.

Over the past year we've been speaking with families of veterans with substance use problems (FVSUs) across the country, and through their testimonies have learnt how they can be profoundly affected by their loved ones' drinking and drug problems, experiencing high levels of isolation and loneliness, yet rarely appearing to access support for themselves.

'I became anxious and lost a lot of weight as I was stressed and worried. I was tearful and frustrated all of the time and worried what would happen to me and my children' (FVSU research participant).

Through our work at Adfam we know all about the challenges families affected by substance use face day-to-day – fear, abuse, stigma and mental health problems to name but a few.

'There was just nobody I could go to; I just had to kind of live that life... I couldn't tell people that was the life I was living.'

However, we now know there are a number of ways that the experiences of veterans' families differ to those of civilian families, and certain characteristics of military culture play a particularly influential role in how this specific group of families are affected.

In addition to heavy and frequent use of alcohol, there is also the 'fighting mentality' instilled into serving personnel from the start of their training. It was felt that not enough is done to address this mentality when

individuals leave the armed forces and that this can cause problems for veterans and, therefore, their families. Furthermore, we were told about stoicism amongst military personnel and how they are expected to be strong and infallible, and should not expose, or ask for help with, vulnerabilities and problems. This mindset of not being open about problems, and hence being unwilling to come forward for help, extends to the families too.

'There was just nobody I could go to; I just had to kind of live that life... I couldn't tell people that that was the life I was living' (FVSU research participant).

Specific support for FVSUs is sparse, and of the support that is available, many aren't aware of how or where they can access it. Opportunities to engage FVSUs when serving personnel and veterans access help are also often missed. Based on the findings from this research, we have developed a holistic, multi-component support model to address this and would encourage all support organisations

to examine how it could fit within their work, to provide evidence-based targeted support to this important group of families.

This article is based on Fighting their own battle, a new research report outlining the experiences of families of veterans with substance use problems (FVSUs), along with a support model designed specifically for FVSUs. This work was funded by the Forces in Mind Trust and delivered by Adfam and the University of York.

Thank you to the many FVSUs across the country who took the time to share their experiences so openly and honestly, particularly those on our project advisory group, and also to the Forces in Mind Trust for their vital support in helping us deliver this work and our project partners Bristol Drugs Project, HMP Parc, SSAFA and Tom Harrison House.

You can find out more about this research and download the research report in full along with the support model on Adfam's website.

Robert Stebbings is policy and communications lead at Adfam

beer at half the commercial price – hardly what the commission wants.

So the relationship members of the armed forces have with alcohol remains problematical, which is why we at Forces in Mind Trust funded *Fighting their own battle*, the University of York's study, with Adfam, into the support needed by families of ex-service personnel with substance misuse. It's useful to recognize that the armed forces aren't anywhere near as homogenous as an observer might think. From day one, alcohol is used to overcome social inhibitions, provide an acceptable environment in which to let off steam, and to bond. Our research consistently shows that when it's time to leave, most serving people successfully make the transition into civilian life. For some though, the absence of shared values, recognizable structure and comradeship, together with a less-rewarding professional life and diminished personal pride, can build a barrier to that successful transition.

Those dangerous habits of alcohol misuse, developed during service and masked to an extent by institutional encouragement and a generally fit population, are not shed with the uniform. We know, again from the evidence, that the proportion of serving personnel with damaging levels of alcohol consumption is significantly greater than the civilian equivalent, and the same holds true for the veterans population.

This mixture of ingrained habits, an avoidance of help seeking and an easy retreat (at least whilst under the influence) from daily reality, provides a fertile ground for a downward spiral. Families are likewise affected, where the barrier between relatives and the veteran built during service as a means of protection can remain in place during tough times. Where the veteran has comorbid conditions, for example mental ill health, or there are other issues such as domestic violence, then the barriers are higher, the stigma

'Those dangerous habits of alcohol misuse, developed during service and masked to an extent by institutional encouragement and a generally fit population, are not shed with the uniform.'

greater, the alcohol misuse more severe and the chances of successful transition reduced.

A word on drugs. The armed forces operate what amounts to a zero-tolerance policy for illegal drug use, and habits or addictions

are unlikely to form during service. A single transgression will almost always result in discharge, as between 600 and 770 serving personnel find out each year, but their treatment requires improvement. Our research project *Fall out – the impact of a compulsory drugs discharge* with Galahad SMS Ltd will report shortly.

Evidence is clear that the successful transition of a veteran is a successful transition for their family too. We speak about 'holistic' transition a lot, and we apply the same to any support that's offered – which is why the joined up and wraparound family force support model is so exciting. It needs modest additional resource, but much greater connectivity, such as between local services and the 'veterans gateway'.

Becoming veteran aware would be a great first step forward towards helping those who have served their country, and those they love.

Ray Lock CBE has been chief executive of Forces in Mind Trust since 2012

Wise Up

With awareness of the damaging effects of alcohol still nowhere near where it should be, **DDN** looks at some recent attempts to educate the public about the risks most of us still tend to ignore



The third week of last month was Alcohol Awareness Week, which this year took the theme of alcohol and mental health (*DDN*, November, page 5). While the long-established week complements other annual initiatives like Dry January and Sober October, the public's awareness around alcohol remains stubbornly low.

When the government launched its consultation on labelling all alcohol products with calorie information it was revealed that despite 3.4m people consuming an extra day's worth of calories each week in the form of alcohol, around 80 per cent of the public were unaware of the calorific content of their drinks (*DDN*, October, page 4). And while most people probably know that excessive drinking can cause liver damage, awareness levels of the links between alcohol use and cancer tend to hover around the 10-13

per cent level, depending on which survey you look at, with awareness of the links with conditions like high blood pressure and heart disease also remaining low.

None of this is helped, of course, by the fact that self-regulation means that inclusion of health risk information on alcohol labelling is still voluntary, and the industry has in the past even been accused of deliberately misrepresenting the evidence about alcohol-related cancer risks (*DDN*, October 2017, page 4). What's more, there hasn't been a new UK alcohol strategy for almost a decade, and it's unlikely to be near the top of the list of government priorities anytime soon. With the added impact of the

COVID-19 lockdowns on people's drinking habits, the need has arguably never been greater to make sure people are armed with as much knowledge as possible.

COPING MECHANISMS

And that impact seems to have been significant. More than a quarter of drinkers said they drank more during the first lockdown, with half of this group saying they'd probably keep drinking at the same levels after it lifted (*DDN*, July/August, page 5). And lockdowns have significantly exacerbated existing problems of loneliness and isolation, both of which can mean people increasing their alcohol intake.

A YouGov survey commissioned by Turning Point found that more than one in ten people who experienced loneliness were turning to alcohol to cope (*DDN*, March, page 5), while new research from With You (We Are With You) has revealed that more than 4m over-50s were binge drinking at least once a week during lockdown (see news, page 5). The same survey found that 5.2m over-50s were drinking alone because of the restrictions, with 1.9m drinking earlier in the day.

