DDN

Drink and Drugs News
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The Probation Service is failing people who use drugs

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Drink and Drugs News is published by **CJ Wellings Ltd**, Romney House, School Road, Ashford, Kent TN27 0LT
t: 0845 299 3429

Editor: Claire Brown
e: claire@cjwellings.com

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

Reporter: David Gilliver
e: david@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

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STAYING STRONG IN PARTNERSHIP

DDN is proud to be HRI's media partner for **Constellations**, an online festival of harm reduction, on **16-24 November**. Register for programme updates at **www.hri.global/constellations**

CONSTELLATIONS
AN ONLINE FESTIVAL ON DRUGS & HARM REDUCTION

DDN is a self-funded independent publication. Our bespoke partnership packages provide an opportunity to work closely with the magazine. Please get in touch to find out more.

Let's make sure recovery is inclusive

When there's so much competing for our attention, it's easy for some things to feel unattainable. But threading diversity through our services is not an add-on. As Sohan Sahota explains (p6) many BAME people perceive services as clinical and uncaring and have had poor experiences of engagement. Add language barriers and cultural differences to discrimination and it's not hard to see why some people feel reluctant to engage. In Recovery Month this is surely something we need to examine very closely when we are celebrating the huge benefits of connection and a sense of belonging. Let's make sure recovery is truly inclusive.

The feeling of being an outsider is compounded for people who find themselves homeless, says Wendy Nee (p10), who describes the massive recovery opportunity we can offer simply through shelter, safety and kindness. The value of this vital sense of belonging also came across strongly when we asked, 'What keeps you on track with your recovery?' (p12), which also shows the benefits of peer support.

While Phoenix share stigma-busting recovery projects that are enhancing the community (p20), WDP and Shannon Trust show how peer-led reading support can transform lives: recovery in action.

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

Alcohol-specific deaths in Scotland up by nearly a fifth

The number of alcohol-specific deaths in Scotland rose by 17 per cent between 2019 and 2020, according to figures from National Records of Scotland (NRS). Deaths increased from 1,020 to 1,190, the largest number recorded since 2008, following a decline in the previous year. As with Scotland's drug-related deaths – which again reached their highest-ever level in 2020, as did those in England and Wales – the rate for alcohol-specific deaths is far higher in the most deprived areas, at more than four times the rate for the least deprived. Men accounted for more than two-thirds of the deaths, with most among people in their 50s and 60s.

'It is devastating to hear that the number of deaths linked to alcohol harm has increased in Scotland,' said chair of the Alcohol Health Alliance, Professor Sir Ian Gilmore. 'This follows a similar pattern to elsewhere in the UK during the COVID-19 pandemic and demonstrates the urgent need to act on this parallel health crisis. We cannot afford to continue ignoring the damage that alcohol is inflicting on communities around the UK. Though the Scottish Government has led the way with innovative alcohol harm prevention policies – like minimum unit pricing – there is still more to do to tackle alcohol harm, including ensuring access to alcohol treatment for all who need it. This must be backed up by urgent action from the UK government in the form of effective alcohol taxes and alcohol advertising restrictions on TV and online to protect children. Lives depend on it.'

> 'This follows a similar pattern to elsewhere in the UK during the COVID-19 pandemic and demonstrates the urgent need to act.'
> PROFESSOR SIR IAN GILMORE

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Meanwhile the Scottish Government and Scottish Drugs Forum have launched a new campaign to mark International Overdose Awareness Day. Stop The Deaths will feature billboard, TV and radio adverts over the next few months, as well as a dedicated website, www.stopthedeaths.com. 'This is a significant development in Scotland's national naloxone programme and provides a chance for the public – people who are likely to witness an overdose – to fully engage with the programme and the national mission to reduce drug deaths,' said Scottish Drugs Forum CEO David Liddell.

Alcohol-specific deaths at www.nrscotland.gov.uk

Gambling premises ten times more prevalent in deprived areas

MORE THAN 20 PER CENT of gambling premises are found in the most deprived areas of the country, compared to 2 per cent in the least deprived, according to a survey by the University of Bristol and the Standard Life Foundation.

Despite the increased prevalence of online gambling, almost half of the country's gambling yield – around £5bn – was still coming from physical venues immediately before the first COVID lockdown, says *The geography of gambling premises in Britain*. The highest number of betting shops per capita are found in Glasgow, Liverpool, Middlesbrough and parts of London, the document states, with the most deprived areas also home to around 30 per cent each of amusement arcades and bingo venues.

There is little that local authority licensing teams can do to prevent 'clustering' of gambling premises, it adds, with ten per cent of schools having a gambling venue less than five minutes' walk away. Half of all gambling treatment facilities are also within 250 metres of the nearest gambling premises, it states. 'Those with the least resources are being targeted more, with twice as many gambling venues on their doorstep as supermarkets,' said Standard Life Foundation chief executive Mubin Haq. 'If we are to truly level up, the new gambling reforms currently being considered must take into account the geography of gambling venues and give local authorities more control over licensing.'

Mubin Haq: If we are to truly level up, new gambling reforms must take into account geography.

Report at www.standardlifefoundation.org.uk

Difficult decisions

ONLY TEN LOCAL AUTHORITIES have been able to increase their spending on drug and alcohol treatment services in real terms since 2016, according to analysis by the Labour Party for the House of Commons Library. All other councils experienced a 'real-term' budget cut, says Labour, with four – Medway, Staffordshire, Tyneside and Wiltshire – seeing real-term cuts of more than 40 per cent.

Overall, local authority treatment services have seen real-term cuts equivalent to 15 per cent since 2016-17, it adds – from £762.37m to £689.76m – with dwindling public health budgets necessitating 'incredibly difficult decisions' about services. 'With deaths linked to alcohol and other drugs at an all-time high, urgent action must be taken to save lives,' said Alcohol Health Alliance chair Professor Sir Ian Gilmore.

Probation services 'responding poorly' to drugs cases

Too few people on probation are receiving help for drugs issues and the service is 'responding poorly to drugs misuse and addiction cases', according to a damning report from HM Inspectorate of Probation and CQC. Six out of ten magistrates surveyed by the inspectorate said they were 'not confident' that people were getting the treatment they needed, while the report also found that key information was either missing or not captured properly – and was also not being used to commission services. Many probation services were unable to supply even basic information such as how many people who use drugs were part of their caseload or were in treatment, while just one in six people were being tested for drug use.

Probation services in England and Wales supervise almost 160,000 people, of whom 75,000 have a drugs problem. However, fewer than 3,000 were referred for treatment in 2019-20, says the document, with referral programmes having 'withered on the vine' through diminished funding. Heavy workloads were also an issue, it says, with some probation officers managing caseloads of more than 70 people, meaning they did not have time to fully examine a person's history or identify 'factors that could help support them into recovery'. 'Poor' follow-up arrangements in the community also meant that two thirds of people leaving prison in the inspected areas had not continued to receive treatment on release, with the situation 'considerably worse' in England than Wales.

'The current system is not working well and the findings of this inspection were very disappointing,' said chief inspector of probation, Justin Russell. 'Justice and health organisations must work more closely together, for example to ensure continuity of support for prison leavers. Earlier this year, the government provided additional funding to improve drugs treatment. While the announcement was welcome, the money is for just one year – we need sustained commitment to fund drug treatment and recovery for people on probation.'

> Six out of ten magistrates surveyed said they were 'not confident' that people were getting the treatment they needed.

A joint thematic inspection of community-based drug treatment and recovery work with people on probation at www.justiceinspectorates.gov.uk

See feature page 8

PHE issues warning after sharp rise in overdoses

PHE HAS URGED PEOPLE who use drugs to be 'extra cautious' following a spate of overdoses in a number of areas. There have been at least 46 poisonings, 16 of them fatal, in areas including London, the South East, South West and East of England, PHE states. While early signs indicate that the overdoses have been caused by 'heroin mixed with a potent and dangerous synthetic opioid', more work is needed to confirm links between the cases, it says – however, people who use heroin have been urged to exercise extreme caution about 'what they are using and how much they take'.

