DDN

Drink and Drugs News
March 2021
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A NEW APPROACH
What can we learn from prison based therapeutic communities?

ABUSIVE RELATIONSHIPS
It's more complicated than 'Why doesn't she just leave?'

TRAPPED IN THE PAST

CHILDHOOD TRAUMA AND DRUGS – TIME TO ADDRESS THE ISSUES

NEW!

Reduced fill vitC

Our sachets now contain 100 mg

Acting on the findings of the 'Care and Prevent'[1] study of injecting-related injury by Dr Magdalena Harris from The London School of Hygiene & Tropical Medicine and presented at the 2019 National Needle Exchange Forum meeting in Birmingham

We have now reduced the fill of our vitC sachets to 100 mg

1. Injecting-related health harms and overuse of acidifiers among people who inject heroin and crack cocaine in London: a mixed-methods study. Magdalena Harris et. al. Harm Reduction Journal (2019) 16:60 **https://doi.org/10.1186/s12954-019-0330-6**

EXCHANGE SUPPLIES
MAKING INJECTING SAFER

DDN

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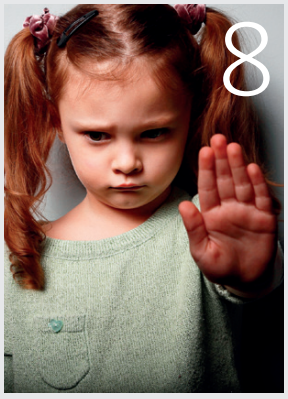


Early trauma and domestic violence

Are online services as good as face-to-face?

A quarter of UK prisoners have a gambling problem

PLEASE GIVE US YOUR FEEDBACK!

'The first place to go for news related to the field.'

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

Early trauma is the common thread

Early trauma is an incredibly complex subject and yet it is the common thread that runs through so much of our work. Adverse Child Experience (ACE) studies have highlighted the links between addiction and neglect, abuse and violence, yet how often do we use this knowledge to develop our responses? Dr Suzanne Zeedyk (interview, p6) said in a recent online event by Favor UK that 'we're not curious enough about the scars people carry, and that feeds denial'.

The research, expertise and personal experience in this month's issue demonstrate how early trauma manifests in different contexts. Women who survive childhood abuse are likely to experience sexual assault and domestic abuse, says Janie Pamment (p8), and working in a trauma-informed way can play a key part in helping them to free themselves from cycles of abuse.

The context of multiple deprivation and disadvantage is important, whether looking at alcohol-related domestic violence (p15) or understanding how we can introduce 'recovery capital' to people in prison (p13). Please let us know if you have work we can share; we're building a valuable resource on early trauma on the DDN website.

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

Lockdown had little effect on drug supply says Release report

The first COVID-19 lockdown made little difference to people's ability to find drugs or suppliers, according to Release. However, supply shortages did lead to difficulties sourcing drugs as the lockdown lifted, says *Drugs in the time of COVID*. More than one in ten purchases were made on the darknet, the document adds, many for the first time.

Release has been running an online survey to monitor how people were buying drugs since the start of the first lockdown, with the interim report based on more than 2,600 responses between April and September last year. A final report will be published this summer.

More people reported that their drug use had increased since the start of the pandemic than reduced or stayed the same, the report states. More people also reported experiencing increased withdrawal symptoms and non-fatal overdoses, as well as sharing of injection equipment. Overall, cannabis accounted for 70 per cent of purchases, while sales of 'party drugs' like MDMA were significantly down as people's opportunities to socialise were restricted. Suppliers had adhered to government social-distancing measures in more than 60 per cent of purchases, the survey found.

'At the start of lockdown, many presumed that the drugs market would be severely affected by border closures across the globe and by "stay at home" restrictions, but in fact the majority of respondents to the survey did not report finding a supplier, or their desired drug, to be more difficult compared to before the arrival of COVID-19,' said lead author Judith Aldridge. 'We did, however, observe increased difficulties in purchasing drugs as the first lockdown eased and was lifted – this also coincided with reports of increased prices, which would be consistent with supply shortages starting to have

'Many presumed that the drugs market would be severely affected by border closures across the globe and by "stay at home" restrictions.'
JUDITH ALDRIDGE

an effect on the market. Our results seem to suggest that suppliers were charging more and, in some cases, reducing deal sizes rather than sacrificing the purity of the drug they were supplying.'

'In addition to the findings that suppliers were adhering to social distancing measures for the majority of purchases made during lockdown, we also saw suppliers adopting measures similar to those adopted by legal markets in order to further prevent virus transmission,' added co-author and Release policy lead Laura Garius. 'These measures included suppliers accepting card payments, disinfecting cash, and modifying their packaging. The additional precautions taken by suppliers to protect their buyers challenge longstanding perceptions of suppliers as "morally bereft actors".'

Report at release.org.uk

Services brace for reform

THE GOVERNMENT HAS PUBLISHED A WHITE PAPER setting out planned reforms to health and social care services. It includes proposals for health and social care to work more closely together, as well as tackling major public health challenges like obesity, removing bureaucracy and ensuring a system that is 'more accountable and responsive'. Shadow health secretary Jonathan Ashworth, however, questioned the wisdom of reorganisation 'in the midst of the biggest crisis the NHS has ever faced'.

Opportunity 'to join up alcohol treatment services that have sunk to an all-time low.'
PROFESSOR SIR IAN GILMORE

The document also contains a proposal to amend the Food Safety Act to allow strengthened labelling requirements – this would include mandatory alcohol calorie labelling, it states, something alcohol health organisations have long been calling for. While obesity was on the rise 'it must not be forgotten that alcohol harm is also spiralling out of control and has serious consequences for individuals, families and communities across the country', said Alcohol Health Alliance chair Professor Sir Ian Gilmore. 'We are already paying much too high a price for alcohol harm and this appears to have worsened during the COVID-19 pandemic.' Tackling the fragmentation of the NHS provided an opportunity 'to join up alcohol treatment services that have sunk to an all-time low, while at the same time targeting prevention' he added.

Integration and innovation: working together to improve health and social care for all at www.gov.uk

Gen Z drug habits

MORE THAN 30 PER CENT OF YOUNG PEOPLE HAVE TRIED CANNABIS at least once by the age of 17, according to research by UCL's Centre for Longitudinal Studies, while 10 per cent have tried drugs such as MDMA, cocaine, LSD and amphetamines. More than half of 17-year-olds said they had engaged in binge drinking while 13 per cent reported regular drinking, defined as six or more times per month.

The study looks at 'engagement in substance use and antisocial behaviour' among Generation Z – those born between the mid 1990s and early 2010s, with researchers analysing data from the Millennium Cohort Study (MCS) of around 10,000 young people. UCL researchers also analysed the MCS findings according to sex, ethnicity and parents' educational levels, with males reporting higher rates of both drug use and binge drinking.