While it's long been apparent that many older people increase their alcohol consumption as a result of things like retirement and boredom, it's clear that lockdowns

A screenshot of a web-based quiz titled 'Change, Grow, Live alcohol advice quiz'. The interface is divided into four panels. The first panel, 'How much are you drinking?', shows a progress bar and a 'START' button. The second panel, 'During the last year: How often have you failed to do what was normally expected from you because of your drinking?', shows a progress bar and a list of frequency options: Never, Less than monthly, Monthly (selected), Weekly, and Daily or almost daily. The third panel, 'Have your family, friends, doctor or anyone else raised concerns around your drinking or suggested that you cut down?', shows a progress bar and a list of response options: No, Yes, but not in the last year, and Yes, during the last year (selected). The fourth panel, 'RESULTS:', shows a progress bar and a message: 'Your answers suggest your drinking is harmful and it is affecting your health and wellbeing. We would recommend visiting your GP or contacting an alcohol service.' It includes buttons for 'FIND A SERVICE', 'CHAT TO US ONLINE', and 'RETAKE QUIZ'.

Change, Grow, Live alcohol advice quiz at www.changegrowlive.org



Dmytro Zinkevych | Dreamstime.com

are significantly worsening these problems, as head of With You's Drink Wise, Age Well programme, Julie Breslin, tells *DDN*. 'We did a survey at the start of the programme about five years ago of nearly 17,000 people and identified things like loss of sense of purpose as factors that led to increased alcohol use for people over 50,' she says. 'What we're seeing is that those similar factors as a result of lockdown – loss of routine and, very sadly for some, bereavement – are going to make that a lot worse for people.'

REACHING OUT

In response, With You has launched a free, national and confidential over-50s alcohol-specific helpline, available seven days a week. The idea was partly to try to reach out to people who would normally be unlikely to consider accessing treatment services, she says. 'We already know that only about one in five people who are alcohol-dependent are in treatment anyway, and we feel that would be even less as people get older. There are more and more barriers to treatment as we age, which is down to lots of things – individual stigma, system-level stigma, and ageism. We really need to look at the design of our services and whether they're

age-inclusive. So the helpline is very much about being as accessible as we can for people who maybe want to start having that conversation about changing their alcohol use.'

But even among those who have already accessed treatment COVID-19 restrictions are having an effect, with a peer-led survey by Kaleidoscope finding that 34 per cent of dependent drinkers receiving support in Wales had relapsed during first lockdown.

RAISING AWARENESS

There is still a huge amount of work to be done in terms of getting vital health information out there, Breslin stresses. 'That level of awareness around wider health conditions really needs to be increased. People very much think of alcohol in relation to liver disease, they don't think of the other factors – cancer, heart disease, dementia, cognitive impairment. People need to understand the wider implications.'

Change Grow Live has now launched a short online alcohol advice quiz to provide people with fast and accurate evaluation of their drinking and the kind of support they might need (www.changegrowlive.org/advice-info/alcohol-drugs/alcohol-drinking-levels-quiz-self-assessment), with executive director Nic Adamson

stating that unless the government acts to address the recent increases in people drinking at risky levels the long-term implications for public health would be 'disastrous' (see news, page 5).

Alcohol Awareness Week also saw Turning Point organise an online forum focusing on areas such as mental health and alcohol's effects on relationships and loved ones, as well as sharing additional content on the Recovery News Channel with videos from Swindon & Wiltshire IMPACT and its Leicester, Leicestershire and Rutland 'Dear Albert' services. The charity also used its Twitter account to highlight different aspects of its available support throughout the week.

'It is estimated that 82 per cent of dependent drinkers are not in treatment and that hospital admissions due to alcohol have risen almost a fifth in the last decade,' said Nat Travis, Turning Point's national head of public health and substance misuse. 'There is still a long way to go, but occasions like Alcohol Awareness Week are a great opportunity to open up the dialogue and start making changes.'

RECOVERY, RIGHTS AND RESPECT

So when an alcohol strategy does finally come along, what should be in it? 'What I'd like to see is

'We did a survey... about five years ago of nearly 17,000 people and identified things like loss of sense of purpose as factors that led to increased alcohol use for people over 50...

What we're seeing is that those similar factors as a result of lockdown – loss of routine and, very sadly for some, bereavement – are going to make that a lot worse for people.'

JULIE BRESLIN

a strategy that's much more focused on human rights and health promotion,' says Breslin. 'When you look at the Scottish strategy compared to the UK's it's really focused on recovery, rights and respect. I think we need to have much more of a focus on the issues that people are actually experiencing, whereas up until the now the strategy has very much been around the criminal justice side of things. Obviously, regulation is crucial – things like MUP – but what I would like to see is a much more compassionate strategy.' **DDN**

Next issue: Mike Ashton looks at 'controlled drinking' and some of the most controversial studies seen in alcohol treatment

A FRAGILE PICTURE



Commissioning is struggling under relentless rounds of cuts. **DDN** hears about the need to collaborate to keep clients moving forward

‘There are many of us working in isolation with growing portfolios beyond drugs and alcohol.’ Niamh Cullen is giving her perspective of the challenges faced by commissioners. As a public health manager in Halifax, she is balancing the increased workload with ever-dwindling resources. ‘It’s not the time to be fixed to service specs,’ she says. ‘We need to work in an agile way to adapt to continuous change.’

Cullen and her fellow commissioners in England are no strangers to the need to adapt. In 2013, the NTA was merged into Public Health England and drug and alcohol budgets were transferred to local authorities, controlled by directors of public health. Since then, the landscape has shifted beyond recognition as services fight for survival and vie for priority. Commissioning with a ‘client centric’ approach has meant thinking creatively about ways to stay ahead of the countless challenges.

Many of the trusted partnerships have been dismantled through this period of change, she points out. Furthermore, a great deal of back office resources have had to be sacrificed to prevent further cuts in services. Cullen has joined a growing network of commissioners from different parts of the country who are trying to energise the commissioning process and harness mutual support.

Chris Lee, a public health specialist in Lancashire, is one of the enthusiasts behind this initiative and a founding member of The English Substance Use Commissioners Group (ESUCG), formed earlier this year as a forum for commissioners (*DDN*, June, page 11). While the coronavirus pandemic has dominated most of the year, the idea behind the group will drive it beyond the immediate crisis. It’s a ‘safe space’, he says, ‘to learn together and develop best practice for the years ahead, taking into account all that the sector and local government has been through in the last seven years or so.’

The lack of formal mandated structures has left commissioning fragile in some parts of the country,

and it's a picture the group wants to change. 'Partnership involvement and relationships can be hit and miss between different areas, which doesn't seem fair on people who need support,' says Will Haydock, senior health programme advisor at Public Health Dorset. The group is devising a workplan, but is waiting for the recommendations of Dame Carol Black's review (DDN, July/Aug, page 5) to avoid any duplication or inconsistency.

