DDN

Drink and Drugs News
June 2021
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THE LONG ROAD
Getting naloxone to everyone who needs it

SELFLESS AND INSPIRING
Volunteers are our vital resource

OUT OF TIME

OUR 50-YEAR-OLD DRUG LAWS ARE NO LONGER FIT FOR PURPOSE

NEW!

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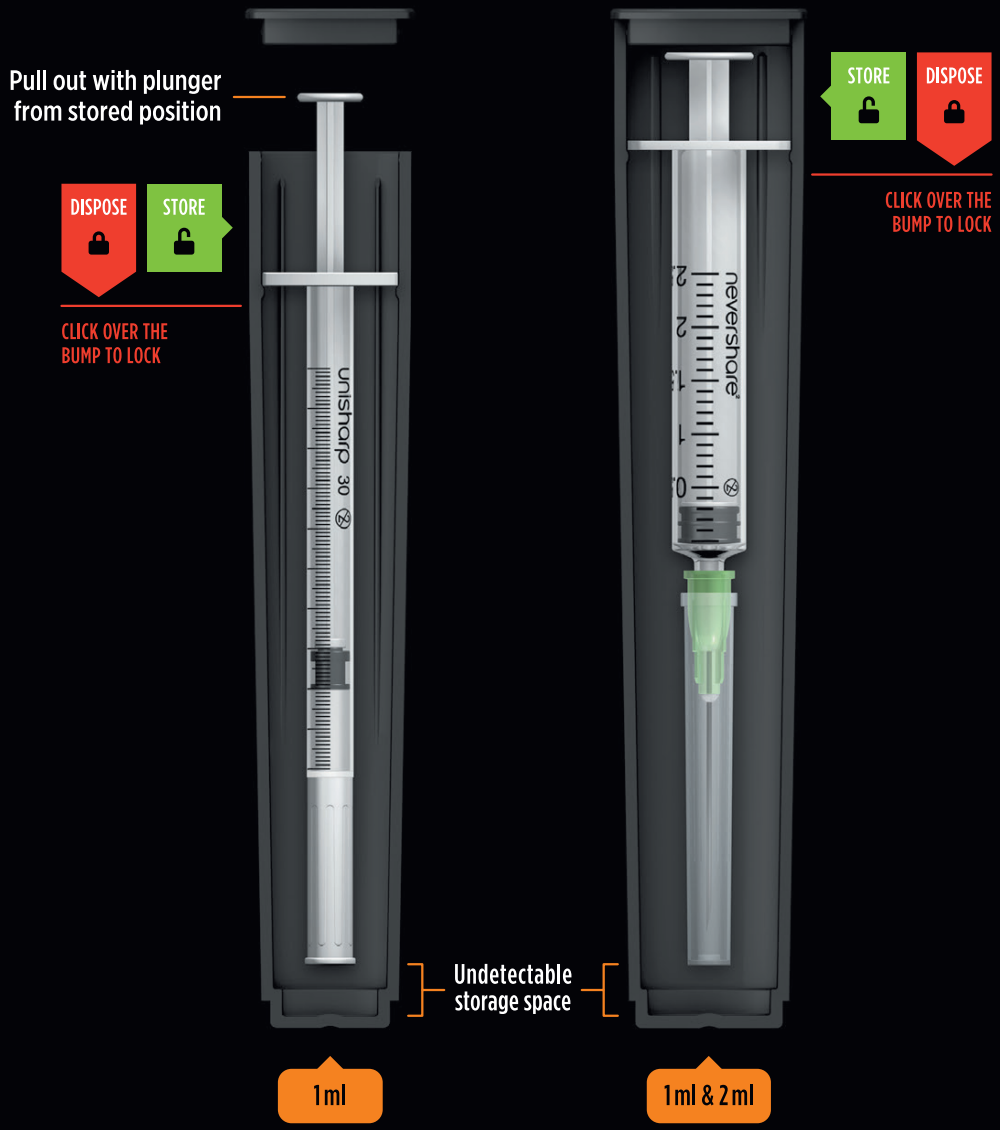

EXCHANGE SUPPLIES

MAKING INJECTING SAFER

DDN

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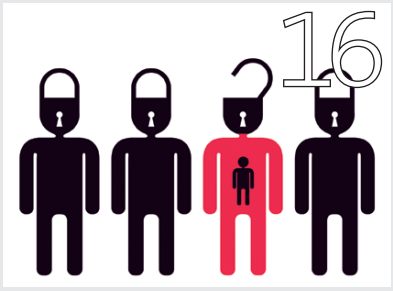


The long road to naloxone for all

STAYING STRONG IN PARTNERSHIP

'Appreciating nature soothes my soul... the sound of birds chirping calms me and keeps my mind present.'

The Forward Trust connects with nature in our latest **Partner Updates** – all at

www.drinkanddrugsnews.com

Drugs legislation is woefully out of date

Fifty years on, does anybody believe that the Misuse of Drugs Act is still fit for purpose? The verdict is not good (page 6). A dramatic failure, punitive (particularly to the most vulnerable in our society), neither fair nor evidence-based, a blunt policing tool that compounds damage... some of the words used in this issue.

So what next? Paul Townsley believes we have a window of opportunity for 'some radical steps forwards' (page 8). Carol Black's latest report is keenly anticipated and there's an appetite to bring a public health approach to the criminal justice system as well as all corners of society. Our letters from prisoners illustrate why this matters so much (page 16). Responding to our articles about early trauma, they are profoundly revealing. As much as they are a testament to the value of professional support, understanding and connection, they are also a reminder of the pot-luck outcomes of sending someone into the criminal justice system without knowing if the right threads will be picked up and pulled back together.

And a big shout-out to all volunteers (p10-11 and p21) as we celebrate National Volunteers' Week. Lena's story shows what can happen when we're given the right environment in which to thrive – an opportunity which she's now passing on to others.

Claire Brown, editor

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

MUP has had 'lasting impact' on drinking levels

'The introduction of MUP in Wales... has had a similar impact to the one we saw in Scotland.' PROF PETER ANDERSON

Minimum unit pricing (MUP) is having a lasting impact in reducing alcohol consumption in 'some of the heaviest drinking households', according to research by the University of Newcastle published in *Lancet Public Health*. The team looked at the alcohol purchases of more than 35,000 households across the UK, and found they had fallen by almost 8 per cent in Scotland following the introduction of MUP in 2018.

The households that tended to buy the most alcohol were the likeliest to reduce their purchases in both Scotland and Wales – where MUP was introduced last year – researchers found. MUP's impact was measured by using northern England as a control for Scotland and western England as a control for Wales. However, some high-purchasing households in the lowest income bracket had not reduced their purchasing levels, meaning they were now spending more on alcohol than before. A full evaluation of the impact of MUP will be published by NHS Health Scotland in 2023.

'We can now see that the introduction of MUP in Wales at the beginning of March 2020 has had a similar impact to the one we saw in Scotland in 2018, and we hope to see a continued benefit,' said study lead Professor Peter Anderson of Newcastle University. It was, however, 'a concern' that high-purchasing, lowest income households 'did not adjust their buying habits, and their spending simply increased as a result of the MUP policy', added co-author Professor Eileen Kaner. 'This is something that we want to explore further so we can better understand the reasons behind this, as well as its impact.'

'This is powerful real-world evidence of the success of minimum unit pricing as a harm reduction policy,' said chair of the Alcohol Health Alliance, Professor Sir Ian Gilmore.

'Westminster has said time and time again that it is waiting for evidence from Scotland and Wales on minimum unit pricing. The evidence is here – it's time for the government to introduce minimum unit pricing in England in order to save lives, cut crime and reduce pressure on our NHS and emergency services.'

Meanwhile, the Republic of Ireland will introduce MUP from next January, while Northern Ireland also plans to launch a 'full consultation' on minimum pricing this year (*DDN*, September 2020, page 4). As was the case in Scotland, Ireland's plans have met with resistance from the drinks industry, with some trade bodies criticising the government's intention to press ahead without alignment with Northern Ireland and stating that it would simply result in a 'surge in cross-border shopping'.

Study at www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00052-9/fulltext

Scots taskforce publishes new drug treatment standards

TEN NEW STANDARDS for drug treatment have been published by the Scottish Government's Drug Deaths Taskforce, with the aim of reinforcing 'a rights-based approach for people who use drugs and the treatment they should expect, regardless of where they live'.

The standards apply to both substitute medication and psychological and social support, and stress the importance of people being able to make informed choices about the kinds of medication and help available. People must also 'be able to start receiving treatment on the day that they ask for it', the Scottish Government states. Funding from the annual £50m for treatment services announced earlier this year (*DDN*, February, page 4) will ensure that alcohol and drugs partnerships are able to embed the new standards by next April, it adds.

Four separate funds worth a total of £18m are also open for applications from not-for-profit organisations in the drugs sector – the schemes will run for five years and are intended to improve access to treatment and support consistent standards.