PHE has alerted local drug services and is also asking that they 'reach out to drug users outside of the drug treatment system', and the agency is working with the NCA and NPCC to investigate the incidents and prevent further deaths. So far there was 'nothing to suggest that there is a direct link between any of the areas affected', said the NPCC.

However, Release said that it had received reports of 'bad batches' of heroin causing sudden deaths in London, Portsmouth and elsewhere, with some tested batches found to contain isotonitazene, a powerful synthetic opioid. The charity is urging people to be extra cautious about new suppliers and to make sure they have more naloxone with them than usual.

'We strongly advise anyone using drugs not to use alone and to test a small amount first,' said PHE's director of drugs, alcohol, tobacco and justice, Rosanna O'Connor.

> 'We strongly advise anyone using drugs not to use alone and to test a small amount first.'
> ROSANNA O' CONNOR

Local News

RESETTING THE AGENDA
A landmark CLERO Recovery College event on 16 September will look at ways to make sure the treatment system incorporates lived experience and resets the agenda to create 'an informed and responsive treatment and recovery landscape'. *https://bit.ly/3zwpP0k*

LANGUAGE MATTERS
'Alcoholic' language can discourage heavy drinkers from cutting down, says research from London South Bank University. Heavy drinking was still culturally acceptable or even encouraged 'as long as you're not seen to be an "alcoholic",' said lead researcher Dr James Morris – self-identifying as such was crucial for some people's recovery, but a significant barrier for others. *Report at www.sciencedirect.com*

SDF Scottish Drugs Forum

TARGET 2024
SDF has collaborated with Glasgow Caledonian University, University of Bristol and NHS Tayside on a three-year study into how best to get hep C treatment to those who 'need it the most'. Nurse-led community testing and recruiting peer workers will help Scotland eliminate the virus by 2024, it says.

CULTURAL UNDERSTANDING

It's time to properly address the huge unmet treatment needs of BAME communities, says **Sohan Sahota**

BAC-IN is a Nottingham based, specialist drug and alcohol recovery support service for individuals, families and young adults from diverse ethnic communities – an award winning, grassroots community service inspired and founded by people in recovery and built on a foundation of knowledge gained by those with first-hand experience of addiction and multiple disadvantage.

Our approach is holistic and culturally sensitive, enabling individuals to access support with addiction recovery, mental health and additional wellbeing services. We offer a range of activities, including one-to-one and group support, counselling, aftercare, leadership mentoring, personal development workshops and specialist training to help people achieve sustainable recovery, make responsible life changes and build healthy relationships. The essence of lived experience, addiction recovery and cultural expertise is at the heart of BAC-IN's guiding philosophy, organisational principles and service delivery.

We are passionate and motivated to improve outcomes for BAME communities – we've witnessed and understand the inequity that this community of people experience with addiction, complex trauma and the cultural repercussions for their families. This reality drove the development of BAC-IN in early 2000 as a response to a gap in mainstream drug treatment services for BAME communities.

UNDER-REPRESENTATION

Our partner organisation New Hope Rehabilitation (NHR) provides abstinence-based supported living accommodation in the Nottingham and Derby area. NHR are a small local BAME-led service founded by professionals with extensive experience of working in substance misuse, criminal justice and adult and children's services, most of whom also have lived experience of recovery from substance misuse. The philosophy of NHR is rooted in the desire to make a lasting difference in the lives of the people who come for help and support.

As a multicultural society, we must address the growing under-representation, unmet need and increasing health inequalities in treatment for BAME communities, including women, families, young people and veterans. Despite mainstream services being available for those in addiction, uptake is low amongst BAME people due to their perceptions of such services as clinical and uncaring, as well as a perceived cultural distance between worker and client.

BAME communities are not resistant to treatment, nor are they naïve about treatment services. The realities are closely linked to cultural barriers to access, lack of choice and poor experiences of engagement in available treatment. The impact of cultural shame, discrimination and past experience of racism, exacerbated by mistrust of services and language barriers, prevent many from coming forward for help.

DISCONNECTION

Mainstream and addiction charity services are doing excellent work providing generic support, advice and clinical treatment that benefit many from all backgrounds. There is however a disconnect between the experience of BAME communities accessing help and the perceptions of how well service providers are catering for all communities – these misperceptions have left many who are seeking help unsupported, resulting in further complex issues leading to severe health consequences and fatalities. Local and national commissioning arrangements often underestimate the level of need among BAME communities, which often results in stark under-representation in treatment as highlighted in the annual NDTMS reports and elsewhere.

Tatiana Chekryzhova | Dreamstime.com

‘BAME communities are not resistant to treatment, nor are they naïve about treatment services. The realities are closely linked to cultural barriers to access, lack of choice and poor experiences of engagement in available treatment.’

A greater investment is required to improve access and develop culturally appropriate treatment and recovery services. Knowledge of lived realties, intersectionality and cultural issues is vital in supporting BAME people effectively – cultural context is critical in understanding who people are in terms of their world view, attitudes, beliefs, cultural backgrounds, ethnicity, faith, family dynamics, religious practices and their history. The role of cultural empathy, lived experience and ability to connect are at the heart of building trust and developing equality within the therapeutic relationship.

CORE ELEMENTS

The purpose of appreciating the culture of an individual in recovery is to better understand who people are intrinsically and how to help them. In order to do this, it’s not enough just to understand their dietary needs, religious holidays or what faith they belong to. The most important element of a person’s culture is their psychology – what are their core beliefs? What is their faith? What is their attitude to family? What is their experience of stigma, racism, oppression and prejudice? What are their communication styles? What are their concepts of disease, health, addiction and recovery? How do all of these things impact their relationships, their identity and their reasons for developing substance problems and their need for recovery and wellbeing?

Without these core elements of deep cultural understanding and the ability to foster a genuine sense of connection and belonging, approaches to addiction and recovery for BAME communities will remain stuck under a low ceiling of effectiveness and continued poor psycho-cultural engagement by treatment providers. Cultural competence training can help to some degree to improve interpersonal communication but cannot replace culturally appropriate community-led support.

INTEGRATION

We need services that are fit for purpose and that have the capacity to reach and engage people who need help. The value of integrated services running alongside BAME specialist community services must now be a priority – they can both draw on each other’s assets and produce an overall stronger integrated system to benefit the community as a whole. They can share knowledge and expertise wherever one is lacking – the right support from the right people and organisations is key in establishing a stable and lasting recovery.

Equal access to treatment and recovery is the way forward, but to make this happen there must be significant investment in specialist community and lived experience led service providers to address gaps, inequalities and unmet need for under-represented groups. Give people a choice of service providers, treatment options and embrace approaches that work, be it psychosocial, culturally specific, faith-based or spiritually informed models to transformative recovery and wellbeing.