While young people whose parents were educated to degree level or above were more likely to have tried alcohol and experienced binge drinking, they were no more likely to have tried drugs. White teenagers were three times more likely to report binge drinking than those from BAME groups and twice as likely to have taken harder drugs.

Substance use and antisocial behaviour in adolescence at cls.ucl.ac.uk

Sixteen per cent increase in alcohol deaths

Provisional data from the Office for National Statistics (ONS) for the first three quarters of 2020 show 5,460 deaths related to alcohol-specific causes, up more than 16 per cent on the same nine-month period in 2019. While rates for Q1 are statistically similar to previous years, Q2 and Q3 show the highest increases since 2001, says ONS, with death rates increasing significantly for 30 to 49-year-olds in Q2 and 40 to 69-year-olds in Q3. The provisional figures were published within hours of ONS' official figures for 2019, which showed a total of 7,565 deaths related to alcohol-specific causes, the second highest figure since records began 20 years ago. Death rates were highest in the 55 to 64 age range, with the male death rate consistently more than double that for females for the last two decades. Alcoholic liver disease accounted for almost 78 per cent of fatalities.

The figures only relate to conditions where a death is a 'direct consequence' of alcohol misuse, with 'significant' increases in these deaths among 55 to 79-year-olds over the past two decades. 'Given that the definition of alcohol-specific deaths includes mostly chronic conditions, such as alcoholic liver disease, the increased rates in the older age groups may be a consequence of misuse of alcohol that began years, or even decades, earlier,' says ONS. As is the case with drug-related deaths, rates were highest in the most deprived areas. For the sixth year running, England's highest alcohol-specific death rates were seen in the North East – 16.6 deaths per 100,000, more than double London's rate of 7.9.

'Sadly, these statistics show the impact of what happens when the majority of people with an issue with alcohol aren't accessing treatment or support, especially in a country with such a heavy drinking culture as the UK,' said head of the Drink Wise, Age Well programme at We Are With You, Julie Breslin. 'While it's hard to pin-point the exact reasons behind the rise, front-line services have seen how the social isolation and anxiety of living through a pandemic has led to an increase in potentially harmful drinking. At the same time people are understandably concerned about placing extra strain on health services at the current time, with many struggling alone. This picture is particularly acute for older adults, with people aged between 55 and 64 years old most likely to die of an alcohol-related cause. Many are unable to see their loved ones or friends, and are drinking more as a way to cope with increased loneliness, isolation and anxiety.'

'Many... are drinking more as a way to cope with increased loneliness, isolation and anxiety.'
JULIE BRESLIN

Quarterly alcohol-specific deaths in England and Wales: 2001 to 2019 registrations and Quarter 1 to Quarter 3 2020 provisional registrations, and Alcohol specific deaths in the UK: registered in 2109 at www.ons.gov.uk

Parents feel the pressure of pandemic

PARENTS ARE TWICE AS LIKELY TO BE DRINKING MORE OFTEN since the start of the COVID-19 pandemic, according to research by alcohol charity Balance. Among people who drink, 38 per cent of those with children under 18 living at home said they were drinking more often compared to just 18 per cent of non-parents.

The survey of over 900 people also found that more than 30 per cent of parents were likely to be consuming more units on a typical drinking day compared to 17 per cent of non-parents.

'These are worrying figures.'
COLIN SHEVILL

Parents were also more likely to admit to binge-drinking, with 44 per cent saying they did so at least monthly and 4 per cent on a daily 'or almost daily' basis. Almost half of the parents surveyed were increasing-risk or higher-risk drinkers, compared to 37 per cent of non-parents. The NSPCC has also revealed that the number of people getting in touch with concerns about drug or alcohol misuse among parents is up by 66 per cent since April 2020, at almost 1,200 contacts a month compared to 700 a month during January to March of last year.

'These are worrying figures which clearly show that families and parents with children at home are feeling the pressures,' said Balance director Colin Shevills. 'Parenting is stressful to begin with but add in home schooling, juggling work with childcare and worries about the pandemic and it is a perfect storm.'

Local News

SAVING LIVES
Distribution of 10,000 free naloxone kits has begun in Scotland, an initiative by manufacturers Ethypharm to address the escalating rate of drug-related deaths. The Scottish Ambulance Service were among frontline services to welcome the move, with @maryemunro tweeting '200 kits have arrived for me to distribute to @Scotamservice stations throughout the North of Scotland!'

BENZO AWARE
A free e-learning course on emerging trends in street benzodiazepines has been launched by SDF. 'Benzodiazepines, particularly if used alongside other substances, are a major contributory factor to Scotland's current drug death crisis,' said CEO David Liddell.
What's happening on the streets with benzos? at www.sdftraining.org.uk

PLUGGING IN
Plug in Devon is a new online community from the Devon Together Alliance (DTA) – coordinated by EDP Drug and Alcohol Services – connecting people in recovery with local services, organisations and grassroots groups, and including online forums, news and personal stories.
www.plugindevon.org.uk

The links between childhood trauma and problematic adult substance use – though huge – are still not being properly addressed. If we're finally going to tackle the drug deaths crisis, they need to be. **DDN** reports

THE ELEPHANT IN

'How long have we known that drugs are connected to childhood trauma? Probably since the seventies,' says child psychologist and research scientist Suzanne Zeedyk. 'It just hasn't filtered into our wider consciousness or our systems.'

The extensive and ongoing adverse childhood experiences (ACE) study identified that people who experienced four or more types of ACE – including physical or emotional neglect; physical, emotional or sexual abuse, or exposure to domestic violence – are seven times more likely to be alcohol-dependent, and ten times more likely to be involved in injecting drug use. But while childhood trauma is clearly a major factor in people going on to develop substance problems in adulthood – quite possibly the biggest – it's still not discussed as widely as it should be.

This is particularly the case with child sexual abuse. A report by the charity One in Four found that many drug services were still failing to 'make the link' between child sexual abuse and adult substance problems (*DDN*, May 2019, page 10), something that is perhaps surprising in a sector that is so aware of the impact of stigma and its role in deterring people from seeking help. Stigma is clearly a huge issue for survivors of abuse – it's an extremely difficult thing to disclose, and many people never do. Add problem substance use to that, and you have stigma compounded on stigma.

BLAME AND JUDGEMENT

'In general in our society we just don't understand that childhood trauma stays with you, that it stays in the body,' says Zeedyk, who recently hosted the online *Trauma at the heart of Scotland's drug deaths* event. 'It produces biological change that you need help with later on because your stress system is made more fragile.