They are, however, certain that their plan will focus on developing best practice and workforce skills in all different areas – including tier 4 (both detox and rehab), criminal justice commissioning, and complex needs. Reducing drug- and alcohol-related deaths will be at the top of the agenda.

BEST PRACTICE

One aspect of commissioning that comes through very strongly in the 'best practice' conversation is the need for it to be a natural part of the public health agenda. The ESUCG talk about how drugs and alcohol issues should be everybody's business, permeating into all areas of social care, education and all aspects of life.

Networking right across the sector is key to this, says Niamh Cullen, and making sure that substance misuse services are linked into primary care networks and local developments and are on the 'front foot' of what's happening locally.

'Trust is key, alongside mutual respect and equality,' she says, 'and it's important to include everyone, the sub-contracted smaller providers too. We need to share risks – sometimes big ones, particularly working in an environment of contract extensions.'

A strong relationship between commissioners and providers increases capacity for strategic work, says Cullen. The other essential partners are of course the service users, and the group is keen to talk about co-production rather than service user involvement to make sure it is never tokenistic. 'The task is ensuring that co-production is common practice, and we should focus on how that is embedded rather than on service user involvement,' she says. 'We hope to move to a dynamic and co-produced service specification to



'Trust is key, alongside mutual respect and equality, and it's important to include everyone, the sub-contracted smaller providers too.'

NIAMH CULLEN

further improve outcomes.'

Commissioning of substance misuse services in Wales is the responsibility of area planning boards, and these are made up of members of the 'responsible authorities' which form the community safety partnerships in Wales. The area planning boards also have responsibility for providing strategic leadership to deliver the Welsh Government's substance misuse strategy across their regions, and so commissioning decisions are made taking into account both the long-term vision of prevention, and the current needs of a region's population.

PARTNERSHIP

Partnership decision-making is at the core of the commissioning process, and there are close relationships with Welsh Government, explains Eleri Probert, a commissioning programme manager. The benefits of this have been seen during the COVID-19 pandemic: the Welsh Government responded promptly to local clinicians seeking to expand a pilot of long-acting buprenorphine by investing in a rapid national roll-out, with positive results.

The Welsh Government's public health perspective requires a much

wider approach across the health, social care, housing and education sectors to meeting the needs of people using substance misuse services. 'We aim to design services around people,' she says, and this involves 'trying to improve the pathway for people using services through joint commissioning for outcomes and exploring looking at how best to align provision throughout the system.'

'As commissioners we are always trying to balance the challenge of providing effective, high-quality, evidence-based, joined-up treatment and support, with the longer-term vision of prevention,' she says. 'We take a public health approach but there's always more we can do... it would be really useful to discuss these challenges with commissioners from other areas of the UK to learn from each other.'

DAAT RETENTION

The London borough of Southwark has retained a drug and alcohol team (DAAT) structure, which gives the team a clear remit to commission treatment and support services related to this client group. The enormous challenge related to this is that their budget has been severely reduced.

'When I joined Southwark, when the PCT still existed, there were 11 people between the DAAT and the PCT, doing the functions that two of us now do,' says Iain Gray, a commissioner with 15 years' experience. Partnership working was easier with a larger team, but with only two people, partnership working is an area that has suffered.

'With the cuts, you look at it on paper and try to make sense of it. We have cut X, Y and Z as they've asked us to, but they still come back for more,' he says, knowing that it will keep getting worse. He worries particularly about the vulnerable clients who are bearing the brunt of local services being sliced away. 'When I started there were seven or eight detox units in London – there is now one, for the whole of London,' he says. 'That doesn't mean that we don't use other detoxes outside of London, but for complex clients who have poor mobility, poor motivation, is sending them on a train up to The



'When I joined Southwark, when the PCT still existed, there were 11 people between the DAAT and the PCT, doing the functions that two of us now do.'

IAIN GRAY

Wirral easier than getting them on a bus up to City Road? No, it's not. It's so obvious.'

Despite the many challenges, connections with local treatment services are still strong and essential to putting service users first. 'We collaborate and consult heavily in the design of services,' says Gray, which influenced them to invest in a dynamic purchasing system for commissioning residential rehab and residential detox services – a flexible framework that's working well to match clients to services around the country. 'We took on board what our local services said and their experiences previously with dynamic purchasing systems to make sure we didn't make the same mistakes,' he says.

As with colleagues all over the country there's a weary acceptance of a difficult climate but a strong will to push through to get the right result for those who will most feel the impact. As Gray says, 'Everything in the garden isn't rosy, but we are determined to get clients' needs met.' **DDN**

This article has been produced with support from an educational grant provided by Camurus, which has not influenced the content in any way.



LEAVE THEM KIDS ALONE



Treating school children like criminals is not a sensible or constructive approach to drugs education, says **Andria Efthimiou-Mourrant**

'Give our kids accurate information about drugs, both pros and cons, and let them make up their

own minds about drugs.' That was the mantra re drugs education for young people in the 1990s, right?

Here we are in 2020, undergoing the most stressful time the UK has seen with a right wing and apparently incompetent government, and the legislation is such that our children can now be temporarily excluded for the mere possession of tobacco, never mind anything illegal.

What on earth has happened in these 27 years? With the Golden Age of Harm Reduction behind us and a conservative version of it embedded in our corporate drug services, kids are regularly being searched at school. In one London school – and the legislation allows it – three 13-year-olds had their bags searched recently. Indeed, they were taken out of their classes and marched to the deputy head who searched their property in front of them. They happen to be kids I know: smart lovable and cheeky ones

Treating our children like you would a suspected criminal at a

police station is not acceptable. They have been through enough this year. But what can we actually do, when the legislation allows schools to carry on like this?

Here's something to consider – the children concerned are already becoming defiant, angry and rebellious. 'They should be at that age,' I hear you say. Rebellious and adventurous, yes. Furious and defiant has the danger of wrecking their time in school and, ultimately, their mental health. Indeed, one of the girls is complaining of 'causeless' anxiety.

I dared to mention some of this in a meeting where a school governor was present and complained that the only thing the teachers seem to care about is high grades and results. Even the kids are dangerously aware of that, so their self-worth is diminished.

If you're still reading this, I'm guessing you're the parent, carer or guardian of adolescents in the UK, so let's do something about this. There must be something we can do to stop the relentless, soul-destroying drug war from destroying our own children. Hundreds of us could write to our MPs and local education authorities

'With the Golden Age of Harm Reduction behind us and a conservative version of it embedded in our corporate drug services, kids are regularly being searched at school.'

and ask them if they have thought about the impact of treating our children like mini criminals before they even have a chance to learn. Thousands of young people explore some drugs and thankfully, the vast majority do not end up with drug problems. But if you are a vulnerable child in these circumstances you will turn increasingly to drugs as you lose faith in the 'trusted adults' around you.