'Scotland's MAT [medication-assisted treatment] standards are the most significant landmark in improving Scotland's response to problem drug use in over a decade,' said Scottish Drugs Forum CEO David Liddell. 'Services need to be more attractive, more approachable and more accessible, and reach out to people who have been in treatment but no longer are. These standards are the basis for making services truly person-centred. Implementing them will help services develop empowering relationships with people in treatment. Full implementation of the standards will save lives, reduce harm and transform people's quality of life.'

Medication assisted treatment (MAT) standards for Scotland: Access, choice, support at www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

Fund details at www.gov.scot/news/funds-open-for-drugs-services/

All change at SMMGP

SMMGP IS CHANGING ITS NAME to Addiction Professionals, the organisation has announced. The grassroots GP network recently held its 25th annual Managing Drug and Alcohol Problems in Primary Care joint conference with RCGP (*DDN*, April, page 10, and May, pages 10, 13 and 18) and in 2017 also took over the functions of the Federation of Drug and Alcohol Professionals (FDAP). The decision to re-brand was taken to 'reflect the growth and prominence' of this joint organisation, it says, as the membership now encompasses GPs, counsellors, psychiatrists, psychologists, keyworkers, pharmacists, social workers, nurses and mentors. www.addictionprofessionals.org.uk

Experts, MPs and peers call for drug law reform

'One of the most important areas of social policy is still bound by legislation passed 50 years ago,' Transform chief executive James Nicholls told an All-Party Parliamentary Group for Drug Policy Reform event to mark the 50th anniversary of the Misuse of Drugs Act.

'That's a long time for any legislation to stay in place without amendment or reform. It's not fit for purpose, and most obviously it's failed dramatically to achieve its own aims.'

More than 50 MPs and peers have now signed a statement calling for reform of the act, alongside health specialists, charities, bereaved family members and former police officers. For half a century the act has 'failed to reduce drug consumption', it says. 'Instead it has increased harm, damaged public health and exacerbated social inequalities. According to data analysis by Transform, drug deaths in England and Wales have risen by more than 7,000 per cent since the act came into force, from 38 to 2,883, while heroin use has increased from less than 10,000 people to a quarter of a million.

'In the 50 years since [The Misuse of Drugs Act] was introduced, we have seen both use and deaths rise dramatically...'
JAMES NICHOLLS

'The Misuse of Drugs Act has been a disaster,' said Nicholls. 'In the 50 years since it was introduced, we have seen both use and deaths rise dramatically. The UK now has the highest drug deaths in Europe, and the situation continues to get worse. The government's recent review of drug markets sets out this failure in detail, and confirms that it cannot be resolved simply through more policing. We need to start a debate now to finally break the deadlock.'

Statement at transformdrugs.org/mda-at-50/parliamentary-support.
See feature, page 6

A quarter of UK adults worried about post-lockdown drinking

ONE IN FOUR UK ADULTS are concerned about the potential impact of lockdown easing on their alcohol consumption, according to research by With You. A poll of 2,000 people found 'widespread concern' about falling back into old drinking habits or shaking off drinking patterns developed during lockdown. The same proportion also said they'd be reluctant or embarrassed to seek support for problematic alcohol use, while two thirds wouldn't feel comfortable starting a conversation with a partner, friend or family member if they were worried about their drinking. This is despite one in ten respondents saying that they did have concerns about someone else's drinking. The charity has also launched a new public awareness campaign to help people have 'more open, positive' conversations about alcohol. 'Find the Right Moment' includes a video about how to raise the issue of someone's drinking and encourage them to seek appropriate help, as well as a campaign page with links to alcohol support locally or online. 'People are understandably worried about how and when to bring up the issue of a loved one's drinking, fearing they could make things worse or be met with anger, but a non-judgemental conversation can make a big difference and be the first step in someone making positive changes,' said With You's executive director of services for England, Jon Murray.

Deaths in England and Wales from alcohol-specific causes topped 7,400 last year, according to provisional data from ONS – almost 20 per cent higher than in 2019 and the highest since records began in 2001. The final quarter of 2020 alone saw 1,963 alcohol-specific deaths, which at 13.6 per 100,000 people is the highest recorded in any single quarter. As in previous years, the death rate was far higher in areas of deprivation, with a male death rate more than four times as high in the most deprived local areas than the least deprived.

Quarterly alcohol-specific deaths in England and Wales: 2001 to 2019 registrations and quarter 1 to quarter 4 2020 provisional registrations at www.ons.gov.uk

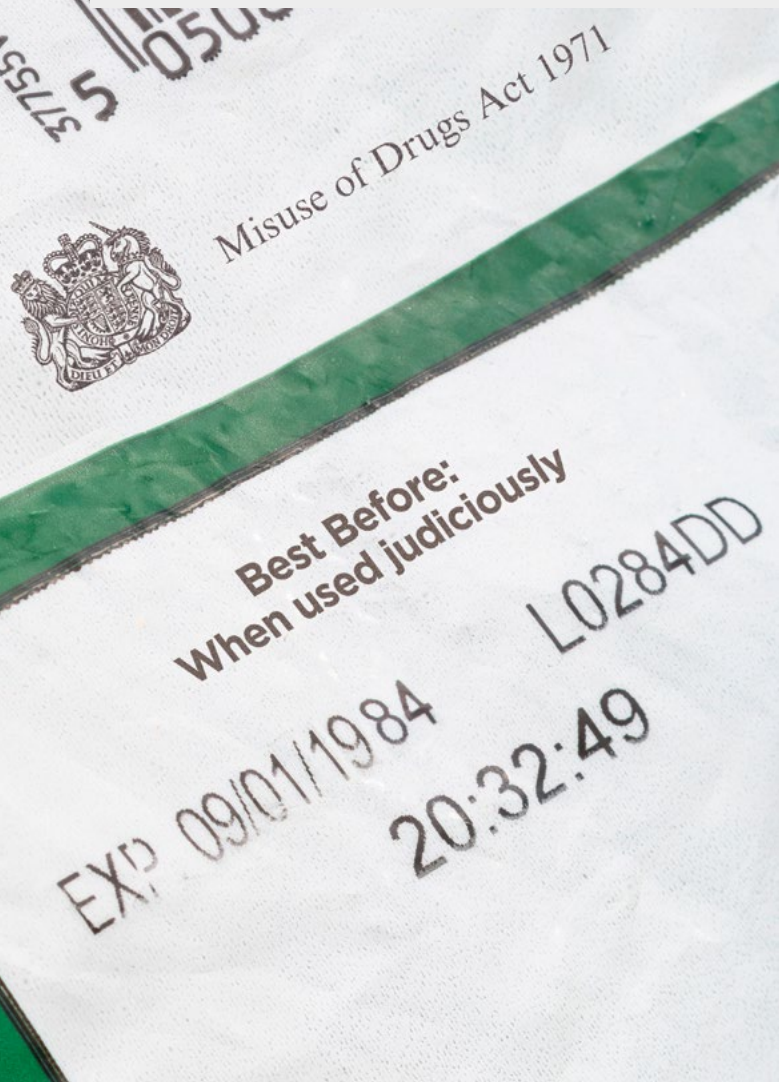
Find the Right Moment at www.wearewithyou.org.uk/support-our-work/find-right-moment

Local News

REACHING OUT
WDP is to deliver new substance misuse services to rough sleepers in the London boroughs of Camden and Islington, including specialist support for women and people with co-existing mental health issues. The new contracts will help the charity 'reach more people in need', said chair Yasmin Batliwala.

PREGNANCY PROGRAMME
A scheme to support women who drink while pregnant has been launched in Bury, Bolton, Salford and Trafford by Greater Manchester Mental Health NHS Foundation Trust's Achieve service. The Alcohol Exposed Pregnancy programme will provide information, guidance and practical support and treatment to women and their partners and carers.

HELPING HAND
Edinburgh-based homeless charity Rowan Alba is looking for volunteers to support its CARDS befriending service for isolated people with alcohol issues. 'The regular contact that volunteers provide can be both life-changing and life-saving,' said volunteer Paul McCay. *Details at rowanalba.org/volunteering-for-cards/*



The latest APPG for Drug Policy Reform meeting was held on the 50th anniversary of the Misuse of Drugs Act – legislation that was very much no longer fit for purpose, delegates heard

PAST ITS SELL-BY DATE

'The Misuse of Drugs Act was introduced at a time when a woman could be legally sacked for being pregnant... and *The Black and White Minstrel Show* was a staple of prime-time BBC.'

JAMES NICHOLLS

'The Misuse of Drugs Act was introduced at a time when a woman could be legally sacked for being pregnant, smoking was normal everywhere from cinemas to doctors' waiting rooms, and *The Black and White Minstrel Show* was a staple of prime-time BBC,' Transform chief executive James Nicholls told an All-Party Parliamentary Group for Drug Policy Reform event to mark the act's 50th anniversary. Held in collaboration with Transform and the Drugs, Alcohol and Justice Cross-party group, the meeting reflected on the act's legacy and what needed to change.

'One of the most important areas of social policy is still bound by legislation passed 50 years ago,' said Nicholls. 'That's a long time for any legislation to stay in place without amendment or reform' – particularly as so much had since changed around issues like use, attitudes, harm and availability.