OBSTACLES TO ENGAGEMENT

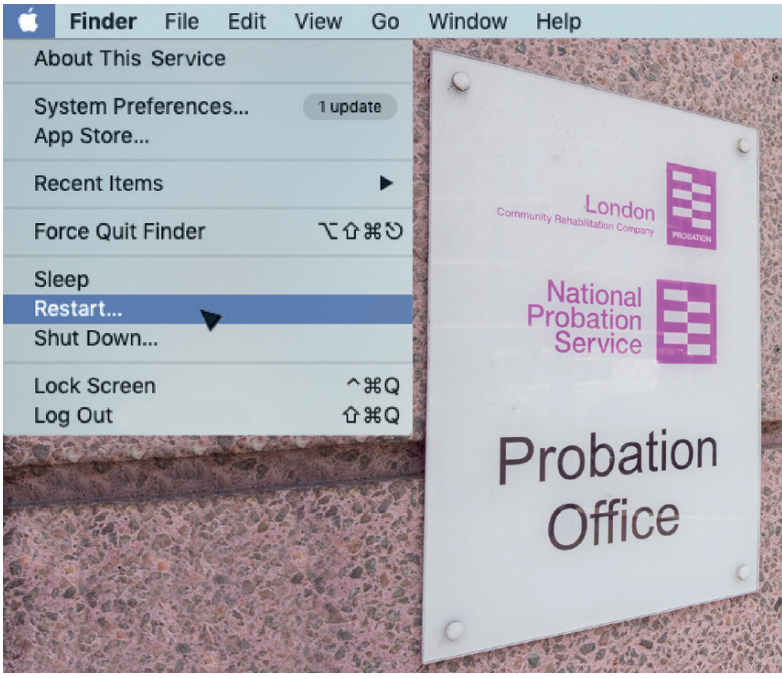
1. BAME communities face significant health, social and structural inequalities. The recent pandemic is reported to have pushed these health inequalities from bad to worse.
2. BAME communities face severe difficulties in accessing health services, particularly mental health and drug and alcohol treatment. Language barriers, stigma, cultural differences, and institutional racism prevent people from accessing, engaging and completing treatment, and making them more likely to come into contact with the criminal justice system.
3. Research highlights that BAME communities would benefit from culturally responsive recovery models, but currently there is no incentive in the system for developing or investing in such services.
4. Local and national commissioning arrangements often underestimate the level of needs among BAME communities which results in stark BAME under-representation in treatment services.
5. Commissioning processes have failed to capture and respond to unmet BAME need, and engage with BAME communities in designing and delivering culturally appropriate services.

RECOMMENDATIONS

1. Robust research should be carried out to adequately assess the level of health needs among people from BAME communities.
2. National drug policy must reflect the evidence gathered and develop specific recommendations to address the service gap for people from BAME backgrounds.
3. Local and national commissioning organisations must work alongside people from BAME backgrounds in the design, delivery and assessment of service provision to ensure that the service offer meets their needs.
4. Local commissioning arrangements should introduce ring-fenced spending for BAME-specialist services that can deliver culturally responsive and high-quality treatment and recovery services.

SYSTEM ER

The Probation Service is failing people with drug issues, says chief inspector of probation **Justin Russell**



Benjamin John / Alamy

I've been inspecting probation services across England and Wales for the past two years. Although I'm not new to the criminal justice sector, I'm still struck by the scale of drug use and drug-related offending among people on probation – and the impact of drugs on so many lives.

The organisation that I head up – Her Majesty's Inspectorate of Probation – has taken a closer look at how probation services work with individuals who use illegal substances. There were pockets of good practice but, overall, the current system is not working well and this inspection has found the service provided to be poor (see news, page 5).

Drugs are a driver of half of all acquisitive crime, and drug-related offending costs the public purse an estimated £9bn a year. Drug-related deaths are at record levels. Yet the criminal justice system lacks the focus and funding to tackle this problem. National leadership and direction is much needed, and government departments and local health and justice services need to work more closely together. The Probation Service manages nearly 156,000 people in the community – but it doesn't record how many of these people are dependent on class A drugs, are in treatment or might benefit from a referral to a specialist drugs agency.

Judges told us that probation court teams weren't making enough recommendations for a treatment order. Without this basic data, how can the Probation Service understand the extent of the issue and communicate those requirements to local public health colleagues who are commissioning these services for the wider community?

WITHERED ON THE VINE

Over 40 per cent of the thousands of probation cases we assessed in our local inspections are recorded as having some sort of substance misuse issue. If representative of the caseload as a whole that suggests that more than 75,000 people on probation will have one too. Yet fewer than 4,500 drug rehabilitation requirements were issued by the courts in 2020 – 75 per cent less than in 2008 – and only half of these were completed. Criminal justice programmes and structures that were in place to identify and refer individuals for treatment have withered on the vine.

'Judges told us that probation court teams weren't making enough recommendations for a treatment order. Without this basic data, how can the Probation Service understand the extent of the issue and communicate those requirements to local public health colleagues.'

We spoke to a sample of people on probation with substance misuse issues. Some reported positive encounters with probation practitioners who provided support and direction. One individual told us their practitioner 'doesn't tell me what to do, she just guides me down the right path, but I always have a say in what services I think will be best for me'. Others reported feeling 'done to' rather than engaged in their own supervision.

Two-thirds of the probation practitioners that we interviewed for this inspection told us they needed more training on the impact of drugs. They also wanted to know how best to support individuals with trauma and recovery. Time can be an issue too. For several years, the inspectorate has reported on the unacceptable workloads faced by many probation practitioners – some have in excess of 70 cases.

KNOWLEDGE, SKILLS, TIME

Probation practitioners need the knowledge, skills and time to do their work properly: to keep on top of drugs trends and treatments; to assess the vulnerability of people who take drugs as well as the risk they could pose to others; to make calls to the police or children's services to share intelligence. Regular drug testing is also needed to provide independent evidence of progress for the courts and probation staff (and to provide an incentive for people on probation to stay off drugs too). Of the sample of 60 cases involving problematic drug users that we inspected, only ten had received any sort of drug testing – even where this was required by the courts.

Practitioners need to build a rapport with the people they supervise to understand how and why they offended, and what support they need to move towards

RORS

'Two-thirds of the probation practitioners that we interviewed for this inspection told us they needed more training on the impact of drugs.'

a crime-free life. Additional training will give practitioners the tools and confidence to do this work effectively.

SUPPORT CONTINUITY

One of our biggest concerns was the severe drop-off in drugs treatment as people left prison and returned to the community. Two-thirds of prison leavers in the inspected areas were in treatment in custody but did not continue to receive help on release. This is unacceptable – people need continuity of support at this critical juncture in their lives.

We have made a series of recommendations to improve the quality of work with people on probation who use drugs. This includes a call for a national strategy to provide leadership and improved data-gathering and publication – so we can see what effect probation services are having on this cohort. We have also recommended greater use of drugs testing to ensure people get the support they need and improved continuity of support for prison leavers.

Probation services underwent major reforms at the end of June and probation services are now delivered by a single, public-sector organisation. I hope senior leaders will take the opportunity to review and strengthen work with drug users to ensure it is of a consistently high standard.

FUNDING PRIORITY

Finally, none of these improvements will be possible without adequate funding. Probation services received a welcome boost in the last Spending Review but that funding was only for a year and will do little to reverse many years of under-investment. Dame Carol Black has recently called for additional ring-fenced funding for treatment – which I fully support. People on probation should be a priority group for longer-term investment which would reduce crime, save lives and more than pay for itself in reduced costs to the public purse.

This inspection was led by HM Inspectorate of Probation with support from the Care Quality Commission and Health Inspectorate Wales. Visit the inspectorate's website to read the full report, and follow on Twitter (@HMIProbation) for more details of the organisation's work.

EnVogue_Photo / Alamy

I AM A...

Johnny shares his experience as a homeless recovery coordinator in Lancashire

I have had almost ten years' experience in this field. However, following the loss of a role that I loved, I had a cataclysmic relapse. Back in the whirlpool of cocaine and alcohol addiction, I very nearly died.

With the support of my father, I re-engaged with the local drug and alcohol service in February 2020. I then trained to be a volunteer peer mentor, delivering peer-led education to service users and co-facilitating psychosocial interventions (PSI) groups. I recently applied for and have accepted the role of homeless recovery coordinator with the same service.

'The part of my job that fires me up is the contact with people. Sharing my lived experience to show how life can be after addiction can be fantastic.'

Most of my recent work has been on Zoom, during the pandemic. I co-facilitate a 'thrive' group for six to eight service users, some of whom are just out of rehab/detox. I have done some limited learning in the office, spending time with the medical team and learning from them.

The part of my job that fires me up is the contact with people. Sharing my lived experience to show how life can be after addiction can be fantastic. I enjoy learning from colleagues, working with them in a team which includes my fellow peer mentors. The most rewarding aspect of all of it is being witness to a person's growth and recovery.

The thing I'd most like to change would be to give greater accessibility to housing, mental health and medical services. We urgently need more funding in these areas, as there's a crisis that's reaching epidemic proportions.