Our kids deserve care and understanding if and when they begin to explore things that can be dangerous – not sniffer dogs or searches. Whenever I was leaving the US from drug policy reform conferences, fellow reformers would say to me, 'Andria, tell your people not to look west for drug policy or education.' How ashamed do I now feel, watching the UK slowly become the close cousin in the drug war. Indeed, some parts of the US are a lorryload more progressive than we are now

All I – and I think, all – child carers want is for our kids to be safe, happy and well.

My poor mum didn't have a clue what to do. She certainly did not know drugs, though she did love me, and one day asked, 'If I give you 50p, will you get me one of those LSDs?' Her way of saying I accept you, no matter what. And I truly believe that is why I am still alive today, having survived heroin addiction and two viral strains of hep. Ultimately, I knew I was cared for.

The schools will say, 'We need to stamp it out before it spreads.' Unlike COVID-19, drug use is not transmissible, but it does thrive in punishing environments. If you are a guardian, parent, and wish to get talking about how we educate and care for our kids, please email me at andriae4@gmail.com

Andria Efthimiou-Mourrant is a health campaigner and activist

**HAVE YOUR SAY**

Write to the editor and get it off your chest
claire@cjwellings.com



OPPORTUNITY KNOCKS

Reactions to the pandemic have opened doors for action on homelessness, heard the parliamentary group

Given the situation with COVID-19 it could be easy to forget the underlying picture of homelessness in the UK, Matt Downie, Crisis's director of policy and external affairs, told the December Zoom meeting of the Drugs, Alcohol & Justice Cross-Party Parliamentary Group.

Since 2010 there had been a steady increase in people facing all types of housing issues in England, with 300,000 homelessness applications representing an unprecedented demand on local authorities. Street homelessness had benefited from being the focus of several initiatives which, while they were very welcome, often hid the problem through people moving into hostels and resorting to 'sofa surfing'.

There had been a number of temporary measures during the pandemic including a ban on evictions and the 'Everybody In' initiative, as well as small uplifts in funding to local authority housing allowance and universal credit. While helpful in England in the short-term, a joined-up solution was needed to tackle the problem. New policies in Scotland had almost eradicated rough sleeping and led to permanent closure of night shelters in favour of a 'housing-led' approach. Scotland and Wales had seen the pandemic as an opportunity to change policy and tackle the problem head on, said Downie.

Jennie Corbett, policy manager at Homeless Link, explained the principles behind Housing First. The holistic approach supported people with complex needs, usually involving issues around mental health and substance misuse and offered accommodation, intensive support, and harm reduction interventions – without imposing conditions. Giving clients long-term safe and stable accommodation

enabled them to work on other issues and gradually build recovery capital.

With more than 100 services in the UK based on Housing First principles and around 2,000 individuals accessing them, the initiative was central to achieving the government's commitment to end rough sleeping by 2024. Its success required a multi-agency approach to provide the full range of support and this was emphasised by Tom Sackville and Craig Middleton from WDP. A safe, secure place to live was a basic tenet of the hierarchy of needs, without which it was difficult to engage with drug treatment services. They called for increased outreach services that offered a full range of harm reduction provision, a change to prison release practices and a drive to tackle the stigma faced by homeless people.

Alongside drug treatment, Humankind provided supported housing through several schemes including Red Bank in Manchester and the Greens in Sheffield – abstinence-based environments where residents could access services including one-to-one life skills, support, and group recovery sessions. Steve James of Humankind explained how they encouraged residents to begin volunteering and move into peer mentoring positions; both schemes had around a 75 per cent success rate in moving clients out of homelessness and addiction. Despite this, they faced challenges through fluctuating levels of funding – directly from local authority grants, and through housing benefit payments which were linked to occupancy.

Mike Trace, chief executive of The Forward Trust welcomed the government's commitment to spending in this area but questioned where all the money was going and who was overseeing the spend. 'If it is spent unstrategically, results will be poor and the opportunity lost,' he said. **DDN**

'If COVID-19 has shown us one thing, it is that low threshold, evidence-based harm reduction interventions remain something we can still provide with a level of specialism'

LET'S LOOK AHEAD

It was heart-warming to read the positive statements from the leadership across our sector in response to the appalling latest ONS drug-related death statistics as this year draws to a close (**DDN**, November, p18). What struck me about the individual responses was the same message entrenched throughout: the need for us to continue to follow the evidence in doing as much as we can, and continuing to provide easily accessible and low-threshold, evidence-based interventions to a wide range of people – often with multiple and unresolved traumas or social and economic disadvantages that more often than not carry incredible risk in how people are forced to live.

For a moment I could almost envision the headlines of the next UK strategy leading with: Follow the evidence, change or abolish antiquated laws, level up and invest in treatment, while making sure we offer service users the equality of opportunities we would expect for ourselves and our families.

If COVID-19 has shown us one thing, it is that low threshold, evidence-based harm reduction interventions remain something we can still provide with a level of specialism, unlike any other health or social care provider – while still improving upon the delivery as a collective with a mutual passion and insight. This has been demonstrated this year in the sector's solidarity, flexibility and attitude.

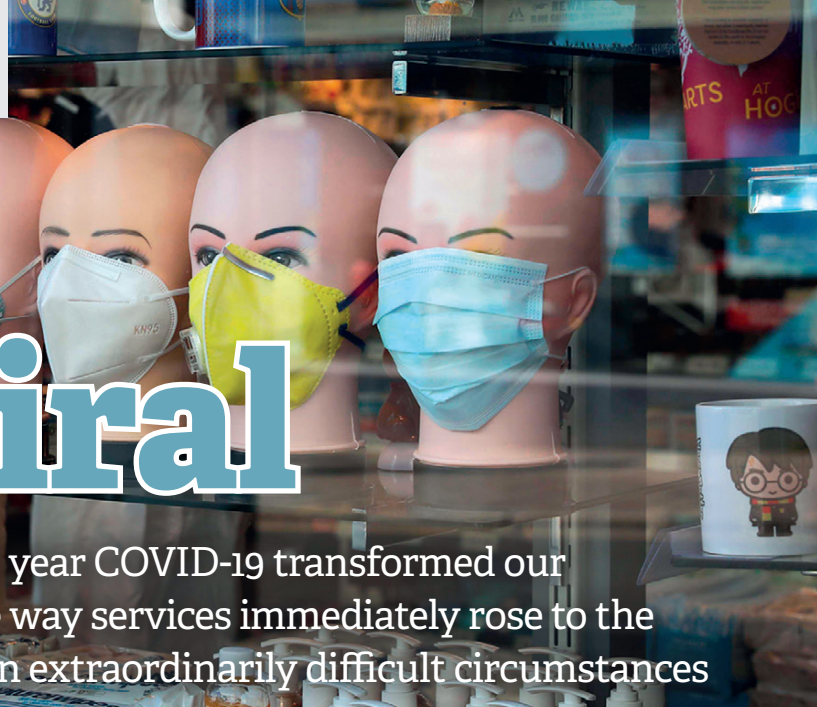
With services maintaining open access in the majority of instances and new low-threshold innovations such as NSP direct, it's obvious that together we can do much more of the same in the challenging year ahead with a refocus on harm reduction approaches that have stood the test of time.