If children have to deal with too much emotional distress at a time when they don't have a stress system that can cope it creates damage. Then when you get a bit older and face distress you need external help, and that becomes your go-to place. But the other thing is we have a society that very quickly turns to blame and judgment. We make it about individual choices – that's kind of a go-to response for us.'

The Scottish Government does seem, however belatedly, to be determined to properly address the country's ongoing drug-related deaths crisis, appointing a new minister and pledging £250m over the next five years (*DDN*, February, page 4). However, it's 'grassroots voices that have helped to make that happen,' she believes – 'being bolshy and making themselves unpopular.'

So how could that money best be spent? 'If you're far removed from the problem you don't understand the urgency, so you need the voices of lived experience,' she states. 'They need a genuine seat at the table, so one way I'd like to see that money used is to have more voices of lived experience at the epicentre of strategy and solution-making. Drugs take away the angst, drugs give you peace, drugs are a way of self-comforting, so I would like to see that money going into a trauma-informed response to the problem and exploring what that looks like.'

CREATIVE THINKING

Alongside more money for organizations led by lived

> 'The drugs system wasn't set up to think "I'm going to need to deal with child sexual abuse" so we need to shift that and it won't happen naturally, it will only happen because of leadership... and if people in positions of leadership can't do that then the grassroots will need to hold them to account.'

Vladimir Razgulyaev/Dreamstime.com

THE ROOM

experience, this could include more residential rehab beds and funding of family support charities, she adds. 'We need to think about how trauma happens and we can think more creatively – we need to stop thinking about this in silos.'

On that note, the Children's Society has previously called for better joined up working between drug treatment and child sexual exploitation services (*DDN*, February 2017, page 4) while the One in Four report urged drug services to make sure staff are properly trained to respond appropriately to disclosure of sexual abuse and that the right referral processes are in place.

'There's a need for training for everybody,' says Zeedyk. 'If we could have a basic understanding of how childhood trauma works, we would be at a different place – your whole response to people can shift quite quickly.

'We do need more referral but, as a start, drug workers need to understand that listening and affirming in itself will help, because when people feel validated that's part of the recovery process. It doesn't mean we stop there, but it's a step along the way and it gives drug workers something they can do in the moment.

'The drugs system wasn't set up to think "I'm going to need to deal with child sexual abuse" so we need to shift that and it won't happen naturally, it will only happen because of leadership,' she continues.

'We need some brave and determined leaders to change the system, and if people in positions of leadership can't do that then the grassroots will need to hold them to account and say, "I know I'm irritating you, but I'm going to keep at it.""

DRIVING CHANGE

Which brings us back to the voices of experience. 'All the time I watch professionals who think they know best, and often they don't – if the people in charge of the system had been very good at this we wouldn't have lost 1,264 people last year. The thing that really drives change is people in recovery telling their personal stories. We need to use their courage to drive change elsewhere.' **DDN**

Dr Suzanne Zeedyk

is a research scientist and child psychologist. Since 1993, she has been based at the University of Dundee within the School of Psychology. Her academic career began in the USA, where she completed her PhD at Yale University.

In 2011, Dr Zeedyk stepped away from a full-time academic post in order to establish an independent training enterprise with the aim of helping the public understand the importance of emotional connection for human health and happiness. In 2014, she founded the organisation Connected Baby, where she and her team work to help parents and professionals make practical use of the science of connection.

In January 2021, Dr Zeedyk was a key organiser of the online event Trauma at the Heart of Scotland's Drug Deaths.

Biography at suzannezeedyk.com

WHY DOESN'T SHE JUST LEAVE?

Women stay in violent and abusive relationships for all kinds of reasons, says **Janie Pamment** – and childhood trauma is a significant one

When talking to people about women experiencing domestic violence, I'm often asked the same questions time and again – why don't they just leave? And, why do they go back? These questions often contain an element of frustration, as though there is a simplicity to the solution. In reality though, there are a variety of reasons why women stay in – and go back to – a violent relationship.

Some of these are more commonly understood and widely documented – the woman can't afford to leave, it's too dangerous for her to leave, she has children who love their father and attend school in the area. Add to this cultural pressures or the fact that she has her network there or is so isolated she doesn't know who to turn to. What is less understood is the relationship between childhood trauma and a subsequent vulnerability to being in a domestic violent relationship, something that we can take a closer look at here.

We are hearing more and more about the importance of mental health and mental health support, and it is understood that if you've experienced childhood neglect or abuse then it can have a negative impact on your mental health as an adult. This can manifest in many different ways, and has been widely studied for years. John Bowlby, the British psychiatrist and psychotherapist and originator of attachment theory, believed that there is a biological drive when we are born to maintain proximity to our care givers in order to receive protection from the wider world. He believed that the relationship between the primary carer and child created a template for future relationships, an internalised self-view or working model and a view of how someone expects the environment to treat them based on whether or not they had had a secure base. He categorised attachment styles into:

- *Secure – autonomous*
- *Avoidant – dismissing*
- *Anxious – preoccupied*
- *Disorganised – unresolved*

For those of us lucky enough to have had a stable childhood, creating what Bowlby would have called a secure base from which to explore the world, we will have established a secure attachment style. This means we have internalised a positive self-view, have healthy levels of self-esteem and self-worth, and are able to self-regulate our emotions as well as having had role models that demonstrate healthy relationship patterns. However, if the parenting is not successful – through neglect or abuse of the parenting role – then the child will develop an unhealthy attachment style which will affect both their personality formation and future adult relationships.

In practical terms, this means that dysfunctional coping strategies are in place when individuals are faced with challenging experiences. These maladapted internalised coping strategies will have been learned in childhood to maintain 'attachment' to a neglectful or abusive care giver, and are then carried through into adulthood. This means that for both men and women, we see an increase in the link between childhood trauma and domestic violence.

For those of us lucky enough to have had a stable childhood, we will have established a secure attachment style... a positive self-view, healthy levels of self-esteem and self-worth, and are able to self-regulate our emotions.

However, there is a gendered difference, with men presenting as predominantly the perpetrator as opposed to women who predominantly present as the victim.

According to the 2018 report *Jumping through hoops: How are coordinated responses to multiple disadvantage meeting the needs of women*, women who were survivors of childhood abuse were four times more likely to experience sexual assault after the age of 16 than male survivors (43 per cent compared with 11 per cent), while more than half (57 per cent) of women who were survivors of child abuse experienced domestic abuse as an adult, compared with 41 per cent of men.

So someone would stay in a relationship that is harmful because she's internalised a dysfunctional working model – she will try to maintain that relationship because the biological attachment system drives her to, as a form of protection. The system has been given faulty information, which will keep the woman in the relationship – or repeating it – until she can find a way to change the faulty system. This is where working in a trauma-informed way supports change. By helping the woman to recognise the repetitive patterns and low self-worth through talk therapy, trauma-informed practice and empowerment, we can support women experiencing domestic violence to make positive changes to this system so that they might free themselves from cycles of abuse.