It wasn't just that the act was out of date, he said. 'It's not fit for purpose, and most obviously it's failed dramatically to achieve its own aims.' Aside even from drug death rates, there had so far been 1.8m convictions under the act across the UK, and three million criminal records including cautions – 'that's a lot of people who've been criminalised.' Despite all the evidence of failure, however, there remained 'an extraordinary political taboo on discussing how we got this policy so wrong and the changes we can introduce to rectify things. To say that "this is the best we can do" is to accept that the failures we see all around us should simply remain in place.'

MAKING IT WORSE

The current laws 'paradoxically make things worse' in that they encouraged the use of more harmful substances, said chair of Drug Science and former ACMD chair Professor David Nutt. 'Alcohol isn't the most harmful drug to the user, but it's the most destructive drug, by far, to people who don't use it.'

Drugs that caused relatively less harm to the user – and vanishingly small harm to society – such as ecstasy, LSD and mushrooms were subject to harsh legislation, with the UN conventions that the UK 'followed slavishly' seriously damaging research into the potential benefits of psychedelics, for example in treating depression and other conditions. 'It's the worst censorship of research in the history of the world,' he stated. 'Never has access to a research tool been so effectively demolished by any kind of control. You might argue that these controls are necessary to reduce recreational use or harm, but there's virtually no evidence that they have. It's the worst of all worlds.'

Ray Lakeman, campaigner for Anyone's Child, told the meeting how both of his sons had died from an MDMA overdose. 'When I talked to their friends at the funeral, one of the things that came across was that although they were shocked and saddened they weren't going to stop taking drugs,' he said. 'They

nigelbrunsdon.com

'When I talked to [my sons] friends at the funeral, one of the things that came across was that although they were shocked and saddened they weren't going to stop taking drugs. They just wanted their drugs to be safer.'
RAY LAKEMAN

just wanted their drugs to be safer.'

At their inquest pathologists, police, and the coroner were discussing 'recreational' doses of MDMA, he continued. 'So the authorities knew this drug could be made safe, but because the drug was unregulated my sons had no way of knowing what they'd taken. People are going to take drugs, so we should have policies in place that protect them. The only way I can see of doing that is regulating the drugs that are available.'

A BLUNT TOOL

When it came to policing, it had been neither fair nor evidence-based, said Katrina Ffrench, founding director of Unjust CIC, which challenges discriminatory practices in the criminal justice system. The Misuse of Drugs Act had, however, been used 'for decades to over-police black British communities' she said. 'And although those communities aren't more likely to use drugs than their white counterparts, they're much more likely to be stopped and searched – research shows up to nine times more likely.'

This 'blunt policing tool' compounded the damage by putting more people into the criminal justice system and harming the relationships black, Asian, ethnic minority and white working-class communities had with the police, she stated. 'It results in a toxic distrust. The narrative that's put out is that it's all about protection, when actually it's about marginalisation and alienation.'

RUTHLESS POLICY

Former undercover drugs officer, Neil Woods, shared some of his often-harrowing experiences as an undercover drugs officer. 'I used to seek out the most vulnerable people, because they were the easiest to manipulate,' he said. 'If that seems ruthless, it is – that's the essence of a punitive drug policy.'

After being arrested, one person had ended up on minute-to-minute suicide watch in his cell. 'He thought I was his one friend in the world, someone he could open up to about his abusive father and the reasons for his problematic heroin use. My betrayal tipped him over the edge. I was aware I was causing emotional harm, but I carried on doing the work because I'd rationalised that the end justified the means.' This ruthlessness was a key part of drug policy at every level, he said – 'the belief that we can cause harm in order to achieve some victory.'

Later he infiltrated a notorious drug gang that used gang rape as part of their 'reputation building', he told the meeting. 'They were doing the normal gangster things like kidnappings and maimings but they were most notable for their sexual violence.' After seven months of highly dangerous work he'd gathered evidence on almost 100 people – 'the six main gangsters running the supply and 90 of their back-up staff, the runners, the sex workers, the people stashing the money and the drugs. I was jubilant – I'd literally caught everybody.'

The operation had involved police from five different counties and a 'huge amount' of resources, he said. 'Then a week or so after the dust had settled I spoke to the intelligence officer tasked with finding out the impact. He said, "Yes, we managed to interrupt the heroin and crack supply – for two hours." If you're a problematic heroin user that isn't even enough time to withdraw.'

THE ILLUSION OF SUCCESS

Every time a policing body claimed success in drug enforcement it was 'an illusion', he stated. 'All it does is create an opportunity for a rival. And quite often a rival gang will use the mechanism of the system, through informants, to get the police to take out their opposition.' While the police were 'really, really good' at catching drug dealers – 'if you give them twice the resources they'll catch twice as many' – this never changed the size of the market, only its shape. 'When you take out the gang that controls the drugs in one half of a city, the gang most able to take advantage is the one that controls the other half.'

Only health-based solutions could reduce the power of organised crime, he stressed. 'The gangsters on our streets and around the world love the current system. The more hostile the system, the more they'll thrive. The greater the threat of prosecution, the greater the violence to stop people informing. That's the way it works.'

PUNISHING THE VULNERABLE

'If people are still dying in increasing numbers, the strategy clearly isn't working,' said head of engagement at the Royal Society for Public Health, Laura Furness. 'And that's before you start looking at other health harms – 60 per cent of people who inject drugs report skin and soft tissue infections,

'The gangsters on our streets and around the world love the current system. The more hostile the system, the more they'll thrive.'
NEIL WOODS

which can lead to limb amputation, kidney failure and death. The criminal justice approach we have is that we punish some of the most vulnerable people in our society.'

Public consultations had found that most people felt the current classification system was confused, inconsistent and arbitrary, she said – 'and it means that opportunities to reduce harms by helping people to make informed choices and understand the risks are missed.' Criminalisation exacerbated health and wellbeing inequalities, she said, while the criminal status of drugs deterred people from seeking help. 'We want to see creation of evidence-based drug harm profiles to replace the existing classification system.'

'Things should change, things can change, and globally things are changing,' said Nicholls. 'This act certainly won't be in place in another 50 years' time, so it's a matter of when not if it's reformed. We're really hopeful that this year will mark a sea change and see the beginning of the end of 50 years not just of political failure, but also the political silence that has allowed that failure to continue unabated.' **DDN**

Allan Cash / Alamy / Jellypics

TIME TO PUT THINGS RIGHT

How will we look back on our drug laws in another 50 years, asks **Paul Townsley**

I was two years old when the Misuse of Drugs Act (MDA) became law. It has overshadowed my whole working life. Working in treatment services, it can be easy to disconnect from the law and its impact on the people who use our services – and indeed the way we have to work as a result. We react to the effects of the law, and its intended and unintended consequences, but without pause to consider the bigger ramifications or constraints that treatment is under.

Many of the people who use our services use a mixture of legal prescribed and non-prescribed drugs and illicit drugs which are made by the pharmaceutical industry, organised crime or the alcohol industry with tax revenue going to HMRC. This complex interplay between a broad range of psychoactive substances is not reflected in the act in a meaningful, rational and logical way. The criminalisation of, and stigma towards, people who use a range of drugs creates a hypocritical approach from the get-go.

Throwing out the act in its entirety isn't practical though. At this point, it seems there isn't the political will or the public appetite for that to be our initial goal. From my perspective, the next best thing would be for the MDA to be updated to be fair, evidence based and reflect the needs of the UK in 2021 – not 1971. Throwing out the act without a developed alternative position may create unintended consequences. But it's important to agree in law and practice that the criminalisation of people using 'illegal' drugs is a flawed model that ultimately punishes rather than protects and helps people.

One way to ponder the validity of the MDA is to wonder what things would be like in 2071. Would we be reflecting on 100 years of the act and the 'war on drugs'? What might that world look like, and what would be better?

To state the blindingly obvious, to be politically acceptable we must create the pressure, conditions, and pathway to change and move from binary discussions of 'for and against' to what's in the best interests of everyone in society in the long term. We need to be pragmatic about what can be achieved, but also recognise that things are changing and we need to push that door open more widely. The increasing harms caused by alcohol, the increase in drug-related deaths and waste of resources sentencing people and their families to a life within the criminal justice system all demand urgent change.

> 'Working in treatment services, it can be easy to disconnect from the law and its impact on the people who use our services.'

We have a window of opportunity to take some radical steps forwards, with a new government committed to invest and the impending release of the second part of the Dame Carol Black review. We need to take a public health approach to treatment and rehabilitate people caught up in the criminal justice system – instead of referring people on in criminal justice settings we need to embed public health interventions in these settings. For people caught up in using, dealing and committing crime we need to make sure they are rehabilitated and get treatment first and foremost – not punishment.

We need to improve and protect the skills of staff working in both specialist and non-specialist settings so that people get the help they need when they are either motivated to change or require basic health and social care interventions. Senior figures in both police and probation services are stepping up and saying let's do something different, as they can see that the MDA does nothing, save from reinforce the revolving door of custody-release-custody. As treatment providers we need to make sure our voices are as loud as others and improve treatment outcomes as we apply the evidence base of what works.