Peter Furlong, Change Grow Live NW harm reduction lead and development manager

DDN welcomes all your comments. Please email the editor, claire@cjwellings.com, join any of the conversations on our Facebook page, or send letters to DDN, CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT. Longer comments and letters may be edited for space or clarity.



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Going viral

2020 will forever be remembered as the year COVID-19 transformed our lives. But one note of optimism was the way services immediately rose to the challenge of looking after their clients in extraordinarily difficult circumstances

JANUARY

Research by St Mungo's finds that at least 12,000 homeless people went without much-needed drug and alcohol treatment, but rough sleepers would be facing more stark challenges as the months went on.

FEBRUARY

The long-awaited first part of Professor Dame Carol Black's drugs review states that a prolonged shortage of treatment funding has led to a loss of skills, expertise and capacity, while a 'much more violent' illegal drugs market has 'never caused greater harm'.

MARCH

As COVID-19 hits hard, the government includes drug and alcohol staff in its definition of key workers, while services move to online models of delivery where they can and *DDN* takes the inevitable but painful decision to postpone its annual service user conference.



APRIL

With the sector, and the country, reeling from the impact of the pandemic, services scramble to keep up with the relentless pace of developments. 'We had a full business continuity plan set up on the afternoon the prime minister did his first big announcement,' Humankind's executive operations director Anna Headley tells *DDN*. 'It was out of date within an hour.' Alcohol Change UK finds that the stress of lockdown means a fifth of daily drinkers are now consuming even more.

MAY

With around 90 per cent of rough sleepers housed in temporary accommodation, the Housing, Communities and Local Government Committee urges the government not to miss the chance to end rough sleeping for good. Meanwhile, Collective Voice's Peter Keeling writes in *DDN* that while the sector's swift adaptation to the COVID landscape has been hugely impressive it's vital that developments like remote and digital delivery are seen as a 'welcome addition' – not a replacement.

JUNE

Two parliamentary reports within a fortnight call for an overhaul of gambling regulation, with the House of Commons Public Accounts Committee slamming the 'weak and complacent' oversight of the industry. 'What has emerged in evidence is a picture of a torpid, toothless regulator that doesn't seem terribly interested in either

the harms it exists to reduce, or the means it might use to achieve that,' states committee chair Meg Hillier.

JULY

NHS Tayside provides a rare glimpse of good news when it becomes the world's first region to effectively eliminate hep C, while Northern Ireland announces a 'full consultation' on whether it will follow in the footsteps of Scotland and Wales by introducing MUP.

AUGUST

PHE becomes a COVID fall guy, with the government announcing its abolition to make way for the new National Institute for Health Protection – but no detail on what will happen to its drugs and alcohol remit. More than 80 organisations immediately issue a statement expressing their concern in the *BMJ*. 'Organisational change is difficult and can be damaging at the best of times,' it says. 'These are not the best of times.'

SEPTEMBER

The Royal College of Psychiatrists warns that services are not equipped to deal with the 'soaring numbers' of people drinking at high risk levels during the pandemic, and calls for an urgent multi-million pound funding boost.

OCTOBER

In what has become a grim annual milestone, England and Wales once again record their highest level of drug deaths at 4,393. The pandemic had now worsened a 'perfect storm' of factors – including disinvestment

and an ageing population – to reach a critical tipping point, warns Change Grow Live chief executive Mark Moody.



NOVEMBER

The spectacularly divisive US presidential election also sees a 'monumental victory' for drug policy reform as Oregon votes in favour of decriminalising personal possession of all drugs, including heroin and cocaine. A year on from the launch of Middlesbrough's heroin-assisted treatment pilot, clinical team lead Daniel Ahmed hails its 'dramatic impact', with 98 per cent attendance rates among long-term participants and offending levels slashed.

DECEMBER

As the year comes to an end, and optimism about a vaccine is tempered by the reimposition of tough restrictions on much of the UK, the sector – and the country – hopes that the worst might finally be over. **DDN**

Ray of light



Bill Nelles finds some cause for optimism at the end of a bleak year

I'm writing at the end of the most horrible year in our lives. It's not just COVID that's made it so bad but the pathetic role of Trump who has completely failed to give any lead and put partisan politics before the nation's health.

2020 has been a year in which one of the few bright lights was the possibility of removing Trump from his post and repairing the criminal damage he has wrought to the political process.

I am a deeply blue Democrat. In 1972, supporting George McGovern against Nixon, I watched Watergate unfold and never forgot its lessons. However, Nixon was almost honourable compared to Trump. The framers of the Constitution assumed a certain level of honourable conduct, not rampant narcissistic sociopathy. And then Senate republicans did their work and forced his resignation rather than impeachment. Not so in 2019.

As results started to come in, it was 4 am in the UK. Trump's advice to his supporters to vote in person was as impressive to see as it was

disconcerting. Voter suppression in some Republican-controlled states meant mail-in ballots could not be counted when they came in, but only on and after the day of the election. So the early results favoured Trump. He'd told his base not to trust voting by mail, because he had also nobbled that.

I went to bed about midnight feeling dejected and appalled that so many Americans could still vote Trump. But by the next morning, the big city and mail-in votes for Democrats had gradually crept up, eventually taking Biden to the winner's post with the same number of electoral votes as Trump had gained in 2016. More than two weeks have now passed but Trump still won't concede, telling his base to reject the verdict as fraudulent and corrupt.

What is now being called the 'clown coup' is moving forward as Trump and his surrogates have abandoned using lower courts and instead try to use Republican legislatures in key states to change the election results by casting enough doubt on the votes to

The one really wonderful election result came from the State of Oregon... electors voted yes on Measure 110 to decriminalise the possession of all drugs within their state.'

allow the legislature in each state to 'determine' the electoral college voters instead of the people's voice.

Not a scintilla of evidence exists, of course, that any fraud took place. All votes are counted and scrutinised by both parties and Biden is millions of votes ahead in the popular vote (which means little in the US) but

crucially past the winning 270 votes in the Electoral College. Meanwhile, Ms Emily Murphy, administrator of the General Services Administration, refuses to 'ascertain' the result and release funds for the transition to President-elect Biden.

However, the one really wonderful election result came from the State of Oregon. States often have propositions (mini referendums) on their ballot to enable people to vote to determine controversial issues. This is how marijuana legalisation was achieved in most US states. This year, Oregon electors voted yes on Measure 110 to decriminalise the possession of all drugs within their state (see news, page 4). The vote was 52 per cent to 48 per cent, (I know I've heard that margin somewhere before!). This is a shining example of the positive side of US politics. But there is some push back, and I'll write more in my next column. In the meantime, have a safe and careful holiday.