Janie Pamment is women's support navigator and counselling coordinator at Turning Tides

Anastasia Vishnickaya/Dreamstime.com

BOTTLING IT ALL UP

Mark Reid reviews Douglas Stuart's Shuggie Bain, the story of a boy and his alcoholic mother

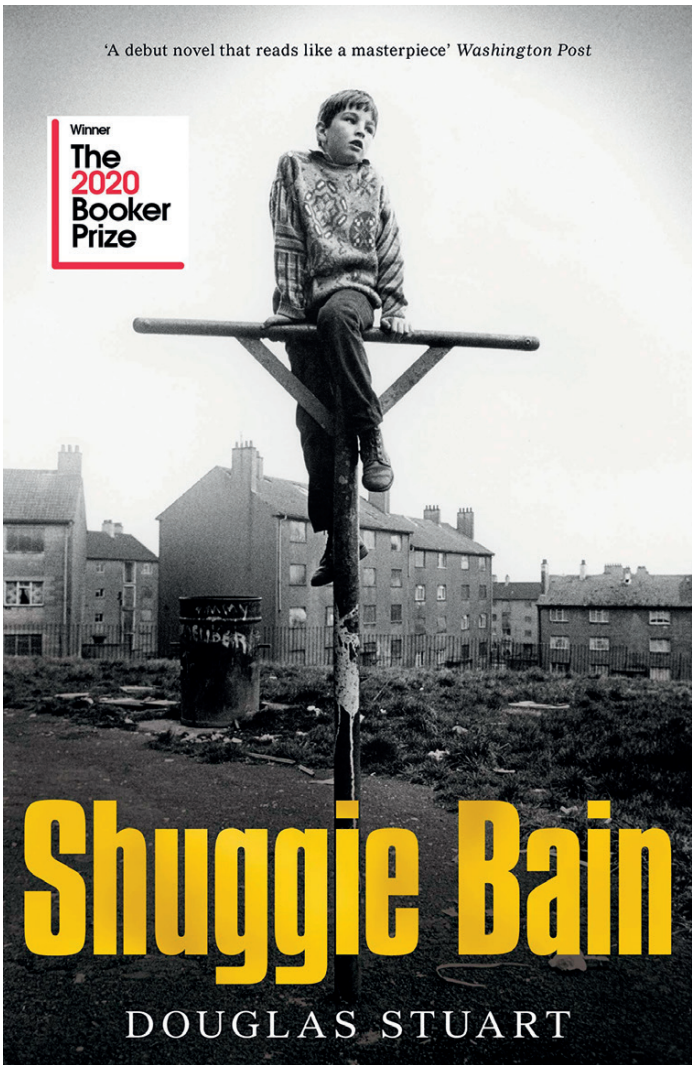
Anyone who has been addicted to alcohol is taken straight back to its horrors here. And all those who have toiled to help the drinking alcoholic will identify with Shuggie Bain's hopes and burdens. The novel centres on Shuggie and his mum. From an early age he looks after her, very often instead of going to school. In the mornings, for her hangovers and withdrawals, Shuggie arranges three tea mugs: 'tap water to dry the cracks in her throat, milk to line her sour stomach, a mixture of the flat leftovers frothed together with a fork'. The lager pushes her boak back down and begins to stop her shakes.

When he does make it to school, Shuggie is bullied because he is different. He is attracted to boys and plays with shiny ornaments and a doll but under this peer pressure he wants nothing more than to like things boys like, including football – but it's a token effort. Shuggie is too young to leave his mum – he has no one else, and he remains firm in the belief that she will recover. 'I would do anything for you,' he tells her, and blames himself. The bleak limited patterns of her life confine and define his, yet he is also consoled by the routines. As Shuggie sees it, her trouble tends to start when she goes out and meets the wrong people: 'it would be better if they were stuck inside alone, where he could keep her safe forever.'

Shuggie's mum, Agnes, sometimes goes through the motions of being a good mother. In the local grocery, she chooses the makings of a good meal. Then, pretending it was an afterthought, she asks for 12 cans of Special Brew. Of course, she doesn't have enough money for all of it and just buys her essentials, leaving all the food in the store.

Her main resentment is men and how she thinks they have ruined her life. Though Agnes is promiscuous – with those who 'take her comforts in exchange for a bag of carry-out' – she is abused by many men, especially Shuggie's step-dad. He is violent, lives with another woman and comes and goes as he likes. Agnes describes him as 'a short fat balding pig who fancies himself as a Casanova'. Her previous husband was a good man who didn't go to the pub and gave his wages to her, but she was never able to respect this and was restless. After Agnes left him, he had still sent money every Thursday and taken Shuggie and the other children every second Saturday.

The novel is set in the de-industrialised Glasgow of the early 1980s when the city 'was losing its purpose', and in part this is offered as an explanation for hopelessness and alcoholism. But it is really an account of the state of mind of those who are loyal to those addicted...



Agnes found his limit when she gave her children their step-dad's name: Bain. Their real dad never saw them after that.

When she is abstinent, including a year in Alcoholics Anonymous, Agnes becomes attentive and generous, and impresses on people that she now understands she cannot drink normally. Her latest partner, Eugene, chooses not to try to accept this, as he feels ill at ease socially with someone who doesn't drink. He goads her into a glass of wine. She objects. She is scared to drink, but too proud to admit it, so when he keeps prodding, saying she is a changed woman, she gives in. Soon she orders vodka, 'and then she ordered another and then another'. Her recovery is over.

The novel is set in the de-industrialised Glasgow of the early 1980s when the city 'was losing its purpose', and in part this is offered as an explanation for hopelessness and alcoholism. But it is really an account of the state of mind of those who are loyal to those who are addicted – the external chaos and the internal confusion. This is movingly summed up when Shuggie, watching his mum drinking herself to death, asks: 'Why can't I be enough?'

Shuggie Bain is published by Picador
ISBN-10: 1529019273
ISBN-13: 978-1529019278

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

THAT PODCAST!

Have you ever wondered where alcohol or drugs originated from? Or how they affect your brain or body? Or even the negative impacts alcohol or drugs has on families?

Better Lives, a service in Islington run in partnership by C&I, Humankind and WDP, is excited to announce the launch of its new educational podcast, That Alcohol and Drug Podcast, which will help to answer all these questions.

With interviews from professionals from the alcohol and drug field and people who have their own experiences of alcohol or drugs, it delves into topics that are sometimes hard to talk about and gives insight through new facts and debunking some myths.

We often hear of people who are hesitant to engage in treatment services because of a fear of judgment and the stigma around alcohol or drug use – so we see this podcast as a way to bring down this barrier for people and to let them know that accessing our service isn't scary.