If you're wondering whether to become a recovery worker, I would say 'just do it!' You'll make such a difference to so many lives.

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/**

GOING THE EXTRA MILE

Homelessness doesn't discriminate, which is why making the effort to properly engage with 'hard to reach' groups pays real dividends, says **Wendy Nee**

It's no wonder, when you think about it, that so many people who are street homeless suffer from poor mental health, poor physical health and an addiction to illicit substances. Not helped by the typical British summer that we have experienced this year, they are constantly trying to keep warm and dry, living in constant fear of being moved on or being abused by passers-by, fearful of their only possessions being stolen, and constantly being judged.

The first lockdown last year led to local authorities seeking places for the street homeless to stay, keeping them safe from the effects of COVID-19. The government released £105m to support rough sleepers into interim housing and a further £16m to support those in this accommodation to access help for substance misuse issues. The fact that it took a global pandemic for anybody to appreciate the physical and mental health risks associated with being homeless raises certain questions for me. I would suggest that the risks arising from prolonged poor mental health caused by a lack of secure accommodation are far greater than catching coronavirus, and have been affecting this group for far longer.

London and the surrounding areas account for over a quarter of all rough sleeping in England. Before the pandemic hit, figures showed that a disproportionate number of these rough sleepers in London were from Central and Eastern European countries, accounting for almost 30 per cent. This number could have been significantly higher if those of unknown nationality were included, but through fear of being sent home this information is not always disclosed. In trying to tackle homelessness in London and the South East, there needs to be a specific focus on this community – but this presents a unique set of challenges.

FOLLOWING A DREAM

As part of the government's COVID-19 housing initiative, which must be welcomed despite a delayed start, I was introduced to four Eastern European men referred by the local authority. These men had lived in the woods for the last six years. They worked when they could, for cash-in-hand jobs paying below the minimum wage, and drank alcohol every night to help them sleep in the cold conditions – largely keeping themselves hidden and unnoticed. They were in poor physical health, the eldest being seventy-one with long-term heart failure.

These men were reasonably well-educated and had come to Britain separately to improve their life chances. Somehow, they all found each other through the large community of Eastern Europeans in similar situations. They would congregate in parks and drink cheap, strong Polish lager until they slept where they fell. The larger group gradually drifted away from the remaining four – they either went home, moved to the next town, or in some cases, fell ill and died.

They followed the dream of coming to Britain, but it did not turn out how they expected. They had all suffered varying degrees of childhood trauma, abuse, relationship and family breakdown and poverty. Some experienced xenophobic attitudes in both their workplaces and communities, leading to yet more of the anxiety and depression they were trying to escape. Each one began to use more and more alcohol to ease

> 'The more help they accepted the more they understood that people cared. This in itself improved their feeling of self-worth, leading to improved mental health outcomes.'


SanderStock / iStock

their mental ill-health. The more they used, the more they needed to reach the numbness they required.

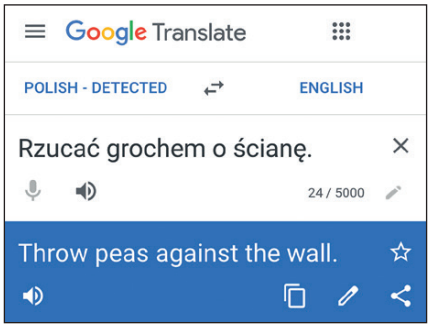
UNTRUSTING OF SUPPORT

By the time they were housed by Druglink Choices, they were in a very poor way, and it took several meetings to persuade them to settle inside. They were used to the woods and comfortable with what they knew, despite the conditions. They were untrusting of support workers and nervous around anyone in a position of authority. They were especially uneasy about being sent back to their country of origin as they did not have settled status here in the UK – obviously, this also meant that they had been unable to access benefits, which made money scarce and they sometimes had to beg for money for food and alcohol.

They were insistent they remained together, so they were housed in a four-bedroomed private rented property and given a floating support worker. From week one, despite the language barrier, the change in them was rapid and palpable. The language barrier was an initial problem, but as time moved on, it appeared that one of the group knew more English than he'd previously disclosed and he acted as the go-between for the group. They had daily house meetings which largely consisted of hand gestures, drawings, and the use of Google Translate (which isn't always accurate, leading to much hilarity on a few occasions).

They kept the house spotless, did their chores, made their beds every day and with the help of the local food bank, started to look after themselves physically. Three of them stopped using alcohol completely and the fourth cut down considerably. As lockdown restrictions eased we were in a race against the clock to support them in gaining settled status to claim benefit and have recourse to public funds. We were concerned that if they couldn't get access to housing benefit they would have had to return to the woods if the local authority withdrew financial support, and I didn't think the eldest man would survive that.

I am happy to say that the group are still in a Druglink Choices house going from strength to strength, with three of them learning English online with the use of a donated laptop and tablet. They are humbled by the support they have received from the community, their support workers and the local church. The more help they accepted the more they understood that people cared. This in itself improved their feeling of self-worth, leading to improved mental health outcomes. They still have a long way to go in terms of getting to the root cause of their mental health issues but they have opportunities and the chance to build self-confidence and eventually, hopefully, gain independence.



'The language barrier was an initial problem but the use of Google Translate (which isn't always accurate), led to much hilarity on a few occasions.'

A SENSE OF BELONGING

According to Maslow's hierarchy of needs, feeling loved and like you belong in society comes two layers up the pyramid from the basic level of a human's physiological need for food and shelter – and just one above the need for safety. If we do not reach out to help those who are forced to rough sleep, they will eternally remain at the basic two levels of the hierarchy of needs, never reaching a sense of belonging and thus never addressing the mental health issues they are experiencing as they never get beyond pure survival. As a society, we seem to be talking about mental health more openly and are more accepting of it – one of the few positives to arise from the global pandemic.

I have seen these men at the depths of depression and their nascent recovery when given shelter, safety and kindness. A connection with this community and a target to lower rough sleeping amongst them could minimise the numbers of street homeless in London and the South East – which would go a long way to help reduce homelessness in England. Helping this group gain basic needs will put us a position to break down their mental health barriers, support that these vulnerable people desperately need.

www.druglink.co.uk

Wendy Nee is director of care and support services at Druglink

FAR LEFT: Homeless people camp in a small copse on Clapham Common on Christmas Eve, 2019. Guy Bell/Alamy. LEFT: Living with tent and tarpaulins, semi-permanently hidden among trees in Bristol, 2015. Charles Stirling/Alamy.

FOR RECOVERY WEEK WE ASKED WHAT KEEPS YO

'NATURE HAS HELPED ME IMMENSELY'

The past 18 months have been a challenge with regard to maintaining and developing my recovery. The basic ingredients haven't changed – I remind myself every morning that I can't drink or use safely under all conditions, and use prayer and meditation.

Regular communication with others who are on a similar journey, electronically and face-to-face, has been supportive.

Developing my relationship with nature has also been a significant factor in my recovery. Early morning walks by a lake, observing the swans, coots, ducks and squirrels going about their daily business without trying to impose their will on each other has helped me immensely.

I have a cherry tree outside my home and I became intimately aware of the processes of change this tree underwent over the lockdown. From bare in winter, buds appearing and magnificent blossom in spring, vibrant green foliage which becomes brighter after the recent heavy rainfall and soon back to basics.

Going on treasure hunts with my grandchildren, digging a hole when their metal detector beeped and witnessing their awe and excitement, followed by their disappointment as we unearthed an old soft-drink can. 'At least we know your detector works,' I would say.

Acknowledging my disappointment when I received yet another rejection from a job application. Grateful for the feedback requested and the opportunity to incorporate this knowledge in my next application.

Doing voluntary work online and via the telephone kept me in touch with reality. As a colleague reminded me recently, if I want to have a miserable day, I only have to focus on I, self, me.