New investment needs to rebuild what has been lost over the recent years of cuts and look to the future to make sure we work with as many people as we can with the resources available. We have a once in a generation opportunity to go with the evidence base rather than what's politically tolerable in the short term. Early intervention potentially breaks the cycle of trauma and deprivation altogether.

My hope is that in 2071 people can look back at a well-intended but flawed approach to drug and alcohol use and the moment that came when we as a country bravely changed course and moved towards decriminalisation and a public health approach.

Paul Townsley is CEO of Humankind

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 use, we can look after you. We offer 7-day stays at our Smithfield Detox service in Manchester.

All our services in the local area are integrated, including Rehab Residential Stay and Supported Living, so you can get any further help you need.

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TURNING POINT
inspired by possibility

DEDICATION

Volunteers are a vital resource that need to be developed and nurtured, says **Woosh Raza**

As someone passionate about volunteering I've been looking forward to Volunteers' Week as it always gives me an opportunity to appreciate our volunteers and reflect on their contribution to our work. This last year has been a huge challenge for everyone, and amongst all the bad times it's been amazing to witness the crucial role our volunteers have played in helping us keep our doors open and provide much-needed support to those in desperately vulnerable circumstances. We are incredibly grateful for their dedication, loyalty and support.

The reason for my passion is that I've seen time and time again how volunteering can open up a world of possibilities and not just provide a stepping stone into part-time or full-time employment but into a new life. Whether it's those who have recently completed a treatment programme and are looking to take the next step on their treatment journey, those seeking their first employment opportunity, students looking to gain experience or those returning to work after a break, the common thread is that volunteering opens so many doors to new life experiences.

It's a testament to the great work of our teams in supporting our volunteers that I can share these stories with you. Stories such as Sarah, who joined Phoenix Futures in November 2020, during the pandemic. 'I wanted to help individuals struggling with alcohol and to find a company that would provide me with the tools and skills to pursue a career in the field,' she says. 'With the assistance of my mentor and my manager, I was able to gain the confidence and skills to run my own groups and work one-to-one with clients. I'm always offered training courses which help me further enhance my skill set, and after volunteering for four months I successfully became an alcohol practitioner in the south of Essex.'

Andy's story began in Scotland in February 2018. 'I spent six months in the Phoenix Scottish Residential,' he says. 'I came with a 27-year heroin habit – I'd been in jail and on the streets. When I came in I was angry, but CBT helped me look at myself. I was always encouraged by staff, told I was capable. The department coordinator was always on my case saying I should come and volunteer.'

After completing his rehab programme, Andy remained in Glasgow and began volunteering at the residential three days a week. 'It helped with my confidence. The coolest thing is someone saying thank you. The main idea about being a volunteer was to keep the tools I learned fresh in my head – I didn't want it going stagnant.' As the pandemic gathered pace in early 2020, Andy moved into a role as a sessional worker and by the end of the year had become a full-time trainee recovery worker. 'The work I did as a volunteer helped me learn quickly. I had to be proactive, and become a role model,' he says.

Ahmed is a member of the Phoenix Futures HR department. His route to volunteering began in Pakistan where he'd just completed his undergraduate degree. 'After spending 22 years in my home country, I believed it was the right time to seek out another adventure and leave my comfort zone. I had very little guidance on how to study abroad, or even where to do this. I managed to get help from an international agent to proceed with my application and they suggested I apply for an MBA in International HR management from Coventry University in London.'

> 'I've seen time and time again how volunteering can open up a world of possibilities and not just provide a stepping stone into part-time or full-time employment but into a new life.'

AS THE PANDEMIC GATHERED PACE IN EARLY 2020, Andy (above) moved into a role as a sessional worker and by the end of the year had become a full-time trainee recovery worker. 'The work I did as a volunteer helped me learn quickly. I had to be proactive, and become a role model.' Above left: Phoenix Harlow Allotment

Ahmed struggled to find an internship for his final project before contacting Phoenix Futures, where he was offered a voluntary position with the HR department. 'It was an interesting and challenging experience, and the team was very welcoming and happy to answer any questions I had,' he says. 'I appreciated that I was treated as a valued member of the team, and not just an intern who was there for two months. After completing my internship, I was fortunate enough to be offered a part-time role as a HR administrator which I accepted whole-heartedly.'

Della began volunteering with Phoenix after graduating from a community treatment programme.

'I likened leaving treatment to having just passed my driving test. You know how to go forwards, reverse and stop but you haven't a clue how you'll perform in a storm or on an icy road. You have a handbook, a phone and a boot full of tools – it's just a case of working out which tools need to be used to weather a particular storm. My tool is volunteering,' she says.

'I applied to become a volunteer and was invited on a volunteering skills course, and since then my interest and involvement in supporting people has just kept on growing. There are three main things I've noticed about myself on my volunteering journey – my self-confidence has grown, I no longer attach the feeling of shame to being honest about how I'm feeling, and my empathic opinions through lived experience are listened to and valued. I take pride in saying that I've just been employed by Phoenix Futures – I'm not ashamed to say I put the phone down and shed a tear because I felt that my hard work, my recovery, and me as a person are worthwhile again.'

These stories and many others like them drive my passion for building on our offer for volunteers. The events over the past year highlight more than ever the value of creating new opportunities. At Phoenix we're committed to nurturing our volunteering communities to reflect our passion for recovery.

Woosh Raza is head of human resources and learning and development at Phoenix Futures

A LEADING ROLE

Volunteers are a crucial part of The Forward Trust's response to the challenges of the pandemic, says **Valérie Ferretti**

Forward's approach to volunteering has changed significantly over the past year, in response to the considerable challenges the pandemic has presented for our service delivery. Volunteering has always been a key part of our service offer, giving service users the opportunity to develop skills, build confidence and progress towards new, sustainable and productive careers. For example, we encourage people who've completed treatment to become peer mentors – they're given accredited training to enable them to support those who are earlier in their recovery journeys and co-deliver programmes and interventions alongside frontline staff. Many progress to full-time paid work at Forward or other service providers. It was therefore important, both to the fulfilment of our mission and the delivery of our services, to ensure our volunteering programme continued to operate.

Our initial task was to ensure existing volunteers were supported effectively, in the face of the practical challenges of lockdown as well as its impact on volunteers' wellbeing. The second was to slow down recruitment of new volunteers while finding new ways they could engage in our services. In addressing these challenges, we've not only been able to continue providing meaningful and rewarding volunteering opportunities, but volunteers have also made a significant contribution to our new and adapted service offerings.

For example, volunteers now play a key role in our digital and remote service delivery. Peer support networks and groups are central to our substance misuse services, and the lockdown forced us to innovate rapidly to ensure they continued through digital channels. Volunteers led new peer support groups via Zoom, and helped to engage service users using the Kaizala messaging app. They were also recruited and trained to deliver our new online chat service alongside permanent staff, which was developed to provide advice and support to people concerned about their drug and alcohol use and related issues during the lockdown.

Interestingly, some of the barriers to volunteering that might be expected did not materialise.

'Many people who want to volunteer with us tend to be most interested in opportunities that involve face-to-face contact.'

For example, many people who want to volunteer with us tend to be most interested in opportunities that involve face-to-face contact. For obvious reasons, these became unavailable during lockdown, but this didn't alter our volunteers' interest or commitment – we actually saw an increase in demand for volunteering, including from people in employment.

The pandemic also presented an opportunity to review, improve and diversify our volunteering opportunities, as well as induction and engagement processes. We now have a greater range of volunteer roles, including new mentors for our employment service clients and young offenders, befrienders and volunteers involved in adapting training materials for digital delivery. We've also improved our training and induction offer – we now provide training using a more varied range of media, including e-learning, Zoom and online workbooks, giving volunteers more options. In addition, volunteers report feeling more connected to each other, and have built relationships with staff and other volunteers they wouldn't usually have encountered in face-to-face settings – these positive changes are here to stay.

The pandemic has really brought home the importance of volunteers in everything we do. I've been struck not only by the unfailing demand from people wanting give up their time to support us but their immense commitment and passion. It's been a rollercoaster of a year but, thanks to our volunteers and the changes we've had to implement, it's also been a fantastic time for volunteering. It's enabled us to move forward and demonstrate our ability to respond rapidly and adapt.

Valérie Ferretti is recovery support team leader at The Forward Trust

IT'S MY SCRIPT

Steven Hatton | Dreamstime

There's no automatic reason to revert to stigmatising daily pick-ups, as **DDN** reports

'COVID has changed all our lives massively, as we know – but it's affected drug users in one rather good way.' At a EuroNPUD virtual event, Dr Christopher Hallam looked at the widespread use of take-home doses for people on methadone and buprenorphine. With restrictions in place and many drug services turning 'virtual', daily pick-ups and supervised consumption were changed to weekly or fortnightly scripts.

This 'light touch' model of treatment had been a game-changer for many people whose lives had revolved around the pharmacy. 'A lot of people have found this a liberating experience,' said Hallam. A survey by With You in Scotland showed that 70 per cent of the clients interviewed said they did not want to return to overly frequent pick-ups, while the University of Bristol concluded that the new routine was important in reducing embarrassment and stigma. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) observed 'good behaviour' throughout the pandemic, with very little diversion.