Bill Nelles is an advocate and activist, now in Canada. He founded The (Methadone) Alliance in the UK



I AM A...

Two of the team from Brook Drive, the only third sector detox service in London, tell us about their careers – and the challenges past and present



‘MY PAST IS MY GREATEST ASSET’

At our 26-bed residential detox service we offer medically assisted detoxification from drugs and alcohol to clients nationwide. I’ve worked in the field of drug and alcohol treatment for the last 11 years, both nationally and internationally, and am very grateful for the opportunities that have come my way. Before this I worked for Ford building and supplying the world with diesel engines. Alongside, I was a part time criminal and full-time drug addict. Needless to say, neither of these other careers ended well and it took a near death experience to bring me back from the brink. I am humbled that my past has become my greatest asset in helping others to freedom.

As a result of the pandemic, we can only operate a maximum

occupancy of 18 beds compliant with government guidelines. Residents are tested upon arrival and must self-isolate until the results are returned within 48 hours. Negative residents move to the upper floor and positive (none so far) residents would be required to self-isolate throughout their stay on the ground floor.

We provide 24-hour nursing care, overseen by our clinical lead and partner GP practice. Alongside our clinical team we have a psychosocial team of recovery workers and volunteers. Our administration team ensures precise bed management and communication with referring agencies to make sure admission dates are offered as soon as possible, while our housekeeping team keep Brook Drive clean and sanitised around the clock and our chef provides excellent healthy food options catering for individual needs and detox regimes.

Brook Drive has a wonderful family feel thanks to the very close working relationships of our multi-disciplinary team of professionals. They share the same vision: the best possible outcomes for each resident. We also try to involve families as part of treatments as we are aware that the residents’ recovery capital is healthier when the family is involved. We also facilitate online

12-step meetings and peer support.

Would I recommend a career in this field? Absolutely! But be warned, it can be very challenging, and sometimes tragic. On the flip side it can be incredibly rewarding, humorous and energetic. My old life was not all bad, even though it nearly killed me. But I would not change its best moments for the worst I have today.

Martin Holmes is service manager and registered CQC manager



‘NO THEM AND US’

My first job in substance misuse was back in 2005, when I was desperate to leave shift work and grabbed the first nine to five job I was offered. I intended to work there for six months but 15 years later I am still in this field.

Before Brook Drive, I worked in community services, prison and detox/rehab. As an independent nurse prescriber, I worked with clients who were desperate for inpatient detox, but many relapsed following discharge. Several told me that they left still having

cravings or felt that the detox was rushed. I also managed successful home detoxes, and I yearned to work in a busy detox unit and implement what I learnt in the community. Working at Brook Drive has enabled me to do this.

The psychosocial and clinical teams work together ‘hand in glove’ to achieve the best outcomes, and our practices are underpinned by robust policies and comprehensive medical input.

‘I intended to work there for six months but 15 years later I am still in this field.’

Staff training, both in-house and external, enables the service to deliver safe, effective care that is pivotal to its clients’ recovery.

Working here has been a steep learning curve. The teamwork has been of paramount importance and the psychosocial input is enhanced by clinical team input. The recovery team are part of the admissions process and are trained to carry out vital observations working closely with the clinical team. At Brook Drive there is no ‘them and us’, but ‘we’ – and we’ll continue working towards excellence.

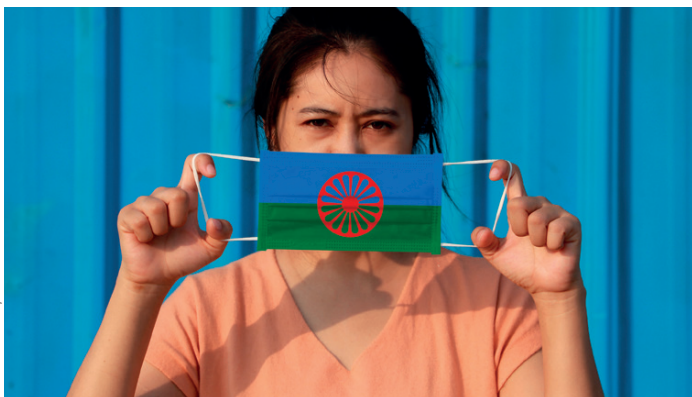
Muriel Gutu is group clinical lead of the Social Interest Group

OUR ‘I AM A...’ CAREERS SERIES aims to share knowledge and experience of different careers in the sector. You can take part through the ‘get in touch’ button on our website: www.drinkanddrugsnews.com/i-am-a/

BUILDING TRUST



A previously isolated gypsy community has been receiving much-needed specialist support from EDP, reports **Kerrie Clifford**



Auaumon / Dreamstime.com

Specialist family workers at South-West based charity EDP have completed a 12-week programme aimed at improving health and wellbeing at isolated gypsy sites in rural Dorset.

The workers wanted to help

improve the wellbeing of those residents most in need, as well as provide advice and support on alcohol and drug use. Wellbeing packs containing nutritious food as well as sanitary items were delivered three times a week, and within six weeks of the project starting opioid

substitution therapy was being provided alongside on-site advice on drug and alcohol issues through the REACH programme – a partnership between EDP, Avon and Wiltshire Mental Health Partnership Trust and Essential Drug and Alcohol Services (EDAS). The Hepatitis C Trust also attended the site to allow residents to access free BBV testing.

‘It can prove extremely difficult to engage with the gypsy, Roma and traveller (GRT) community, so we have been especially delighted to have won the trust of the community,’ said Beth Davies, head of service and development at EDP. ‘By delivering the REACH programme, we have been able to provide much needed support to people who can sometimes be forgotten by society.’

‘It has been a privilege to

work with and get to know my local GRT community,’ added Rachel Clements, a specialist family worker at EDP. ‘It has given me the opportunity to build an understanding of how life is for people and the daily challenges they face. It’s taken weeks to build relationships – however this has grown over time and I feel confident the community will contact REACH EDP if ongoing support is needed in the future.’

The support enabled people to speak openly about their lives and struggles, and following expressions of concern about the upcoming winter EDP sourced donations of winter clothing and engaged a community member onto an online university course. While EDP has links with the traveller community dating back more than ten years, during the peak of the pandemic the charity also arranged for workers in the area to deliver medication to the sites, which helped cement the trust between site residents and EDP staff.

Kerrie Clifford is marketing & communication manager at EDP Drug & Alcohol Services.

For more information on Dorset REACH service call 0800 043 4656 or visit www.edp.org.uk



DEAR DIARY

Mark Reid is moved by Emma Mitchell’s testimony to the healing power of nature

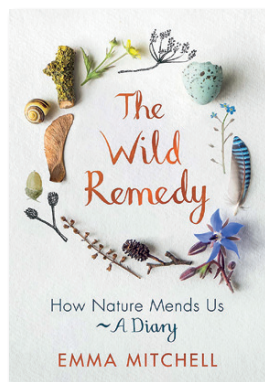
‘**I PUNCH MY WAY FROM BENEATH IT AMONG TREES, BIRDS AND PLANTS**’ is how Emma Mitchell describes part of her battle with clinical depression. Her diary is a year inside her mind, from October to September – down to suicidal ideation and up to moments of exhilaration in nature.