Ronald Bell

'SUPPORTING OTHERS MOTIVATES ME'

I have been with DHI since 2017, where I support others in my role as a peer mentor. I came to DHI after completing rehab and moving to Bristol from Plymouth – I wanted to start again in a brand new city. Bristol has lots to offer with culture, music, history and diversity, and people are encouraged to be who they want to be. I love living here.

At the beginning of the lockdown it felt like a novelty to me and I didn't feel daunted by the situation. After a while, it began to get to me. There were things to do, but it wasn't easy to find the motivation to do them. Then DHI provided us with everything we needed to work from home. I felt focused again and was able to support people who needed help – even more so in this time of uncertainty. I was able to provide a lifeline to people, which gave me purpose and motivation again.

I haven't had a drink for five years, and my resilience comes from my motivation to keep living the life I am.

Stuart Kelly, DHI Bristol Peer Support

'BE HONEST WITH YOURSELF'

At Forward Trust we know that no one person is the same. Friendly, non-judgemental support, no matter what you have gone through is essential to recovery and sustaining positive change.

On 6 August, I was 900 days sober. When I decided I needed to stop drinking, I had in my head that if I could do 100 days without a drink, I could do recovery in the long term. In those first 100 days I moved house, had a family wedding and faced everyday challenges in my life and in my journey to recovery.

Support is key to recovery. I received support from The Forward Trust's Dover Day Programme, a 13-week day rehab. The support worked for me. I learned new skills and built safe and sober friendships that I still maintain. A support network helps you through the good and the bad, and builds your resilience. Often people forget that the 'good' events in life can be just as challenging as the bad times when you are trying to maintain your sobriety.

I now work for Forward Trust as a drug and alcohol recovery worker, helping others find recovery. I, and many of my colleagues, have personal experience of drug and alcohol issues. We understand what people are going through. My advice is the same to everyone: try everything and keep trying. Push yourself to try new things. Get to a meeting, online or face-to-face. It can be tough, but find support you can be open and honest with. Be honest with yourself and most of all keep on keeping on. With support from likeminded people, life is good – no, life is amazing!

Darren Lacey, drug and alcohol recovery worker at The Forward Trust

'WE DISCOVERED RECOVERY IN SO MANY SITUATIONS'

As a mom and daughter, four generations living under one roof,

OU ON TRACK?

the past 18 months have taught us many life lessons, allowing us to create amazing connections and opportunities, which appeared even though we were going through difficult times. We now apply all these lessons in order to contribute to our family recovery, our amazing recovery coaching community and provide hope to others.

We truly discovered the gifts of recovery in so many moments, conversations, and situations that before we only thought were difficult times. In those virtual rooms we met an eclectic mix of extremely remarkable and diverse people as we sought guidance to build the recovery community we knew we desperately needed in the UK.

We not only received knowledge and mentorship, we made life-long friends. Although we were already on a recovery coaching journey, the team at the Connecticut Community for Addiction Recovery (CCAR) believed in us, empowered us, supported us to make a bigger impact, and believed in our ability to do it.

We have created Recovery Coach Academy, become the first CCAR authorised recovery coach trainers, and the first recovery coach professionals in the UK. Calliese is now the youngest member on the board of trustees for FAVOR UK.

Naetha Uren and Calliese Conner, mother, daughter, family in recovery and founders of www.recoverycoachacademy.co.uk

'AN APP ON MY PHONE HELPS ME STAY FOCUSED'

On occasions, my ongoing recovery/sobriety feels simple and life becomes easy. Other times it's a daily battle to fight off the debating society and negative committee in my head.

I endeavour to take everything one step at a time. Being grateful for every morning I wake up clear-headed and without a hangover, not piecing together the night or day before and being apprehensive to check my bank balance and look at social media or my phone, for fear of shame/guilt/remorse. How times have changed and being free of those apprehensions is most welcome.

I have an 'I Am Sober' app on my phone in order to track progress of my ongoing recovery and sobriety that details such things as money saved and time spent in active alcoholism. It helps me stay focused when things get tough, as they often do.

Comprehending how much time and effort has gone into my recovery, and how much that means to me, is a real motivating factor.

I attend the meetings on a daily basis (Zoom in lockdown and physical now lockdown restrictions have been eased) and I draw great strength from listening to other people – what they were like, what happened and what they're like now. Meetings are a great distraction to help me get out of my own head, help other people, and the opportunity to share what's on your mind.

Robin Whitefield

'WELLBEING IS AT THE CORE'

Focus on recovery can often be distilled down to the 'five ways to wellbeing' and as an individual in long-term recovery, nurturing, practising and feeding these core beliefs are key.

It is so important in my personal recovery, to both its maintenance and leading a fulfilling and meaningful life free of dependency (not only on substances). When looking wider there is no magic wand to wellbeing – it's down to these principles being practised and modelled by health citizenship and communities in society and easily replicated across all walks of life.

Unfortunately the pandemic has driven the gaps around inequality wider and distorted some people's abilities to practise these principles for others – even severed them for some – demonstrating that nurture has a bigger part than nature. People who are already unwell are presenting at services' front doors with increasing levels of mental health issues and distress. If there was ever a stark reminder of where addiction can take you, the last 18 months are it.

Stuart Green, manager of Aspire drug and alcohol service, Doncaster

'EVERYONE BECOMES PART OF MY RECOVERY'

I volunteer with Recovery Cymru and the local health board and have been in my own recovery for five years this coming October.

The most important part of my recovery is meeting new people and being able to share my recovery journey with all the ups and downs but with the message of hope at its heart; meeting people who just want someone to listen to them – not to be judged or stigmatised, just listened to.

I know what effect it can have through my own journey and the amazing generous people who have helped, and still give me that help, making me realise there is a life after addiction. Just to be part of that process of giving hope back to just one of the people I meet is enough for me. Everyone I meet becomes part of my recovery.

Meirion Evans, volunteer with Recovery Cymru

Zoltan Gabor | Dreamstime.com

SEEKING PEOPLE INVOLVED IN TRAFFICKING

I work at an independent social research agency called Revealing Reality. We've recently been commissioned by the National Crime Agency (NCA) to do a project exploring the experiences of people who transported drugs to the UK. We're trying to reach a specific group of victims of involvement in drug trafficking who have served time for smuggling drugs into the UK from Jamaica – more specifically powdered cocaine – to do interviews with (however we can be flexible on the place and type of drug). We want to learn about their experiences and why they got involved in order to develop a prevention campaign which aims to reduce the number of those getting involved in drug trafficking, which is expected to rise post-COVID. Confidentiality

> 'We're trying to reach a specific group of victims of involvement in drug trafficking who have served time for smuggling drugs into the UK...'

is really important to us, and everything they share with us will be anonymised throughout the project – we would not use any information that would personally identify anyone. Respondents will be able to withdraw at any point and only answer questions they feel comfortable answering. As a thank you for their participation, we will pay them £75.

Our researchers have great experience in working with vulnerable people in various contexts and I assure you that discussions will be treated with great sensitivity.

If you, or anyone you know, would be interested in participating in this research, please get in touch with me by phone or email.

Annie Elliott, researcher,
+44 (0)20 7735 8040,
annie.elliott@revealingreality.co.uk

CAN ANYONE HELP?

When I came into prison in 2016 I was on a methadone prescription, but they gave me someone else's script – I was given my methadone and 2x300mg pregabalin. I was given this for three years. I don't know why I was on them – I thought it was part of the detox, but have since found out that it's the maximum dose. Why would someone start me on the maximum dose?

I keep asking the medical staff but none of them know why it happened. I was given an overdose amount but can't get any answers. They said that this was confirmed from outside as being my proper script but I know for a fact I wasn't on this outside and I know I'm having a lot of problems with my legs and back. If no one prescribed me this then how did I get this prescription? Can you please help me get some answers as I'm at the end of my tether.

I'm now in a situation where I have to buy these meds from other prisoners to take away pains that I never had before, so prisoners are selling meds they don't need and I'm having to buy them because I need them. I'm serving a 15-year sentence. Please help me.