'Methadone and buprenorphine are the only drugs where patients are required to take their drugs in front of pharmacy staff and it can be a terrible experience,' said Hallam. 'Drug dependence is a very stigmatised condition and frequent visits to the pharmacy can enhance stigma – surely not what we want, any of us.' Medical confidentiality – 'a basic human right' – was also very difficult to achieve in the neighbourhood pharmacy.

For some people, daily pick-up would still be essential if they were vulnerable in some way – maybe feeling suicidal, being threatened, or having their medications stolen. But if not, then we shouldn't go back to the default position of expecting people to attend the pharmacy on a daily basis, said Hallam – 'particularly the case if you are not using on top, your life is not chaotic, and you may have a job'. Daily visits could be counterproductive in many ways, including increasing contact with other drug users which could be a 'continuous trigger', and it could 'put people off engaging in drug treatment altogether'.

While many services were being supportive, some were slow to initiate change for the long term, leaving restrictive or punitive routines in place. The first thing to do in this instance, 'is to speak to your drug service, at managerial level if possible, and ask for the reason you're being asked to go back to daily pick-up,' said Hallam. He had written the *EuroNPUD take home OST advocacy brief* to assist with this, and it included a letter to the drug service to request this and an advocacy letter to take things further if they didn't respond satisfactorily.

> 'Working in treatment services, it can be easy to disconnect from the law and its impact on the people who use our services.'

Martin (Cuca) McCusker shared experience of using the advocacy brief with Lambeth Service User Council (LSUC), which was part of a consortium model with various treatment agencies. 'For years we've been badgering users if they're not happy to challenge a decision, but time and again people wouldn't do it – they don't want to rock the boat,' he said.

Before handing out the brief to peers he showed it to staff so they were aware of it and had 'nothing but positive feedback'. The document made clear to keyworkers that in most cases there was no need to go back to supervised consumption. 'It makes clear what the drug user thinks of this degrading process – it will never be a therapeutic intervention,' he said.

Of four cases in which LSUC trialled the brief, three had the successful result they wanted. The fourth person had various health risks that meant the longer intervals weren't suitable at the present time, but enabling them to challenge their prescribing regime in this constructive way was still positive – 'they came away feeling that they were heard by the worker, and the worker knows how they feel about supervised consumption.'

The initiative was being taken further in partnership with Release, explained their head of legal services, Kirstie Douse. As 'honest brokers' for people in drug treatment, Release was creating and distributing an advocacy toolkit for people who use drugs and service user representatives, to be used in situations where OST was being refused, reduced or withdrawn. With funding from the Baring Foundation, they would be delivering training to service users and peers, and providing additional advocacy and legal support around it.

'The creation of the toolkit needs to be informed and influenced by people using advocacy,' said Douse – hence the partnership with EuroNPUD. It was designed to capture good as well as bad experiences and had benefited from diverse opinions. Drafting, review and launch of the toolkit would be followed by training events in the autumn. **DDN**

The EuroNPUD take home OST advocacy brief is available at https://bit.ly/3cd5y6a

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The long road

Despite recent advances and lots of passionate campaigning, there's still a long way to go before everyone who needs naloxone has easy access to it. **DDN** talks to a couple of early pioneers about the ongoing struggle provide this life-saving drug

'The distribution of naloxone to opiate misusers should be seriously considered for trial and evaluation. While the problem of heroin misuse grows worldwide, the problem of deaths from accidental overdose is a problem we can address today. We have the opportunity to gather great potential health gains from tools already in our hands.'

So said a *BMJ* editorial co-authored by Professor John Strang – exactly a quarter of a century ago. The June 1996 article covers the points – not least naloxone's 'negligible' potential for misuse – that have been debated endlessly since, and concludes by saying 'We may even wish to consider its legal status so it could be sold over the counter by community pharmacists'.

Yet despite much energetic campaigning – and spiralling drug death rates – we're still a long way from that, or even from naloxone being in the hands of everyone who needs it. First developed in the 1960s, naloxone has been used to reverse opioid overdose by emergency services for more than 40 years, and in 2005 was made available under UK law to be administered by anyone for the purpose of saving a life. Despite the ongoing battle for coverage, the recent launch of a landmark national naloxone campaign using posters of people with lived experience to spread awareness and challenge stigma (*DDN*, May, pages 5 and 12) is a measure of how mainstream the naloxone message is now becoming.

WE'VE COME A LONG WAY

'It's come along leaps and bounds compared to how it used to be but for some reason there's still reluctance in some places, which I'll never understand,' peer support lead at the Hepatitis C Trust and longstanding naloxone champion, Philippe Bonnet, tells *DDN*. 'You've got some housing providers who still don't want naloxone on their premises, for example. It doesn't make sense to me. It's legal, so what's the problem?'

Drug services in England and Scotland were promised a belated financial boost earlier this year (*DDN*, February, page 4), and although it won't replace the money lost through years of funding reductions, some of the cash is specifically aimed at widening naloxone provision. Ultimately, however, it's still down to individual services to persuade people to actually take the kits away with them.

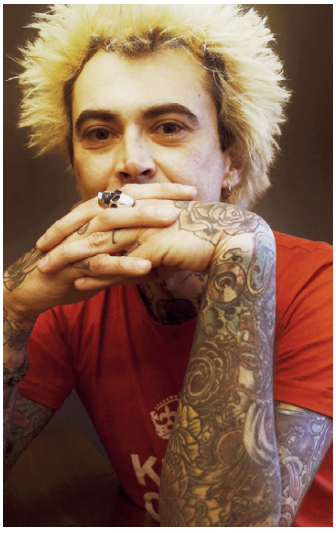
'It's how you sell it, the same as with hep C testing and treatment,' says Bonnet. 'We've got people who are really vulnerable being told, "You don't want naloxone do you?" and they'll say, "Nah, I'm alright" and off they go. I think local authorities could put so much more pressure on services where there's been a death. It needs to be investigated properly – "how could we have averted this? Did they have naloxone? Why not?" If it says 'naloxone offer refused' on the note and nothing else, that's not good enough. People allergic to peanuts don't tend to refuse EpiPens, do they?'

Something that's always been critical is having the right local champions in place, he stresses. 'Somebody asked me how many kits I'd given out over the years – I had to think but I reckon it's got to be 3,000 at least, and I must have trained 10,000 staff. That's just me, so national coverage really shouldn't be a problem. It's about getting the right people on board who can fight your battle.'

EARLY CHAMPIONS

Another early champion is harm reduction campaigner and former GP Judith Yates, who first came across naloxone in 2009 when David Best and others were working on an early paper. This studied around 70 people who were trained in overdose recognition and management and then followed up six months later after being given naloxone. 'Some of my patients got the kits,' she tells *DDN*. 'I remember one lad in particular, whose friend had died in his flat – he'd called an ambulance, tried CPR, done everything right. He later came back to my surgery waving a naloxone kit, and we both realised that if he'd had it at the time his friend would still be alive.'

Following the paper's publication – *Can we prevent drug-related deaths by training opioid users to recognise and manage overdoses?* – the feeling among Yates and her colleagues was that it would inevitably lead to a 'big national roll out', she says. 'Nothing happened. Then in 2012 we decided that Birmingham should get going, and we got the first 1,000 kits out by the end of 2013, but still no one else was doing it. Ever since then it's been push, shove, push, shove, which is down to stigma, I suppose.'



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'For some reason there's still reluctance in some places, which I'll never understand.'
PHILIPPE BONNET

Could the availability of nasal naloxone make a difference in improving access? Might the fact that it doesn't involve a needle help to overcome some of those barriers? 'I was delighted by nasal naloxone finally getting licensed,'

she says. 'It's such a simple thing to just squirt it up someone's nose and see them start breathing. With nasal naloxone I also think there's a case for having it available over the counter, which would also help to de-stigmatise it.'

'There are a couple of issues with it,' says Bonnet. 'The price is one, but the other is bioavailability – it's definitely not the same as intramuscular. Looking at the research, with intramuscular the bioavailability is much higher and it will stay in your system for longer. Having said that, I know some people will prefer it, especially a layperson. Service users won't care – they inject anyway – but people like hostel staff may well prefer it, so it definitely has its place.'

GAME CHANGER

Nasal naloxone has also been a 'game changer' for the police, says Yates – 'they don't want to be waving needles around'. However, while more and more forces are now running pilots and embracing naloxone's potential (*DDN*, May, page 13) the issue is not without controversy. The Police Federation has expressed concerns about officers 'being turned into paramedics', while chair of the West Midlands Police Federation recently told *Newsnight* he was worried about members 'being subject to lengthy and stressful investigations' if someone still dies after naloxone is administered.

'I remember a case five or six years ago where a police officer did CPR, broke a rib and got sued, so I can understand them being wary,' says Bonnet. 'But if you say, "What if the guy dies?" – well, if he's going to die he's going to die. Don't you want to try to prevent that?'

'It's only the Police Federation who tend to say these things,' adds Yates. 'There's no resistance from ordinary police – they're the ones who find themselves in a car park with somebody blue at their feet and they've got to start doing CPR, call an ambulance and wait there. The police here in Birmingham have embraced it fully – they can save someone's life and they don't have to do fatal accident reports.'