Suffering from seasonal affective disorder (SAD), by January ‘it becomes difficult to move’ at all. By March Emma has thoughts of taking her own life and begins to act on them. ‘I drive to the A11. There are bridges there’. Then in a supreme instance of the nature remedy she sees saplings growing at the side of the road: ‘trees, green, relief’. Emma

heads home and tells her husband how unwell she is.

Improved mood is very slow in coming. By late April Emma is in the garden more as the weather warms up. She responds to every sign of spring. The release of pain merges into relief and joy, especially when Emma is lucky enough to hear nightingales in May. In their lovely song there is ‘intense emotion that is almost unbearable’. She suddenly sees her depression clearly for what it is and, unusually, gives herself credit for fighting it with all she has, to ‘just about wriggle free. I let the tears come’.

Making up for lost time, in the lightest months Emma seeks



The Wild Remedy: How Nature Mends Us – A Diary by Emma Mitchell.

Pub: Michael O’Mara Books.

unspoilt places to try to banish dark thoughts. She identifies an incredible array of wildflowers with wonderful names including among her favourites water avens and fairy flax. They grow in meadows which have never been subjected to fertilisers, escaping intensive farming which has made so much land ‘a factory’. Hawthorn also earns a special accolade for the intoxicating scent of its exquisite blossom and the claret colour of its berries. Emma says that Hawthorn is soothing nearly all year round and she feels ‘intensely grateful towards this tree’.

Emma follows the latest science to verify nature as a key supplement to her medication. Plants produce protective chemicals which we breathe in, and soil bacteria trigger serotonin in our brains. Depression can mean, above all, ‘an overpowering self-hatred’. Yet in this diary Emma Mitchell achieves its direct opposite: a liberating self-expression in celebration of the beauty of nature.



FESTIVE PHOENIX



Phoenix Futures will be going all out to make this Christmas a special one for residents, says **Dave Potts**

Looking back over a year so profoundly characterised by its unpredictability I find it heartening to reflect on the unwavering commitment of the dedicated teams in our residential rehabs across the country. Despite the challenges we've all faced this year, I am proud that we've remained a constant, reassuring and positive presence for those who needed our help. As well as looking back over the tremendous work done in our residential this year, I've also been catching up with our teams to find out what they are looking forward to. The festive season is approaching and our staff and community members are serving up a delectable host of reasons to be cheerful.

BRINGING FESTIVE CHEER TO OUR NEIGHBOURS ON THE WIRRAL

The Wirral Residential Service have been warming up their vocal chords in preparation for Christmas this year. Their choir, made up of staff and service users, will be bringing the festive cheer to their neighbours at a local care home by singing carols in their garden on Christmas

Eve. 'We wanted to do something special after the year we've all had,' said head of house Helen Brewin.

'Care Homes across the country have stayed open and worked tirelessly to keep the people with them safe this year, so we thought it would be a nice surprise to make them smile. We wanted to say thank you in our inimitable Phoenix way and remind them that Christmas is still a time for people to be cheerful and come together – at an appropriate distance of course!'

A VIRTUAL FAMILY CELEBRATION

Each year the children at the National Specialist Family Service help design the Phoenix Futures Christmas card, and this year's design was 'inspired by the babies we have placed with us', said senior childcare worker Chloe Axelby.

'We wanted them to be a part of the Christmas card so we thought why not use their tiny hands and feet to make a beautiful picture. The parents painted their toes which was a lovely experience. It made the children giggle and we had lots of fun. The best way I can describe Christmas at Phoenix Family Service is lots of individual

'Our staff and community members are serving up a delectable host of reasons to be cheerful.'

families coming together to make one big family where everyone celebrates, cooks, eats and shares special moments with each other.'

GLASGOW'S GOT TALENT

Our Scottish Residential Service are planning an unforgettable experience for their community members this December – a music event, with performances from staff and residents throughout the evening. Leading on these celebrations is therapeutic team member, Paul McGoldrick. 'Usually, residents work together to learn songs and perform them for the community. In recent years we have

had a lot of creative community members who write their own material so it's an opportunity for them to showcase their talent. Often community members will write about their life before they came in and the process of change they are going through at Phoenix. It can be very powerful and moving, as well as being a fun event.'

SHEFFIELD DECK THE HALLS

Throughout December the Sheffield Residential are planning a number of events for their community members to help make the service look and feel like Christmas. Creative groups will be used for making Christmas cards for loved ones, designing decorations for the house and, of course, decorating the tree.

Members with a culinary flair will also be taking to the kitchen to bake mince pies, gingerbread and other festive favourites. On Christmas day there will be presents to unwrap and a traditional dinner for everyone staying with us this holiday season.

'I'm definitely safer being at Phoenix Futures as my family are heavy drinkers, and I would have had to make a difficult decision not be with them and to isolate on my own,' said Sophie, a resident at our Wirral Residential. 'Instead I'm with my Phoenix family where I feel supported and happy. For many years I have spent Christmas on my own, and I am really looking forward to having lots of fun and people around me where I am safe.'

Dave Potts is head of operations at Phoenix Futures

I WISH...



Sophie Fox provides a Christmas wish list for supporting someone with an alcohol dependency and co-existing mental health issues

As Christmas approaches

I found myself thinking about a different sort of wish list, based on my experience of supporting someone I'm very close to through their alcohol and mental health treatment journey.

Can we have clear guidance and lines of responsibility for those who experience co-existing mental health and alcohol issues, regardless of whether they've been given an official dual diagnosis?

The reality for many people is that they need to get worse before they get better to meet the threshold for the specialist support they need, and are 'ping-ponged' from pillar to post.

Could health and support services talk to each other more?

It's no wonder that people in need of services are reluctant to access them when they're asked to complete multiple assessments with different agencies, telling often traumatic stories again and again.

Could we have more support available for family and friends?

There are pockets of fantastic work taking place, but no ringfenced funding. Write to your MP using Adfam's letter template: adfam.org.uk/influencing-for-change/write-to-mp

And for people affected by someone else's alcohol use:

Remember to take the time to just listen. It's easy to focus on what you think a person 'should' be doing instead of listening to how they're feeling.

Remember that you are not alone. It can feel very lonely caring for someone experiencing significant issues which you have limited control over. But there are an estimated 5m families and friends affected by the substance misuse of a loved one in this country alone.