Mark, prison address withheld

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CLERO

WHAT'S IN A NAME?

There's never been a hard and fast definition of 'recovery'. It means exactly what it means to you, says **Tim Sampey**

What we actually mean by 'recovery' is always the elephant in the room, isn't it? Recovery can only be defined by the person who identifies as being in recovery, and that definition must remain a personal choice that is recognised as inherently valid. This moves across the entire spectrum of substance use, from medicalised recovery such as a maintenance prescribing, through recreational substance use, all the way to total abstinence. All are considered recovery by someone, and who are we to argue? If you identify as being in recovery, then as far as we're concerned, you are.

Recovery is about far more than substance use – it's about health and wellbeing, physical, mental, and spiritual. Social connection and non-judgemental support networks are often the first building blocks in recovery. After all, unless you are a monk or a sociopath, it's hard to get anywhere on your own. Humans are tribal creatures. We need somewhere to belong.

We also need a reason to get out of bed in the morning, and that comes with meaningful activity. People often associate this with volunteering or employment, but that is far too narrow a viewpoint. Meaningful activity is having something to be passionate about, to embrace with open arms because it makes you feel alive, to look forward to and build on. It can be anything you choose.

Individual choice is central to the recovery process. What do I want my life to look like? What are my needs, and what do I need to do to meet them? Recovery can only be successful if we can each choose our own future, free in the knowledge that our choice is equal to that of everyone else. Comfort in our own identity and our choices is central to the process. Recovery is about change, in our behaviour, our thinking and our lives. It is about believing in ourselves, and our value as human beings.

Building links with the wider community, often starting with family and friends, and moving outwards like ripples in a pond, is also central to the journey. We begin from a cold and hard place of isolation, and it ends when we embrace the wider world and re-join it as an equal and valued member of society.

Below is a formula that encapsulates the essence of the recovery process. Did you notice it says nothing about substance use? Good. Recovery is about so much more because we are worth so much more. We are not defined by our substance use. We are defined by who we are and what we do, by our determination to live the life we choose. Simply really. Will someone kindly take the elephant for a walk?

Tim Sampey is chief executive of Build on Belief, writing as a member of the College of Lived Experience Recovery Organisations (CLERO)

$$\frac{Effort^2}{Support} + \text{Meaningful Activity} + \left(\frac{Improved\ Wellbeing}{Social\ Connection}\right) + \left(\frac{Time}{Individual\ Choice}\right) = \text{Recovery}$$

TURNING POINT SMITHFIELD **IN-PATIENT DETOX**

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TURNING POINT
inspired by possibility



Chatbots are an untapped opportunity for helping people in recovery, say **Lisa Ogilvie**, **Julie Prescott** and **Jerome Carson**

A friendly voice

Chatbots are non-human agents, programmed using artificial intelligence (AI) to talk to a person as if a real-life conversation is taking place. It's common to visit a website and be greeted with an invitation to chat about its commodities – whether suggesting products, offering technical support, or assessing customer satisfaction, chatbots have established their place in assuming a role traditionally undertaken by humans.

Healthcare is no exception. Here chatbots have been used to educate, diagnose, and support a technically savvy and demographically diverse population. The use of chatbots in addiction services has yet to be appreciated however, with research showing little traction in this area in the last five years. This is contrary to the upward trend seen in other areas of healthcare, for example with anxiety, depression, and obesity. This gap is perhaps most surprising given the target population and model of interaction offered – interaction that's free of judgement and prejudice and that can reach people reticent to openly discuss their problems. This gap presents an untapped opportunity, a blank canvas for developing chatbots to serve those needing support with drug and alcohol addiction, including those in recovery.

POINT OF NEED

It is here we introduce Foxbot, a recovery friend. Foxbot was born from the idea to personify the online delivery of recovery interventions – interventions that combine recovery knowledge with positive psychology, and concepts from positive computing, to use technology to improve wellbeing. The basic design requirements for Foxbot were to be friendly and easy to form a connection with, to allow users to direct their own experience based on what they're facing and how they're feeling, and to provide a fresh, accessible, and engaging way of supporting people in recovery.

Foxbot's purpose is to help people at their point of need by supporting them with some of the common difficulties encountered in recovery. Foxbot achieves this by offering suggestions, and quick and easy interventions, that can be used and re-used to bolster recovery. Unlike more conventional chatbots that form part of a larger online strategy to promote or sell products and services, Foxbot's intentions are entirely altruistic. Foxbot's goal is to connect with and understand what people in recovery are commonly challenged with and respond with an intervention that can help them in the present moment.

> 'It's common to visit a website and be greeted with an invitation to chat.. Chatbots have established their place in assuming a role traditionally undertaken by humans.'

Feeling supported through connection and understanding is highly valued in recovery, so these characteristics were considered rudimentary to Foxbot's design, and embedded through the content of his knowledge base and the relaxed style of communication he's programmed to use. It was decided that if Foxbot was to be a genuine and successful recovery friend, he should exhibit his own character strengths – social intelligence, self-regulation, gratitude, humour, and creativity. Social intelligence for fluent social function and mature judgement; self-regulation for limitless patience and satisfaction with friendly relationships; gratitude to express positive emotions and optimistic prosocial behaviour; humour to promote positive mood and endurance, and creativity for his novel delivery of recovery interventions. These signature strengths were programmed into Foxbot's communication patterns to enable him to support people who wish to talk about things like having cravings, being in a bad mood, needing a reality check on what it means to be in addiction, having been triggered, or looking for a recovery boost.

COMMON EXPERIENCE

The interventions delivered by Foxbot take common experiences from recovery and amalgamate them with positive psychology theory to offset and enhance the user's current frame of mind. For example, if someone tells Foxbot

Jittawit Tachakanjanapong | Dreamstime.com

they're having a craving, he does two things – firstly, he suggests a mindful practise for letting the craving pass, one that uses positive imagery to represent the craving as a process that has an end. Secondly, he involves the user in an activity that will refocus them. In this case, an online matching game, where they do not need to feel self-conscious about participating, one that gives them feedback, and is rewarding. This intervention equips the user with a strategy to deal with cravings, where they are encouraged to participate in an activity that distracts them after visualising the craving as a process that comes to an end.

Another common experience for people in recovery is having unhelpful thoughts – that they don't really have a problem with alcohol or drugs, and that everything will be okay this time. Here Foxbot helps by offering a reality check in the form of an adage that can challenge the unhelpful inner voice with a relatable example of something that's apparent with the hindsight of recovery. For example, 'you can't drink away alcoholism' or 'do you recall sobering up when you patted your pockets and couldn't find your phone'.

If you tell Foxbot you are in a bad mood, he will attempt to raise a positive emotion using humour. Whilst his sense of humour may have been influenced by his design team, the jokes have been tested on a wider audience before they made the cut.

RECOVERY BOOST

If a user is not experiencing a particular challenge but would still like to do something positive for their recovery, Foxbot offers the option of receiving a recovery boost. Research has shown that life appreciation and gratitude play a fundamental role in sustained and successful recovery. Foxbot capitalises on this by offering recovery boosters, powerful reminders of the things that are easy to take for granted or lose sight of in recovery, for example, 'see you later hangover', 'welcome back energy', 'adios shaking hands' and 'goodbye bloodshot eyes'. This is to remind users of the positive outcomes they've acquired thanks to living in recovery, outcomes that can only be preserved by sustaining that recovery.

By providing an unlimited willingness to engage in conversation, Foxbot frequently relays the message that talking is important to recovery. His conversational style includes phrases such as 'It's good to talk', 'talking to you brightens my day', and 'don't struggle in silence'. Foxbot also gauges how useful an intervention is proving to be through the acquisition of real-time feedback, where, if necessary, an extended version of the intervention is presented to the user. For example, if a user has asked for a recovery boost, Foxbot will check-in during the intervention to ask if they feel they have had a boost, offering feedback options of 'yes, boosted' or 'no, power me up'. If 'no' is selected, another set of recovery boosters are presented to the user.