On that note, it's often been pointed out that – even putting aside every argument about compassion – naloxone makes sense purely on financial terms. It's far cheaper to save someone's life than for them to die, as more and more people are doing, year-on-year.

'In our drug-related death group meetings in Birmingham I always flag up the cases of people who've been found unconscious but have then died in hospital of a heroin overdose,' says Yates. 'All of them could still be alive today if the person who'd called the ambulance had given them naloxone. Lots of my patients over the years who I see walking down the street, they wouldn't be here otherwise. Now they're with their families and getting on with their lives.'

GETTING PAST THE STIGMA

From a GP perspective, Yates has previously been exasperated that people happy to prescribe methadone and buprenorphine still wouldn't prescribe naloxone (*DDN*, July/August 2015, page 15). 'GPs give out EpiPens hand over fist to anyone who's got a peanut allergy, but do they give out naloxone kits to everyone at risk of opiate overdose?' she says. 'No, they don't.'

So how optimistic is she that we'll soon be able to get it into the hands of everyone who needs it? 'You need to have it with you, so even once you get past the stigma you're never going to get 100 per cent cover. But there's certainly scope for getting an awful lot more out there. It's frustrating because it's absolutely the only medicine of its kind that saves lives so quickly and cheaply. I can only think it's because people have mixed feelings about people who use drugs, and whether they live or die. And sadly, of course, some people who use drugs can have mixed feelings about whether they live or die as well – they can take a Russian roulette attitude. But I've been working in this field long enough to see people come out of that pit and get on to enjoy the second half of their lives in their 30s, 40s, 50s. So never give up.

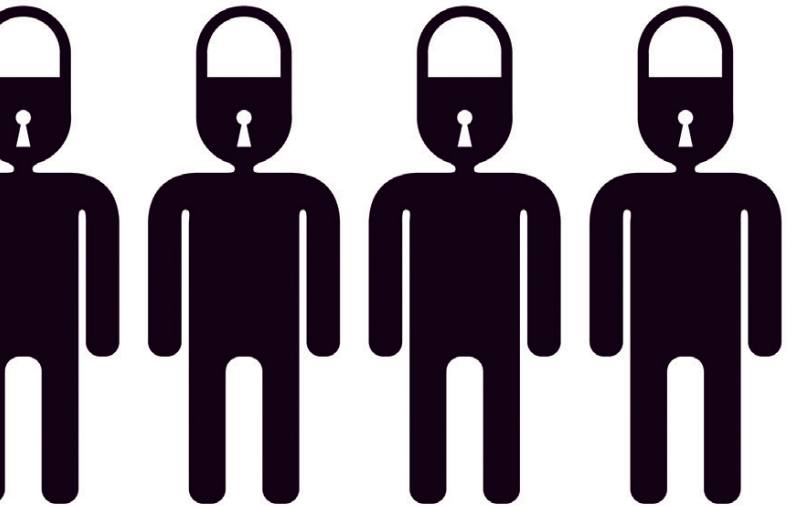
'There is no other medicine like naloxone,' she states. 'There's nothing in the whole pharmacopeia that saves a life in two minutes with no side effects and no contraindications. If someone has a heroin overdose they don't need to die, and yet we're still having these conversations. We'll just have to keep nagging.' **DDN**

This article has been produced with support from Ethypharm, which has not influenced the content in any way.

A NATIONAL NALOXONE AND OVERDOSE AWARENESS campaign is using posters of people personally affected by overdose on posters all over the country. If you spot one, take a picture and tag *@TalkingDrugs* and *@Release_drugs* and they will share it on their socials. See the full range of posters at naloxone.org.uk

Ingus Kruklitis | Dreamstime

Unlocking the



Opening up the topic of childhood trauma in **DDN** has resulted in letters from prisoners that give penetrating insights on cues we are missing. Here are a selection of extracts

'Childhood trauma and experiences are for life, they should be used as learning structures not crutches. Mental health problems are for life, but addictions can stop. People need to realise addictions are prisons and the pursuit of drugs is slavery.'

TWISTED WORLD

I am a very average man. I have never personally known anyone who did not suffer childhood trauma, abuse and neglect. Rich kids suffer from over-indulgence as poor kids suffer from deprivation. Most adults have coping mechanisms to deal with their problems. In this twisted modern world there are multitudes of problems. Every person's pain is unique to them. We can sympathise, pretend to empathise and indulge their phobias, fears and fantasies. Any addiction is a temporary illness – madness.

Some people need help, some people give help. Some people only take – another addiction. Like the song says, 'some people like to abuse, some people like to be abused'. We really are all equal in as much as we are all potential victims.

Telling people they are victims encourages them to be victims. We need a solid combination of love, care, help, tough love and complete honesty. Psychology can be used by qualified counsellors not wannabe do-gooders – cheap watered-down care is useless.

Childhood trauma and experiences are for life, they should be used as learning structures not crutches. Mental health problems are for life, but addictions can stop. People need to realise addictions are prisons and the pursuit of drugs is slavery.

Childhood trauma cannot be cured by drugs. Personal support and understanding should go a long way. Seventy per cent of all drugs in prison are from the NHS. Prison health care teams seem to lose something and take the easy routes. Some prison medical staff are beautiful people, but they go with the flow. It is far easier to control a mental health problem than to treat it.

Once a criminal always a criminal – it's hard to get a job unless it's Timpsons or drug dealers. We are what we lived through. We all need help. Get rid of the pretenders and help each other take the goodness from the past. Leave the crap to the wrongdoers. Do not give people reasons for failure. It's easy to fail. Hard work can be very pleasant and rewarding – do not let childhood trauma maketh the man-woman.

Yesterday's gone. Let's start from now.

PS It's my first time in prison. What do I know.

Richard

IT'S OK TO BE HONEST

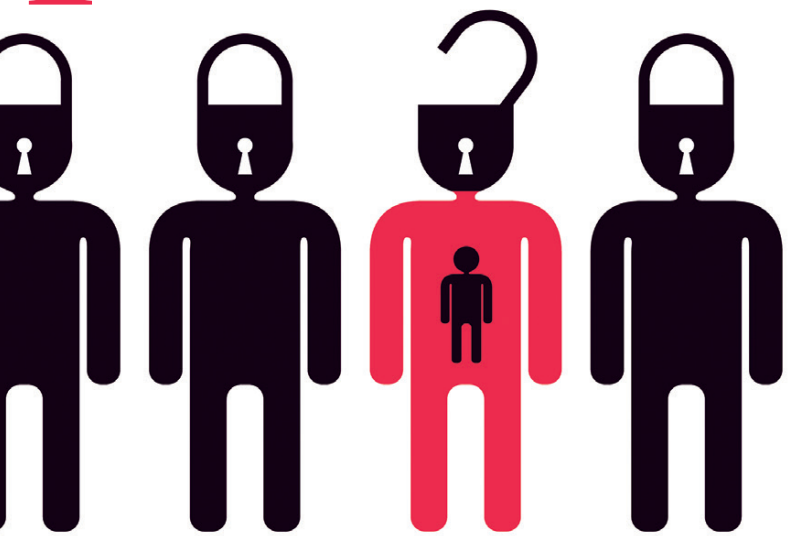
As a child growing up I knew that I wasn't the same as other kids. I never really mixed with others, I had very little confidence and didn't know how to start a conversation. I would always say the wrong things or my words wouldn't come out.

That's when I started getting bullied and when I started primary school it got so bad that I would get physically punched, kicked and robbed of property. It was most of the lads in the class but ended up being just one person for all of my time at that school. I left primary feeling scared, but I did feel stronger in a strange way.

The same thing happened all through secondary school. At home my dad suffered with severe depression and would be very angry. Me and my mum used to feel scared around him – he also had a bad addiction to gambling. When I was about 19 my anxiety was so bad I just wanted to sleep and not wake up and hope that when I did I would feel content and happy to be able to get on with life.

I was too anxious to even go to the doctors and tell them how I felt. I used to go with my dad to the pub around about

past



when I was 19 and that's when I discovered alcohol. As soon as I drank my first few pints all the anxiety, all the past things that had happened went away and my confidence came. I felt confidence for the first time in my life.

That was it for me. From then on I said I'll come for a session whenever my dad was going to the pub – not because I was going to have a good time, because at that time I was suffering from anxiety and depression, but because of the way alcohol made me feel. It took the dark thoughts away, and the anxiety, and gave me confidence so I could enjoy myself.

I will have to cut this short now because I could be here forever writing. All I really wanted to try and say was my experience of alcohol abuse came from a deep-rooted cause from a young age, and that for anybody that's reading this it's ok to be honest and by being honest with yourself you can start to get well and concentrate on the things that triggered the drink addiction or substance abuse.

I am now 33 years old and I am serving a short sentence for abusing alcohol and all my previous times in prison have been alcohol fuelled. I am currently still battling with anxiety and depression and I am on medication for this and continue to try everything to get over it because I now fully know the reason why I have depended on alcohol for such a long time.