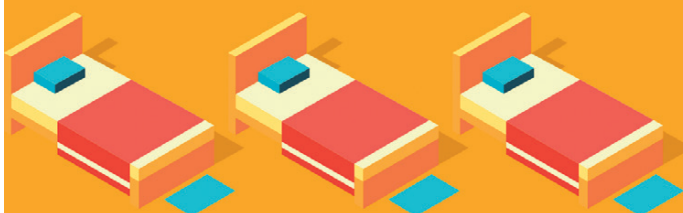
Try to recognise what you are able to influence and what you can't. It's important to remember that we can't always fix everything, and nor should we.

Don't forget to celebrate your achievements as a family or friendship group and your appreciation of each other as individuals. Our loved ones are so much more than just the problems they face. Whilst it's important to help them with their issues, it's also important to celebrate what makes them wonderful at the same time. Remember that above all else, you are a strong family (whether biological or social) that has shared so many positive experiences and memories, as well as getting each other through the tough times.

Sophie Fox is director of business development and innovation, Humankind

Brook Drive is a CQC registered, residential detoxification service, consisting of 26 bed spaces.

It is the only remaining third sector detox unit in London and is open 24 hours 365 days per year.



It provides medically supervised alcohol and drug detoxification programmes for men and women aged 18 and above.

We accept referrals from throughout the UK, catering to the increasing complexity of Service Users' needs.



Over 50s Alcohol Helpline

A free, national helpline running 7 days a week, providing confidential advice, information and support to anyone aged over 50 who may be worried about their drinking, or anyone worried about a loved one over 50.

Call **0808 8010750** or visit **wearewithyou.org.uk** for more information.



we are withyou





**Change
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Live**



Is your organisation working to tackle blood borne viruses?

Our toolkit can help.

Coronavirus has changed our approach to blood borne virus (BBV) testing and treatment. We've put together a toolkit to help make sure everyone gets the testing and treatment they deserve.

In the toolkit you'll find guidance and resources to help your services prioritise and carry out testing safely and effectively in these challenging times.

It's free and available for anyone to download, just visit www.changegrowlive.org/bbv to explore the toolkit for yourself.

Passmores House

Passmores House is a recovery community for people aged 18 years and over who are dependent on drugs or alcohol.

Easily accessible by car and public transport, the facility combines tranquil surroundings with expert clinical care.

We provide inpatient detoxification and residential rehabilitation programmes for all complexity levels.



“*Passmores House has not only saved my life, but also given it back to me.*”



WHAT WE OFFER

Your own space

Well-appointed 17 single en-suite rooms and 6 single rooms with shared bathroom facilities

Grade II listed building

First-class facilities and superb surroundings

Specialist support

24/7 nursing care and access to a Consultant Addictions Psychiatrist

Specialist programmes

One-to-one support, counselling and group programmes

Life skills development

Healthy cooking and money management

Complementary therapies

Acupuncture, personal fitness, yoga and art

Nutritious meals

Spacious kitchen facilities and chef

Reintegration

Support around education, training and employment, resident excursions and activities



Passmores House, Third Avenue, Harlow, Essex, CM18 6YL

Telephone: 01278 634 200 **Email:** passmores@wdp.org.uk

Website: www.private-detox-and-rehab.org.uk



Passmores House has robust infection control and social distancing measures in place to keep our residents and staff as safe as possible from COVID-19. Contact us to find out more.

HAYS

Recruiting experts
in Social Care

RECOVERY WORKERS REQUIRED

As the lead supplier for interim staffing for Change Grow Live (CGL), Hays Social Care specialise in the supply of high quality recovery workers to substance misuse service providers in London and the Southeast.

With the largest network of offices throughout London and the Southeast, our dedicated social care team recruit for various jobs including:

- Recovery Workers
- Dual Diagnosis Workers
- Alcohol Liaison Officers
- Criminal Justice Practitioners
- Hostel Workers
- Family Safe Guarding Specialists
- Team Leaders
- Service Managers
- Nurses

We also specialise in the supply to the following:

- Adults and young people
- Tier 1-4 Services
- Prescribing
- Needle Exchange
- Harm Minimisation
- DIP Management
- Commissioning
- Service Level Agreements for cost effective solutions

All candidates will meet with a specialist consultant face-to-face for registration (currently online owing to COVID-19), and all registered candidates will hold a Hays processed Enhanced DBS which we process free of charge or candidates will be signed up-to the Online DBS portal service.

You will have extensive experience working within a substance misuse service. Testimonials are available for work within the Substance Misuse Services across the UK.

For more information, contact Daniel Essery on 07841 097188 or email daniel.essery@hays.com

hays.co.uk/social-care



forward

Are you interested in changing people's lives and supporting lasting recovery?

Are you in recovery yourself
with lived experience?

We are interested to hear from people who want to make a difference to people's lives, people who may or may not have lived experience in recovery, or as a family member of someone in recovery.

We are currently recruiting for:

- Psychotherapists
- Drug and Alcohol Practitioners
- Team Leaders
- Recovery workers
- Substance Misuse Nurses
- Apprentices & Volunteers

We offer:

- Competitive salary
- Simplyhealth cover
- Childcare vouchers
- Therapy allowance
- Career development
- Up to 30 days annual leave

View our current vacancies at

www.forwardtrust.org.uk/work-for-us/

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...



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DrugFAM • Remote Working • £23,000 – £27,000pa

Play a key role in providing emotional support to families, friends and partners affected by someone else's drug, alcohol or gambling misuse; including those bereaved by addiction.

More details at
www.drinkanddrugsnews.com/jobs

Addiction – Families need support too
DRUGS • ALCOHOL • GAMBLING



EMERGINGFUTURES

PSYCHOSOCIAL INTERVENTIONS (PSI) WORKERS

Norwich | £22,937 – £24,472 p.a.

Emerging Futures are recruiting two full time Psychosocial Intervention (PSI) Workers. These new roles have been created to support a new initiative in Norwich. 'Project ADDER' PSI workers will work in close partnership with Change, Grow, Live, criminal justice agencies, health providers and Norfolk Constabulary.

Full details at
www.drinkanddrugsnews.com/jobs

PASSIONATE PEER LEADS WANTED



The Hepatitis C Trust is expanding its network of peer workers across the country and will be looking to recruit up to 20 new staff to join its team before the end of the year. As the UK's charity for hepatitis C patients, and a leading player in national efforts to eliminate the virus, The Hepatitis C Trust has proven the role of peers in engaging those who meet the most challenges in accessing services.

The Hepatitis C Trust will be seeking passionate and skilled peer leads with excellent communication, engagement, and organisational skills to be part of a history making journey to eliminate the virus. Experience of working within drug services and with volunteers, having been affected by hepatitis C or having supported someone who has hepatitis C are all desirable if you feel that you or someone you know may be interested.

DDN will be hosting a series of job adverts with details of how to apply over the coming months so please look out for an opportunity in your area.

www.drinkanddrugsnews.com/jobs

Thank You

for your support throughout 2020!



Have a happy and safe
Christmas and New Year.
All at **DDN**

Turning Point Smithfield In-Patient Detox

**Has Covid pushed you
over the line?**

If you are in need of a break
and help with your alcohol
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