Reece Venema is the host and creator of That Alcohol and Drug Podcast. Combining his love for music and skills from being a social worker, he used the lockdown period to develop it.

I hope this puts a voice to the service and makes it more approachable to access us. We want the best for our service users and really do care about their wellbeing. Hopefully putting a voice to our work makes it easier for people to make that leap and access support.

If you are a service user with a story to tell, or a professional with some industry insights and would like to participate in the podcast, please email me at reece.venema@candi.nhs.uk.

Episodes at https://soundcloud.com/user-539464565

Reece Venema, family worker with the Better Lives team

GLOBAL RESOURCE

I am setting up a new international network on quality in treatment in ISSUP (the International Society for Substance Use Professionals) – an international network for substance use professionals to come together in a global meeting place, access free training, webinars and resources and share experiences. The UK has a lot to give and learn from other countries.

ISSUP activities are 'not-for-profit' and the webinars are run by people volunteering their time. They aim to enable people everywhere, including low- and middle-income countries, to participate.

You are invited to join ISSUP and the new quality in treatment network so that we can exchange knowledge and practice globally. **The network is here: https://www.issup.net/network/205.**

Annette Dale-Perera, ADP Consultancy

REROUTING HARM REDUCTION

The government roadmap is welcome news to most people, to some extent anyway. Listening to the plans to lead the country out of lockdown this week while also looking back at the last 12 months and the potential impact COVID-19 has had on people who inject drugs (PWID), we may also need some level of recovery plan or roadmap when looking at the reduced rates of PWID attending for NSP interventions, along with the reported increase in the use of some drugs such as amphetamines and pregabalin.

There is interesting research on this – 'Preliminary indications of the burden of COVID-19 among people who inject drugs in England and Northern Ireland and the impact on access to health and harm reduction services' (Croxford S, Emanuel A *et al, https://pubmed.ncbi.nlm.nih.gov/33601307/, 2021)*; and 'The impact of COVID-19 restrictions on needle and syringe programme provision and coverage in England', (Whitfield M, Reed H *et al, International Journal of Drug Policy,* September 2020).

The general consensus in the sector seems to be that the impact this reduction in activity may have had on people's health is still largely unknown at this stage, particularly regarding BBV transmission rates, bacterial infections and wider personal health harms.

Services have done an amazing job of both maintaining levels of open access and adapting to the COVID-19 pandemic with more outreach, harm reduction interventions targeted at those most at risk and innovations such as NSP Direct and postal BBV home testing. The question is, how do we rapidly catch up on and address any drop in coverage of NSP supply, given that national coverage rates pre-COVID generally needed vast improvement?

We could start with greater cross-sector collaboration, more innovation, following and adhering to NICE PH52 guidance, greater focus on secondary supply and continuing with the focus on harm reduction basics across all levels of treatment.

Furthermore, we need increased awareness that some of the reluctance of PWID to present for NSP may linger past the government's June target of ceased social restrictions. There may be low confidence or practical barriers to accessing services, such as remaining unvaccinated due to historic and ongoing marginalisation issues.

The harm reduction recovery roadmap needs high priority in all our thinking and planning this year, don't you think?

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

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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Since the COVID-19 pandemic we have seen a significant increase in the number of people accessing DrinkCoach online services.

33%

Increase in Website Users *

16,870

Increasing Risk drinkers received advice about their drinking

Mar 20 - Jan 21

41,664

Audits Completed

Mar 20 - Jan 21

30%

Increase in online coaching sessions**

*Mar 20 - Jan 21 vs Mar 19 - Jan 20
**Mar 20 - Dec 20 vs Mar 19 - Dec 20

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INSIDE TRACK

Almost a quarter of prisoners have a gambling problem. We need to do something about it, says **Carwyn Gravell**

EyeEm/Alamy

In August last year, The Forward Trust undertook a ground-breaking survey into the gambling issues of prisoners, the first of its kind in England and Wales. The results were clear: a significant proportion of people in prison – 23 per cent – reported feeling that they have a gambling problem. What's more, 57 per cent of respondents think that support to address gambling harm should be offered in prison.

The survey took place in 14 prisons during August and September 2020. While a relatively small amount of people said that gambling directly contributed to the reason they are in prison (4 per cent), or that their crime or lifestyle drove them to gamble (2 per cent), many others identified gambling as the cause of major problems in their life. Fourteen per cent had experienced debt, 11 per cent had experienced relationship issues, and 5 per cent had lost their job due to their gambling.

Gambling – and the harm it can cause – was also prevalent within the prison system itself. Despite having access to little money while in custody, over one in five respondents (22 per cent) said they had gambled while in prison in the last 12 months, mainly on sporting events. Though 29 per cent of people thought gambling in prison was just a 'bit of fun', 14 per cent had witnessed other prisoners getting into serious debt.

Most prisoners didn't think that gambling in prisons had increased during lockdown – a time when many have been confined to their cells with no family visits allowed, and little access to interventions or meaningful activity such as education. However, more than half (57 per cent) said their mental health had become worse.

While a relatively small amount of people said that gambling directly contributed to the reason they are in prison or that their crime or lifestyle drove them to gamble, many others identified gambling as the cause of major problems in their life.

The survey was funded through a regulatory settlement approved by the Gambling Commission. Helen Rhodes, Gambling Commission director of the National Strategy to Reduce Gambling Harms, said, 'We were keen to support this survey, as well as the action taken by The Forward Trust to offer support to prevent harm during COVID. It shows in part what the National Strategy to Reduce Gambling Harms is all about – building a greater understanding of gambling harms and then working in partnership to effectively tackle those harms. We are very positive about the opportunities for collaboration across the criminal justice field to prevent and reduce harms associated with gambling.'

As the leading provider of treatment and support to tackle drug and alcohol addiction in prison, Forward have long recognised gambling as a related problematic behaviour for our clients. This survey confirms the prevalence of the problem and the issues it generates, as well as its contribution to crime. The findings clearly point to the urgent need to develop and test a range of programmes to address the problem.

Carwyn Gravell is divisional director of business development at The Forward Trust

DDN's free guide to gambling addiction and treatment options is available at *www.drinkanddrugsnews.com/gambling-addiction-guide*

If you have advice or experiences of treatment, for our next gambling-themed feature, please email the editor: *claire@cjwellings.com*

NEW DIRECTIONS

Helena Gosling shares insights from a prison-based therapeutic community

A reception area for newly-arrived prisoners. Colin McPherson/Alamy

As an academic with a particular interest in the role of drug treatment in criminal justice settings, I've been intrigued by the prison-based hierarchical therapeutic community (TC) for more than a decade. My endeavour to understand these programmes led me to the work of Phoenix Futures, who have a history of providing drug treatment in criminal justice settings – with particular expertise in the provision of prison-based TCs – and a proven track record of working alongside people who have experience of the criminal justice system.