I believe that tackling the root cause of dependency, that's when you can concentrate on staying clean and it can be hard but it's worth it if it can give years of happiness and joy. The first thing I was told by the substance misuse team was... step one, we admitted we were powerless and our lives had become unmanageable.
Chris

A MEANS TO AN END

I am now 56 years old and in prison. From the age of six to 13 I was abused by my father, physically, emotionally and sexually. I have been in and out of prison since I was 20 for theft, robbery and deception. It was always a means to an end, to get money for alcohol.

Prior to the start of this sentence I never spoke about what happened to anyone except for once. I finally went to my doctor to say I wanted to stop drinking BUT I had to find a way to deal with 'stuff in my head'.

I was referred to psychiatrists, mental health teams and as I had a few attempts at suicide, even crisis teams. Every single team or person I met said exactly the same thing – 'we can't deal with your mental health until you deal with your drinking'. I had this for two years. I even woke from an overdose in hospital to be told I would finally get some help and then psychiatrists ten minutes later saying they will do nothing because of my drinking (around three litres of vodka a day).

Nobody understands or helps with the fact I drink to mask what happened. I have been diagnosed with complex PTSD and when I came into prison I knew alcohol would be taken away. If I came in as a heroin addict I would get methadone but as an alcoholic I got nothing.

So, when I came into prison I was asking for help with PTSD. On day one I saw the GP who categorically stated, 'I do not know why they sent you here as we can't treat PTSD.' Since then I have been on various ACCTS (self-harm documents) and passed around various departments but all say they can't help. When I ask about a pathway for anyone coming into prison with PTSD to get treated it seems impossible to get any answers. I accept it is a bit more difficult as I am convicted of a sexual offence.

Finally, a year later, I managed to access CAT [cognitive analytic therapy] with a lady who comes in from outside the prison. This, for me, is exceptionally hard work confronting a lot of what happened but has finally started to look at why I drink.

In nine weeks I am due for release and the plan is to go to a rehab eventually for a 12-week period. My therapist wants to do some referrals for when I am released, to include EMDR [eye movement desensitisation and reprocessing], but with things as they are I'm told I'm not likely to know where probation want me on release, so they cannot do any referral without knowing the area I am going to.

'Nobody understands or helps with the fact I drink to mask what happened. I have been diagnosed with complex PTSD and when I came into prison I knew alcohol would be taken away. If I came in as a heroin addict I would get methadone but as an alcoholic I got nothing.'

So I fear that as I will only have a few sessions prior to release, I will end up drinking again as the reason I drink is still there, albeit partially processed.

Why is it so much of a problem for people to understand it. It took me years to get my head in a place ready to talk and then I felt dismissed by everybody due to drinking. Yes, I feel a failure but also that I have been failed.
Garry

igor kisselev / Alamy

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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LOCKDOWN LIFELINE

Kerrie Clifford and **Allysa Hornbuckle** describe how letters from members of AA got prisoners at HMP The Verne through lockdown

'I don't get any visits. I haven't got anyone but the letters feel like a visit from a friend.'

Never was the power of the pen more in evidence than during lockdown, when members of Alcoholics Anonymous (AA) wrote letters of encouragement and inspiration to prisoners at a Dorset prison, HMP The Verne. These letters kept inmates focused on their recovery in such a special way that the initiative received the high sheriff of Dorset's award.

The award is given to members of the community who make a difference to other people's lives without the expectation of anything in return, so who better to receive it than the selfless men and women of AA and the staff at HMP The Verne? They facilitated the programme and made it their business to ensure the letters continued to be delivered during lockdown.

The reality of lockdown meant that men in custody often stayed locked away for longer than usual and many of their support systems like focused group work and one-to-one counselling were unable to operate. However, a glimmer of hope lay in the link that prisoners already had with members of AA via the letter-writing scheme. If staff could ensure that these letters continued to be written and delivered, then clients who were trying to remain focused on sobriety had a ray of hope.

'When we got shut down ages ago for COVID-19, all the support networks I had significantly decreased as there were no visits, phone time was really limited, and the amount of people you could socialise with went from 600 to 20 people,' said one inmate. Such a drastic change was likely to cause significant challenges but with a little imagination and drawing on the support of EDP Drug & Alcohol Service's integrated substance misuse team (ISMS) who work on the wings of the Verne, the men in custody were thrown a lifeline. As one inmate said, the letters 'provided me with a support bubble despite my normal support being gone'.

AA members had developed a weekly letter-writing rota, and as the letters continued to flow more and more prisoners began to ask if they could receive one. 'The letters kept me motivated and on track as I didn't feel like I was in it on my own when I read them,' said one, while another talked about how they had helped him 'keep focused on what I'm doing now, and also prepared me for release as they reinforce the importance of an alcohol-free life'.

Lockdown highlighted what was really important in life for a lot of people, and at HMP The Verne men learned about the simple need for friendship, a sense of belonging, and a network of people to help stay true to the path they'd chosen. Staff noticed the differences with the inmates and witnessed how the letters kept the men focused on their recovery and 'created the idea of "I'm not in this on my own."'

'From the limited face-to-face contact and receiving their written correspondence, it's evident that the clients who do receive the letters look forward to them enormously as they've acted as a constant reminder of what they're doing now and what they've achieved,' said EDP Drug & Alcohol Service's ISMS support worker Hatti Amos. 'I think without the letters some of the clients would have increasingly felt the impact of their circumstances. However, the letters have highlighted that even through adversity, they have that inner strength to effectively maintain their recovery journey and take the positives, regardless of how small, from any situation.'

Words of encouragement, empathy and wisdom have provided these men the strength to stay focused. The high sheriff of Dorset heard about the letters and wanted to thank and reward the people of AA, as well as the substance misuse team and staff at HMP The Verne. Now, with the lockdown restrictions easing, the AA programme will slowly resume in face-to-face form, with real contact between the men in custody and the people in AA who support them. It's safe to say that the men are truly excited to have the meetings start again, while the high sherriff's award is now proudly displayed in the visits hall.

Kerrie Clifford is marketing and communication manager at EDP Drug & Alcohol Services; Alyssa Hornbuckle is Humankind intern

Pictured, from left to right: Hatti Amos (ISMS support worker), Richard Homer (ISMS recovery lead), high sheriff of Dorset George Streatfeild, deputy governor Andy Tanner, Lucy Bradley (ISMS recovery worker).

STRONGER TOGETHER

Mike Trace sets out the vision for the newly merged Forward Trust and Action on Addiction

The legal niceties on the merger between Forward Trust and Action on Addiction were completed on 1 May, on which date over 100 staff became employees of the Forward Trust, and the merged organisation took responsibility for all contracts and delivery for Clouds House, the SHARP day programmes in Essex and Liverpool, the M-PACT Family programme, and the CATS training service.

All mergers cause some disruption, and the legal and HR procedures are complicated, but this has felt like a smooth process – with a clear shared mission and culture between the two organisations, and an excitement around what the future can bring. We aim, as an expanded Forward Trust (we are also mobilising around £6m of new probation contracts at the same time), to be a strong and consistent voice in the sector – providing high quality services, but also campaigning to raise public and policy understanding of the causes of addiction and social exclusion, to tackle the stigma our clients face, and to improve the design of our responses.

This latest step change in the scale and reach of our services underlines our core mission – learnt through decades of managing recovery programmes for people struggling with drug or alcohol dependence, but now applied to a wider range of client groups and situations (offenders, homeless, long-term unemployed, those struggling with mental health problems). We believe that anyone is capable of making transformational changes to the direction of their lives. With determination and support, our clients can break the cycle of addiction, offending and social marginalisation to build a positive and fulfilling life.

> 'How can the individual be helped to find their own strength, and the support of those around them, to become more than their past?'

We are clear on the shared beliefs that lie behind this mission:

- *That the root causes of most people's slide into addiction or criminal lifestyles are adverse experiences (neglect, abuse, trauma) in childhood or adolescence. Most of our clients have been dealt a poor hand in life. They may not always have made the right choices, but they deserve our support to change the script.*
- *That most people want to change – they don't choose a life of desperation, conflict and marginalisation. But they have lost, or never had in the first place, the tools to get out of the negative cycles they find themselves in.*
- *Consequently, instilling belief in our clients that a different path is possible, and that they are capable of following it, is a crucial component of recovery. The visible presence of role models with lived experience is therefore central to our service design.*
- *Services funded by the taxpayer – as most of ours are – should be designed to maximise, and be measured by, their impact on bringing about these changes.*

It is important for organisations in the social care sector to have a clear set of beliefs, shared by everyone involved, that give us clarity on what we come in to work every day to achieve. I am proud that Forward Trust has this 'mission drive' and I would guess that similar motivations are driving most of the people working in this sector. But I am not sure that commissioners and providers spend enough time on ensuring that services are designed to represent these principles, and that we maximise the opportunities for personal development and recovery that exist in our clients.

Whether people come to us for help with drugs, alcohol or other addictions – or practical help with employment, housing or prison releases – our approach is the same: how can the individual be helped to find their own strength, and the support of those around them, to become more than their past.