To keep the conversation fresh, and avoid anticipated chat, Foxbot has a continually developing knowledge base. The AI component of his programming assigns different conversational experiences to the user to avoid 'hackneyed dialogue.' As an example, when a user opts to 'chat again', a randomised response is given, such as, 'talking opens your mind to new ideas' or 'it's always a good time to talk to me about recovery'. This ensures the user experience is unpredictably different with each encounter.

Foxbot can be considered as being in his formative years – he is undergoing significant developmental change, which includes a growing knowledge base and repertoire of recovery suggestions. In addition, Foxbot can also remember his past conversations, so as he matures historic chats will be analysed to better inform how he should evolve. For example, if a disproportionate number of users engage in a specific intervention, this area will be prioritised with greater investment made to enrich the support available. Foxbot will also become wiser by gathering feedback on his own strengths, including his performance as a recovery friend. When he reaches this level of maturity, he – like his recovery friends – will be learning how to better use and develop his own strengths.

To get to know Foxbot and find out what else he can do, visit positivelysober.org where you can also look at the work being done to create a positive approach to recovery.

Lisa Ogilvie is a PhD student, Julie Prescott is reader in psychology, and Jerome Carson is professor of psychology, all at the University of Bolton

True Images / Alamy

READING THE ROOM

WDP and Shannon Trust's groundbreaking pilot scheme to make one-to-one peer-led reading support sessions available to WDP clients is a lifeline for those struggling with literacy, says **Scott Haines**

Being able to read is something that many of us take for granted. We have likely been doing it from an early age and it's a skill that we use every day. Just this morning, within an hour of waking up, I'd read the news, checked my emails, scanned through my social media and reviewed some paperwork I needed to sign. Shortly afterwards I plotted a public transport route to visit a WDP drug and alcohol service in Greenwich, where today I will be delivering training to staff and volunteers.

During the training, a comment from one member of the group really got me thinking – 'It's difficult to even visualise what it would be like to not be able to read. I can only imagine how horrible that must feel.' What would life be like if you couldn't read? How difficult might you find it to complete many of the routine tasks you undertake each day? How would it affect your ability to communicate with others or get access to important information? What type of jobs would you be able to do? How would it make you feel about yourself? Reading is fundamental to so many aspects of our day-to-day lives, and yet struggling with reading is a reality for far too many people.

Shannon Trust is a literacy charity that currently operates in every prison in England, Wales and Northern Ireland. We train prisoners who can read to become mentors and teach those who can't using a phonics-based programme called Turning Pages (*DDN*, July/August, page

'What would life be like if you couldn't read? How difficult might you find it to complete many of the routine tasks you undertake each day? How would it affect your ability to communicate with others or get access to important information? What type of jobs would you be able to do? How would it make you feel about yourself? '

4), that we designed specifically for working with adults. Over the past 20 years we have helped thousands of people to improve their reading, achieving some fantastic outcomes in the process.

Current stats suggest that around 50 per cent of the UK prison population has a reading level below that of the average 11-year-old. A significant proportion of this number struggle to read anything at all. These numbers are alarming, and we are determined to do what we can to help reduce them through our work inside and outside of prison.

We know that there are lots of reasons why people end up struggling with reading. For some, they had a troubled and disrupted childhood. For others, they didn't go to school or were excluded. In other cases, people may have undiagnosed problems such as dyslexia or visual impairments, which made the task of reading difficult. It could also be a combination of such factors.

When someone struggles with reading, we know that the impact on their lives can be significant. As well as not being able to do many things, learners regularly tell us about how this has severely damaged their confidence or has been detrimental to their relationships with family. It's also common to hear about the frustration and resignation that comes with not being able to access opportunities which may help them to move forward positively in their lives, such as employment.

Our data shows that those who take part in one-to-one sessions report improvement in their confidence and self-esteem, and 90 per cent of our learners also go on to access further education and training opportunities.

Despite this issue being fairly common within the prison system, we find that many people are still reluctant to disclose that they struggle with reading (often because of embarrassment and concerns about how others will respond). And even when things are out in the open, it's also not always the case that people want or will accept support when it's offered. This is particularly true if the support involves a classroom, where experiences for many in the past may not have been overwhelmingly positive.

However, we find a peer-based approach can be effective. It appeals to those who might be resistant to accessing support, with many preferring to engage if it's on a one-to-one basis, working with someone that they can trust and where sessions can take place in a safe and confidential space.

Working in prisons remains vital to us, but we also know there exists a significant need for people to access this type of support on the outside. According to the National Literacy Trust around 7.1m people in England – 16.4 per cent of the population – struggle with poor literacy (below Level 1). At Shannon Trust we regularly get approached by community-based services looking for help to support clients or advice to develop their own programmes. Therefore, we are really keen to expand our work beyond prison walls. We think everyone should be offered the chance to access support to improve their reading if and when they need it, no matter where they are. This is why we think our new partnership with WDP is such an exciting and important one.

We are currently setting up peer-based reading programmes in several WDP services, in areas such as Islington and Merton, which we will pilot over the next 18 months. These will be delivered by WDP staff and volunteers like those I met today in Greenwich, who will offer one-to-one support sessions to clients in-house. We will also provide training/guidance to wider staff teams to help them better identify and support clients who may benefit from taking part. We will work collaboratively to share learning, track outcomes and plan ongoing development, the aim being to have a community model which is effective in responding to need and which can be replicated across more services.

Before joining Shannon Trust I'd spent 14 years working in drug and alcohol services. I remembered working with a few clients who I knew struggled with reading and who I'd tried to refer to local classroom-based programmes. Some point blank refused to go. Others said they would attend but did not.

I wonder whether I might have worked with some who struggled with reading but didn't wish to disclose it? Perhaps I never offered them the chance. If so, might things have been different if I'd had a better understanding of the issue and had been able to offer them access to a peer-based support programme within the service? Would they have been more likely to engage with it? Could this have improved their outcomes? I believe the answer to each of these questions would be yes, and which is why I have no doubt that our pilot will be a great success.

Scott Haines is community pilot manager for Shannon Trust

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Working with young people

WDP and Shannon Trust are also working in close partnership to set up a new literacy project in WDP's Subwize young people service (Barking and Dagenham). This innovative project will run for one year initially and is funded by the London Borough of Barking and Dagenham via PHE grant funding. A dedicated worker will be based at Subwize and will support the borough's adult service as well, coordinating the delivery of reading support, volunteer reading coaches, materials and resources.

LEADING BY EXAMPLE

One of the best ways to challenge stigma is through positive action, says **Liam Ward**

Stigma often exists where there is a limited understanding of a condition or a group of people. Negative ideas about these conditions or groups can permeate our collective understanding and form opinions based on stereotypes. The discrimination faced by those who suffer the effects of stigma can often lead to damaging societal attitudes – for people looking to live a life free from substances, these attitudes can damage their confidence, limit their opportunities and undermine their recovery.

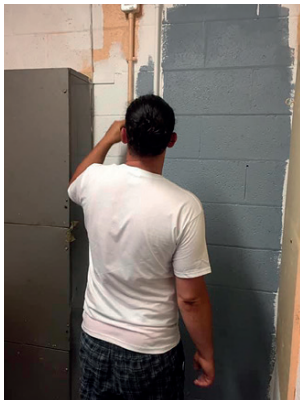
It is for this reason that I find it so heartening to hear stories where those so heavily impacted by stigma directly challenge it through their positive actions. In late July, the service users at our Wirral Residential Service did just this at the Equilibrium Community Centre. When Equilibrium approached us and asked if our residents would be able to help tidy up the grounds ahead of the opening this summer, their appeal was met with a resounding 'yes we can'.

The result was a complete transformation of the grounds and interior. I spoke with Equilibrium director Sharon Munroe who gave me an insight into what our service users did and what this means for the community. 'I can't praise them enough,' she said. 'They should be immensely proud of themselves. They cleared the car park then weeded, planted, raked and mowed our outdoor spaces. The football cages were covered in rubbish and broken glass. They cleared all of that and brushed it all down clean. They painted and cleaned inside, bringing a training room back into use which we can now hire out to raise funds. And to top it off they even cleaned up the sandbox for the kids.'