Generally speaking, prison-based TCs are designed to provide intense psycho-social support for people who have a history of substance use alongside experience of multiple deprivation and disadvantage. Participants (typically referred to as residents) are housed separately from the wider prison population and immersed in treatment 24 hours per day, seven days a week. Although somewhat constrained by safety requirements, prison-based TCs strive to promote personal growth among residents through the provision of a safe environment built upon principles of responsibility, care and compassion.

I am delighted to announce that Phoenix Futures and I are now working together to create a more symbiotic relationship between research and practice. As part of this, I have recently completed an evaluation of a prison-based TC in the north-west of England which created a unique window of opportunity for us to learn from a programme that had been in operation for more than 20 years. Alongside an analysis of programmatic data, interviews with 14 previous practitioners and 18 previous residents took place over a 12-month period. Although lacking in generalisability, the findings did generate some interesting food for thought – particularly around the idea of 'capital'.

Generally speaking, the term capital can be used when referring to the resources, skills and/or assets that an individual can draw on for a given purpose or situation. Although the notion of capital is frequently cited in recovery literature, little attention has been invested in its role in prison-based TCs. Findings from the evaluation suggest that residents go through a process of capital transfer during their time in treatment: required to relinquish 'prison capital' while simultaneously attaining 'recovery capital.' In doing so, residents experience a sense of *liminality* – described by numerous residents as a feeling that one is torn between two worlds. As one of them said, 'I didn't have the evidence that I was a good person, but the TC gave me a chance to make decisions and change the narrative.'

This sense of liminality was heightened during conversations about release into the wider community, with many residents expressing concern about the lack of capital available to people who have experience of the criminal justice system alongside issues with substance use. Where they can be found, prison-based TCs provide a powerful example of the possibilities of shared landscape working between criminal justice settings and drug treatment providers. I'm not suggesting that prison-based TCs are some kind of custodial utopia but I am suggesting that the sense of dignity, respect and shared interest in the common good provides a fertile ground for residents to somehow 'do' and 'feel' better during their programme.

This resonates with me as I write this piece, reflecting on recent ministerial announcements to increase funding to 'cut crime and protect people from the scourge of illegal drugs'. I wonder whether the government could do better by actually listening to the experiences of those who are navigating multiple recoveries – from substance use, crime, disadvantage and deprivation, to name just a few.

'I wonder whether the government could do better by actually listening to the experiences of those who are navigating multiple recoveries – from substance use, crime, disadvantage and deprivation, to name just a few.'

Criminal justice and drug treatment are, and always will be, inextricably linked – perhaps more so than we realise. But issues of crime and substance use are not exclusive to the criminal justice system or drug treatment sector. They are social issues which require socially-just responses that include but are not limited to support, recognition and indeed capital from other areas of social policy. Rather than reinventing the wheel and disseminating tired political rhetoric, it's time for the government to work upstream with communities, enhancing resources and opportunities, so that prison doesn't have to become part of the treatment equation in the first place.

Dr Helena Gosling is senior lecturer in criminal justice at Liverpool John Moores University

FACE FACTS

Is online coaching really as good as face-to-face service? Let's find out, says **Angela Calcan**

Online solutions have revolutionised our lives and mostly for the better – especially so during a time where we are forced to stay at home. Digital solutions have become the new way of life. Forget a stressful trip to the shops, now you can do your grocery shop from your couch. Want to change insurer? Compare the whole of the market with the swipe of your finger. Fast and convenient and generally pretty safe, online solutions are becoming our 'go-to'. But does the online magic translate to a coaching service too? We say yes, and here's why.

If you've got a Fitbit or if you've downloaded Mindspace or something similar then you've already bought into the idea that tech solutions can support behaviour change. Not only are they popular, but online interventions – including apps, online courses and even counselling – have actually proved effective for treating addiction and alcohol use for some time now.

Now that all sounds very promising, but there is very limited research for online interventions using video conferencing. So we asked ourselves, could we replicate the human element of face-to-face (F2F) coaching and get similar results if we used a platform like Zoom? To help answer this question we worked with Professor Daniel Frings and his team from London Southbank University. In this study Frings compared Extended Brief Interventions (EBI) delivered online via our DrinkCoach service to F2F in a GP surgery.

EBI is the recommended treatment for people scoring 16 to 19 or higher risk on the alcohol use disorders test (AUDIT). Approximately 1.9m people in the UK drink at higher risk levels. If you've completed the DrinkCoach alcohol test you'll be familiar with your risk level. If you haven't, you can take it at drinkcoach.org.uk.

EBI is typically:

- **A series of 4-6 sessions**
- **Delivered by a specialist**
- **Designed to motivate the client to achieve their goal to reduce their alcohol consumption or stop.**

For the research Professor Frings compared EBI-delivered F2F in a GP surgery to EBI delivered at home or work via a Skype call. The results were very encouraging.

Both online and face-to-face EBI showed improvements for clients across a number of key measures. These included:

- **Reduction in drinking days**
- **Improved psychological wellbeing**
- **Improved physical health**
- **Improved quality of life rating**

The research also found that the demographic makeup of our online clients differed from the F2F group. Online clients tended to be younger, scored higher on the AUDIT and reported more days in work but, when baseline drinking and age were controlled for, the findings still showed online EBI led to equal or greater increases in quality of life and reductions in self-reported drinking days.

So what does this mean for online coaching and future research?

Put simply, the research tells us that the outlook for online coaching is good. It also told us that there's more to do from a research perspective.

Future research would benefit from a larger sample – it could include a control group, which this small research project didn't have. And while this work was based on historic data, future research could be more forward-focused, specifying data needs upfront and allowing for more thorough analysis.

The results also suggest online coaching might be particularly attractive to a younger cohort with higher drinking scores, the implications of which could be explored further. It's all about options. Regardless of your age and score, if you want to talk to someone about your drinking and you're not comfortable approaching a face-to-face service think about going online. Our evidence suggests it's on a par with F2F, and there's no better place than your own home, is there?

> 'If you've got a Fitbit or if you've downloaded Mindspace or something similar then you've already bought into the idea that tech solutions can support behaviour change.'

For more information on our coaching service visit: https://drinkcoach.org.uk/online-coaching-counselling-appointments-folder-only

Angela Calcan is operations manager at Humankind

Alexander Sikov/Dreamstime.com

UNEQUAL BURDEN

Experience of alcohol-related domestic violence is up to 14 times more common in the lowest socioeconomic groups, say **Lucy Bryant** and **Carly Lightowlers**

Figures from the Crime Survey for England and Wales (CSEW) show that almost two of every five violent crimes in 2017-18 were committed under the influence of alcohol, as was more than a third of domestic violence in 2013-14. Inequalities in alcohol-related health harms have also been repeatedly identified, so while alcohol-related violence places a significant burden on the public and criminal justice system, its socioeconomic distribution – including subtypes like alcohol-related domestic violence – remains under-examined.