Mike Trace is chief executive of the Forward Trust

KenDrysdale / iStock

We structure our services according to four stages

Of course, it's rare for an individual to pass through these stages in a simple and linear process, but they are useful in giving staff and clients a framework for the progress we hope our clients can make:

PAUSE – this refers to efforts to help clients rise above the pressures of often chaotic lives to stay safe, and find some stability to consider their options.

ENGAGE – where clients are ready, we work hard to build their motivation to believe in change.

DEVELOP – For those who have committed to turning their lives around, we offer a range of intensive programmes and pathways that focus on an individual's personal development.

PROSPER – Where clients take the reward for their hard work, and pursue their interests with work, family and community – we try to continue helping them by creating peer-led recovery communities through our Forward Connect network.

FORWARD MOMENTUM


The College of Lived Experience Recovery Organisations (CLERO) is going from strength to strength, say **David Best** and **Dave Higham**

April 2021 was a huge month for the College of Lived Experience Recovery Organisations (CLERO). After more than a year of building relationships, trust and a sense of shared purpose in the group of 12 members, we have finally reached a position where we have invited both LEROs and other interested parties to join us.

We now have more than 50 members and we are continuing to grow and expand, in spite of our cautious approach. This culminated in a Recovery College event on 23 April, where we were delighted to welcome Dame Carol Black to address more than 100 delegates. She spoke of the central role that she sees lived experience playing in the treatment and recovery system of the future, and her optimism of achieving genuine and meaningful change.

We also used the event to start consultation and LERO engagement in our work to develop quality standards for lived experience recovery organisations. Our framework for this is inclusive and strengths-based and so our initial plan is to have standards – two for each of the letters in the acronym CHIME:

- *Connectedness*
- *Hope*
- *Identity*
- *Meaning*
- *Empowerment*

Participants at the Recovery College were asked to provide examples and principles from their own lives and work to inform the initial iteration of the standards, and we will continue to engage with those who volunteered to be part of our working groups as we develop and test these models. This way of working allows us to have a bottom-up approach that means everything we do is informed and developed by the people we serve.

This links to our second key work theme for which we are delighted to have received funding support from the Big Lottery. This project has four aims for the CLERO:

1. *TO RECRUIT AND TRAIN people of lived experience across the UK to be the first cohort of peer researchers*

OBITUARY

Kazim Khan, 1936-2021

Last month saw the peaceful passing at age 85 of Muhammad Amir Kazim Khan, or 'Kaz' as he was affectionately known, a gentle giant of aristocratic Indian Raj origins. Kazim was not just active in the race and drugs sector in Britain, but largely created it during his work at the Standing Conference on Drug Abuse in the 1980s and '90s and then in the EU-funded and UK versions of T3E ('Toxicomanie Europe Échanges Études') and the Race and Drugs Project.

His scholarly but also activist and very practical brand of anti-racism realised that accusations of overt racism were rarely justified or the way forward in the substance misuse treatment sector, where people often chose to sacrifice what could have been more lucrative or status-enhancing careers to work with and champion the most stigmatised, unconventional and despised in our society.

Instead, not-so-benign neglect leading to effectively discriminatory practices characterised a sector which saw itself as already facing up to the stigma and discrimination inherent in the position of illegal drugs and their users in society – at an organisational level, racism is not a unitary thing or an intention, but an outcome of practices such as an agency's human resources policy, its service development programme, or its communications strategy, which combine to adversely 'impact on a

> 'Kazim was not just active in the race and drugs sector in Britain, but largely created it...'

category of the population that has already been classified in a racialist manner' (*Drugs : Policy and Politics, https://www.amazon.co.uk/Drugs-Policy-Politics-Introducing-Paperback/dp/0335216161*). The way forward was to bring these practices to light through a guided and forensic examination of the organisation's procedures and priorities (operationalised in Action Points for Change, https://findings.org.uk/docs/Action_Points_1.pdf) underpinned by an awareness of how systemic racism arises, and then to challenge and change them.

Driven by personal experience, compassion and a sense of justice, it is hard to believe that those who worked in the sector during Kazim's time (and in some cases still do) will ever be matched, but that may be to misread the genesis of this remarkable generation. No matter how conventional the entry route, open minds will be affected by encounters with the built-in unconventionality and survivor capabilities of committed users of stigmatised and banned

2. *TO UNDERTAKE AN AUDIT OF INNOVATION and good practice in LEROs across the UK*
3. *TO UNDERTAKE FIELDWORK that will inform the development of our quality standards*
4. *TO SET UP A CLERO WEBSITE to engage with LEROs and with other key stakeholders*

To support this, on 27 and 28 April we ran the first two of four days' training over Zoom and in the offices of the Well in Barrow in Furness. Thirty-one people with lived experience participated from across the UK, and will become a cohort of lived experience researchers who will design, carry out, analyse and write up the audit and the standards fieldwork. We will look to run another round of this training in 2022, drawing from the membership of the CLERO (our tier 2 partners).

The event was hugely successful and we will use the follow-up two days late in May to finalise our research work and to start the process of measuring what it is LEROs do and achieve – please join us and contribute to our journey. For further information about joining please contact LERO.connectors@gmail.com

David Best is professor of criminology at the University of Derby. Dave Higham is founder of The Well Communities

drugs. Like them, they will find that really doing the job properly involves a preparedness to bend some rules and extend beyond comfort zones in favour of an overarching rule – to do the best you can for your patient, client and community.

Kazim did not just exemplify that generation of giants, but challenged it and took it by the hand to make it aware of the race-related dimensions of its work, leaving a legacy in the form of many who would otherwise never have considered race and racism were issues for them or their services. He taught them that if they are truly to do the best for all their actual and potential service users, these issues can no longer be sidelined – and that the examination of systemic racism will improve a service not just for visible minority populations, but also for the 'white' majority.

As well as his vocational legacy, Kazim leaves behind someone for whom he always expressed a tender love – his wife Anita, a pocket dynamo with a monumental personality, and also a much-loved figure in the substance use sector, and his daughter Yumna and grandson Jamie.

Born in a leap year on 29 February, Kaz would joke that he was really only 21. He will be remembered as forever youthful in his charm and openness to new experiences and learning, even though he had so much to teach the rest of us. *Mike Ashton*

I AM A...

Lena Larsen is a volunteer service user representative at Change Grow Live's community drug service in St Helens, Merseyside

During the pandemic volunteering has been on a digital platform but it really has been good. So a typical day can be varied, from facilitating groups online via Zoom to attending service user involvement meetings.

The digital offer at Change Grow Live St Helens can vary from creative recovery – where we do all different types of activities from cooking, gardening, painting to crochet, and also a check in and chat to provide support – to peer to peer, SMART meetings, and meditation. We also have a structured timetable which is facilitated by staff.

So my typical day is supporting and being the voice for our service users. We really are a team at Change Grow Live.

My role is very rewarding and I feel privileged to be able to watch people grow and live a life free from addiction.

We hold a fortnightly service user forum in which we discuss upcoming changes and events, and put our ideas and views forward. These go to staff and changes are made. Then monthly we have a service user involvement meeting in the north west where we all share ideas about what works and what doesn't. My role is a service user representative, so I'm still a service user but am able to use my own lived experience to help others on their recovery journey.

Volunteering can vary week to week – one week could be six hours and the next could be 30 hours, but each minute is so worthwhile. The roles I am currently doing are regional service user representative, naloxone peer educator and a check-in and chat role. With volunteering you can commit to as little or as much as you like – it really is a great start to beginning a life free from addiction.

The best part of my role is watching service users change – from appearing on Zoom all chaotic, in the thick of addiction, to becoming a valued part of the group. It really is so rewarding. As part of the team at Change Grow Live we work at our own centre and also at regional and national level, representing our service users up and down the country.

To anyone considering volunteering, I would say 'GO FOR IT!!' Doing this role really is rewarding, including doing the training and feeling part of – and being able to represent – our service. It's also given me confidence, self-worth, meaning and a purpose. For once in my life my own lived experience has come in handy as I can be empathic and identify with service users. The training and belief that staff have given me really have changed my life – I am proof that we can all change, grow and live.

I would like to say thank you to all the staff who have encouraged and believed in me and given me this opportunity, especially my manager Amanda Taft who believed in me when I didn't. Again, all I can say is go for it!

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/**

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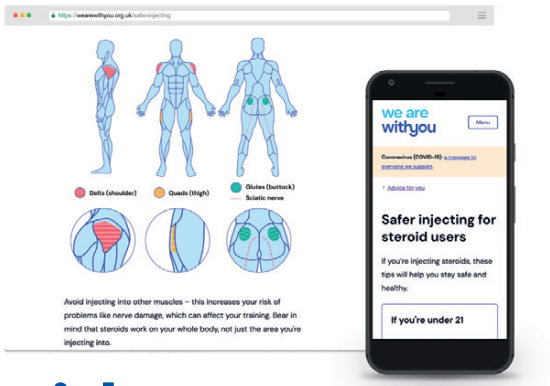

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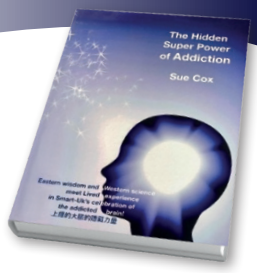

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