To investigate this, CSEW data from 2013-14 to 2017-18 were combined, linking victims' demographic information with details of violence experienced. Patterns of victimisation were analysed by first creating socioeconomic status (SES) specific incidence and prevalence rates for alcohol-related violence (including subtypes domestic, stranger, and acquaintance violence). Then regression modelling was performed to test whether the likelihood of experiencing these incidents was affected by SES when controlling for other pre-established violence risk factors.

Findings show that lower socioeconomic groups experience higher prevalence rates of alcohol-related violence overall, as well as higher incidence and prevalence rates for alcohol-related domestic and acquaintance violence. Indeed, the most deprived groups were found to experience as much as 14 times as many incidents of alcohol-related domestic violence every year, compared with the least deprived. Even when controlling for other violence risk factors, SES remained a significant predictor for this victimisation.

As well as disparities in victimisation by SES, the higher incidence and prevalence rates of alcohol-related domestic violence experienced by these lower SES groups suggests there is also a gendered dimension to these findings, as women are disproportionately impacted by domestic violence. These findings also raise concerns around children and young people, as the detrimental effects of violence in the home have been well catalogued. The findings suggest that provision of publicly-funded domestic violence services must be urgently revisited, alongside the potential of alcohol pricing and availability of interventions to disproportionately benefit lower SES groups.

The government's ongoing alcohol duty review provides an opportunity to reform alcohol pricing to reduce alcohol harm, in a way that benefits those of lower SES the most. The Alcohol Health Alliance is currently calling on the government to raise alcohol duty by 2 per cent in the forthcoming budget – a move that could not only shrink the inequalities outlined in this article, but lower many other alcohol-related harms, including mortality. The Alcohol Health Alliance is encouraging all those that agree to write to their MP sharing their support.

> 'Provision of publicly-funded domestic violence services must be urgently revisited, alongside the potential of alcohol pricing and availability of interventions...'

This work has taken on new urgency in the current climate. COVID-19 has seen SES inequalities widen, and reports of domestic violence incidents have risen dramatically under the ongoing lockdown restrictions alongside an – at times exclusive – national shift to home drinking. Not only may this be an important juncture for researchers to examine, but it is yet another indication that we must shift to addressing structural inequality and proactive protection of victims, such as measures to address the availability and affordability of alcohol.

Full report available at https://bit.ly/iasalcvctm Video summary at https://vimeo.com/419529248

Lucy Bryant is research and policy officer at the Institute of Alcohol Studies. Dr Carly Lightowlers is senior lecturer in criminology at the University of Liverpool

Deprivation is a strong contributor to violence

'We started this work because it's well recognised that alcohol harm isn't spread across society evenly,' Lucy Bryant told the recent Drugs, Alcohol and Justice Cross-Party Parliamentary Group, in a meeting about alcohol, violence and anti-social behaviour.

'The link between alcohol and alcohol-related violence is well established but we realised we didn't know much about how alcohol-related violence was spread across socio-economic groups.'

Previous work from the UK using crime surveys and hospital records showed conflicting findings to international work, she explained, and also previous work hadn't really separated different types of alcohol-related violence – specifically alcohol-related domestic violence, and the role of risk factors such as age and gender.

'Other work I've been doing looks at police data to look at the geographic distribution of violence,' added Dr Carly Lightowlers.

'Both alcohol availability and area level deprivation affect trends in violence – there is more violent crime in areas that are more deprived and with more alcohol availability. The interesting parallel [between the two pieces of work] is that deprivation is a really strong contributor to the trends in violence.'

I AM A...

Transforming the prospects of vulnerable clients motivates **Chelita De La Haye** each day in her work as a nurse prescriber. She tells us about her role at Delphi Medical Consultants Ltd, a community drug service in Blackpool, Lancashire

I qualified as an RGN in 2008, then started working as a young person's substance misuse nurse – my first job as a qualified nurse. Initially my role was commissioned by the local PCT in conjunction with the local authority. Over the years it has developed, including qualifying as a non-medical prescriber (NMP) in 2012 and now predominantly prescribing in the adult drug treatment service, with lead responsibility for young people. I also provide prescribing cover for the adult and young ADDER projects.

I knew that I wanted to work in the health and social care sector from a young age. My father had been an ambulance driver and this was something that I aspired to. I decided to gain some experience and started working as a healthcare assistant on a nurse-led unit. While in this role, I completed my NVQ level 2 in care and was lucky enough to be offered a secondment to complete my nursing qualification.

During my training I carried out some bank shifts with the national chlamydia screening team working with young people under the age of 25. At the same time I volunteered with a local drug treatment project on the Dance Drug Safety Project, providing harm reduction advice in the night-time economy. I found engaging with both young people and individuals who misuse substances rewarding.

The post of young person's substance misuse nurse was a new role which combined the two fields that I was interested in – and thankfully I was successful in securing the position. While in post I have been able to complete the Drug and Alcohol National Occupational Standards training, non-medical prescribing V300, a foundation degree in managing drug and alcohol misuse, a degree in health and social care practice (substance misuse) and the RCGP management of drug misuse (level 1) and alcohol management in primary care (level 1).

A typical day at work involves carrying out prescriber review assessments with clients. The purpose of these is to establish if the prescribed opiate substitute is effective and the client has managed cessation of illicit substances. The review covers other areas of the client's wellbeing and lifestyle which may have an impact on their progress, and then prescribing decisions regarding dose increases, supervision and dispensing pattern can be determined. The process also contributes to the client's care plan and outlines any actions required, such as liver function tests, ECG, BBV screening and vaccinations. These reviews take place either face to face or remotely via telephone.

I also conduct discussion time with key workers to look at any issues or concerns as they arise. Other parts of my job role include administration of prolonged-release injections of buprenorphine, vaccinations, batch signing, detox/reduction planning, alcohol detoxifications and provision of symptomatic relief. Through the ADDER project I work with some of the most chaotic individuals offering fast access to, and support to remain in, treatment. I work as part of a wider multi-disciplinary team to provide the most effective care available.

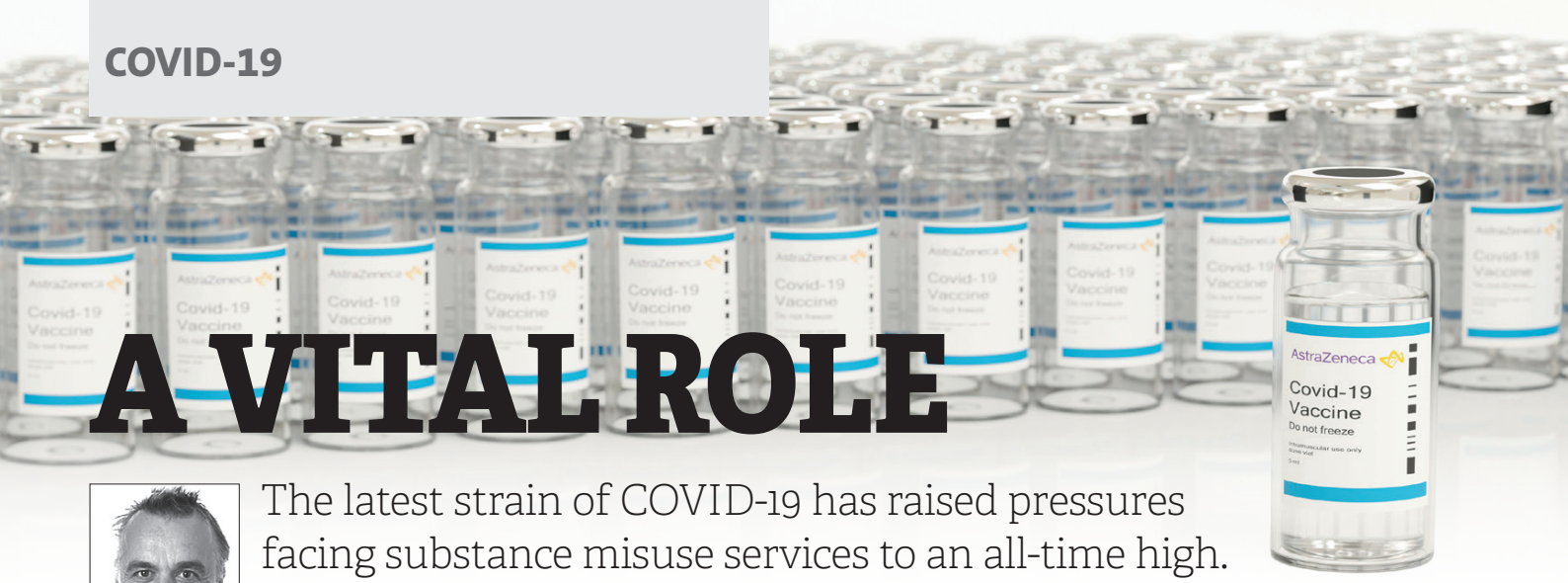
The majority of individuals who are in addiction will have experienced some prejudice and feelings of worthlessness during their life. To be able to support them from a place of vulnerability to being abstinent from substances and exiting treatment is the most rewarding part of my job.

Having a safe environment is fundamental to making positive change. Sub-standard housing and access to affordable accommodation is an ongoing issue – however this is not an issue that solely affects this cohort of individuals. Although the current housing situation is a wider societal issue requiring attention, ideally I would like to change the amount of social housing available to clients I work with.

It is a privilege to be able to work with people who have struggles and difficulties in their lives and to be part of the process that provides them with the hope and motivation to change. Although there may be challenges along the way, if you are honest, compassionate, empathic and non-judgemental then working with substance misusers is the career for you. **DDN**

> 'I knew that I wanted to work in the health and social care sector from a young age. My father had been an ambulance driver and this was something that I aspired to.'

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/**



Juan Roballo/Alamy

A VITAL ROLE

The latest strain of COVID-19 has raised pressures facing substance misuse services to an all-time high. **Martin Blakebrough**, CEO at Kaleidoscope, examines the critical role drug and alcohol services can play in the vaccine's roll-out

Looking back to the first wave, is it possible to know how many of our service users were infected? We were unable to test them. We saw very few hospitalisations, but who would call the ambulance for those completely isolated? And if they were to die with drugs in their system, would it be recorded as a COVID death?

Many people with addictions self-medicate, and as a consequence they are used to feeling below par. The difficulties of booking a test, engaging with a new service and arriving at a test centre on time present mental and physical barriers for our service users that many people cannot understand. Furthermore, testing positive could become another problem among a hundred other issues – why bother?

The latest wave of infection rippled through our workforce with a number of our frontline workers testing positive, particularly within our residential services. It is difficult to know how our employees contracted the virus as they live and work in multiple settings, but an increased infection rate among staff puts our service users at greater risk.

So how can we protect our community, those who are currently treatment naïve, and anyone not accessing support from our services? How do we ensure that vulnerable people can access the vaccine and complete both doses? Through involving clinically trained peers – and most recently through a campaign involving the 'superheroes' Vaccine Woman and Naloxone Man – we can make the vaccine accessible where service users already attend, be that their treatment setting or hostel, a disused car park or a squat where people who use drugs have to exist.

By involving keyworkers in the vaccine's rollout – workers already engaged with society's most hard to reach people – we can more easily guarantee they receive the all-important second dose. With an online system that records data in real time, we can contact those hardest to reach and follow up on appointments. We simply cannot have a vaccination rollout that ignores those more vulnerable as a result of negative mental health or substance misuse.

We need imagination to ensure we support those we serve, and must think creatively about support bubbles, online technology and other interventions. It would be sensible to pair service users who live alone in a buddy system where they can support each other, via social media and face-to-face wherever government guidelines permit it is safe to do so. We know that peer support works, and it is available outside of the traditional hours many mainstream services can manage.

A testing and vaccination system that meets our communities' individual needs, operating alongside a peer-led support network that protects those most at risk, will give us all a fighting chance.

Martin Blakebrough is chief executive of Kaleidoscope

> 'The difficulties of booking a test, engaging with a new service and arriving at a test centre on time present mental and physical barriers for our service users that many people cannot understand.'

GET PROTECTED

Staff as well as service users need to embrace the opportunity of a vaccine, says **Kim Kaur**

I was worried and anxious about getting the vaccine at first. There seems to be a lot of fear and misconception about the safety of the vaccine on social media and being part of the BAME community I am aware of some of the concerns around the vaccine. However I felt confident in the NHS, in having the vaccine, and showing the BAME community and wider public that this is there to protect people.

It's never easy to receive an injection, but when I attended the clinic, the staff were so well organised, friendly and welcoming which made the whole experience all the easier, the clinic was clean and the process comfortable and painless.

This has made such a massive difference to me personally and professionally, knowing that myself and my colleagues are protected by the vaccine against symptoms that may well have otherwise hindered the vital service we provide to our service users. I would like to thank our NHS for the huge effort they have made in protecting us frontline workers and I would encourage all my colleagues to consider having the vaccine.

Kim Kaur is an outreach worker at Humankind

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