The impact of this was that the centre was able to open on time, giving families a place to gather and for children to play. A summer scheme will go ahead, feeding children who would normally receive free school meals and the centre will provide wellbeing workshops, parent and child groups and coffee mornings.

'Equilibrium means the balancing of opposing forces,' explained Sharon, when I asked about the origins of the organisation. 'We exist because we know isolation and inequality exists, and unfortunately always will. Our research helps us understand what our community needs, and provide interventions that help address their issues.

'Throughout Recovery Month, Phoenix Futures will be launching our anti-stigma campaign with a range of projects and activities aimed at increasing the visibility and positive perceptions of those in recovery.'



When Equilibrium asked if service users at Phoenix Wirral Residential would be able to help tidy up the grounds ahead of the opening this summer, their appeal was met with a resounding 'yes we can'.

We actively reduce stigma in the community by giving people an opportunity to raise their self-esteem and confidence. To hear it's not their fault. To make them feel valued and build their wellbeing.'

I asked Sharon about her thoughts on the stigma faced by our service users and the people she works with through Equilibrium. 'I actually thought about stigma from their perspective when asking about consents for us to post about it online, but I didn't mention their recovery as I didn't see it as relevant,' she said. 'I always say "there but for the grace of the universe go any of us". The guys who came to help out aren't defined by being in recovery, they are defined by wanting to give back and do something positive. Everybody deserves another chance. Sometimes we go off the path and need help to get back on it. If we can be part of someone's recovery and help them feel part of society again that would be amazing to achieve.'

The feedback from our residents mirrored Sharon's words – they spoke of the joy they felt in giving children a reason to smile, the good memories evoked in seeing a community hub brought back to life, the rewarding feeling of accomplishment and the powerful sense of contributing to something bigger than themselves.

Throughout Recovery Month, Phoenix Futures will be launching our anti-stigma campaign with a range of projects and activities aimed at increasing the visibility and positive perceptions of those in recovery. The actions of our service users at the Wirral Residential capture this message perfectly. Their selfless efforts directly challenge and subvert so many of the negative perceptions within society of those who use substances and exemplify what can be achieved if we don't allow stigma to hold people back from their potential.

Liam Ward is residential marketing and engagement manager at Phoenix Futures

British Columbia is leading the way by expanding access to safe supplies of opioids, says **Bill Nelles**

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SAFETY FIRST

More than 7,000 people have died here since 2016 when our overdose crisis was uniquely declared a public emergency – last year 1,716 people died of opioid overdoses in British Columbia, compared to 901 who died from COVID. More conventional interventions – access to naloxone and opioid agonist therapy (OAT) – have not reduced the increase in overdose deaths. Even worse, in the first three months of 2021 more than 500 people died from our toxic drug supply.

The rising death rate has closely followed changes in the street supply. In 2011, fentanyl was first detected mixed in with morphine base to give a 'bigger buzz'. The proportion of fentanyl to street heroin steadily increased, then took over. The next spike followed the presence of fentanyl analogues such as carfentanil, previously used for knocking out large wild animals. And our most recent rise reflects the increasing presence of designer benzo-like sedatives in the supply, seriously complicating resuscitation.

The pressure to take effective action has been intense. In mid-July, our provincial government endorsed a radical plan to provide access to clean pharmaceutical opioids and stimulants to drug users risking death from utterly poisonous product. This strategy hasn't just happened. For more than two years, a team of doctors have quietly recruited drug users and provided them with access to safe clean drugs. In March of last year, 677 people were being prescribed oral hydromorphone (Canada's diamorphine) and by December, there were 3,348 – an increase of 395 per cent. Dexedrine and Ritalin will also be provided to those using the equally tainted stimulant supply, and fentanyl is also likely to be offered as many people now prefer the drug.

Clean injectable drugs are to remain supervised. Both hydromorphone and diamorphine are available, but the staffing costs still confine this to the largest cities. Pharmacists can supervise injectables but few wish to do so. Outcomes have been judged successful enough for the Ministry of Mental Health and Addictions (created in 2017 as an early response to the overdoses) to publicly endorse the plan. BC also plans to request a federal exemption from Health Canada to decriminalise personal possession of drugs within the province.

This may be more of a challenge. Provinces provide health care services, but the federal government regulates controlled drugs, and they continue to insist that controlled substances can only be provided when prescribed by a doctor or nurse practitioner. There has also been disagreement amongst doctors in BC. Highly charged arguments have taken place between those doctors who support conventional OAT but feel providing drug of choice is going too far, and those doctors who see safe supply as a reasonable solution to keep users alive. It took the intervention of Dr Bonnie Henry, our provincial health officer, to provide the official backing to those doctors providing safe supply by advising them to endorse their prescriptions 'safe supply as per CMO's advice'.

> 'Last year 1,716 people died of opioid overdoses in British Columbia, compared to 901 who died from COVID...'

The other problem is the time frame to cover the entire province. This policy will roll out through a phased approach, beginning with existing health-authority funded programs that currently prescribe alternatives to illicit drugs.

However, a rural area like mine has no specialist clinic. Our OAT clinic is done from a local practice one day a week by an exceptional doctor who holds four clinics for more than three hundred patients, and she does a small amount of safe supply when she believes it is appropriate. But I won't end on a depressing note. The last paragraph belongs to our redoubtable minister of mental health and addictions, Sheila Malcolmson. When have any of you heard a UK health minister even approach such evidence-informed compassion?

'For people who use drugs or who care about someone who does, the risk of death is omnipresent because of the increasingly toxic illicit drug supply,' she said. 'At the start of the pandemic, BC provided access to some prescribed safer supply medications to save lives from overdose and protect people from COVID-19. Building on what we've learned, we're expanding access to prescribed safer supply to reach more people and save more lives. We will also continue to build up a treatment system so everyone can get the care they need. There is more to do, and we won't stop until we turn this crisis around.

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

KEEPING THE PRESSURE ON

It's up to us to make sure the recommendations of Dame Carol Black's review are implemented, say **Vivienne Evans**, **Oliver Standing**, **Stuart Green**, **Chris Lee** and **Danny Hames**

Roman Milert / Alamy

In her closing remarks at the launch of the second part of her landmark *Independent review of drugs,* Dame Carol Black summed up the current situation for people experiencing drug dependency with these words: 'We could simply do so much better'.

When the latest drug-related deaths figures were published it was sadly a surprise to nobody that deaths had again increased – up 3.8 per cent from the previous year, and an appalling 60 per cent over the last decade. Shockingly this year's figures for alcohol deaths reached over 7,400, up 19.6 per cent from the previous year and constituting the highest number of deaths in 20 years.

Whatever we are doing as a society simply isn't working well enough. More and more people are dying, and more and more families are left broken and bereaved. But there can now be little doubt that the opportunity for change has well and truly arrived in the form of Dame Carol's review, which lays out a roadmap for a whole system renewal for treatment, recovery and prevention. With the announcement of the results of the government's autumn Spending Review on the mid-horizon, now is the time to keep our collective foot on the pedal.

Our field is a complex world, but one that is enriched by its diversity of voices. No one person or organisation can claim to have all the answers to the challenges we face or to speak for the full range of experiences of people with addictions. That is why our organisations – Adfam, Collective Voice, the College of Lived Experience Organisations (CLERO), the English Substance Use Commissioners Group and the NHS Addictions Provider Alliance – have come together at this crucial time to advocate collectively for change. Although we can't (and don't) claim to represent every person in our field we do represent some of the core building blocks of the treatment and recovery system, from grassroots and lived experience organisations to family support, service providers and local government service-shapers and budget holders.

Dame Carol's review has provided us with both the outline of a route to success, and a means of measuring that success. It is

unflinching in its assessment of the current state of play, and doesn't pull its punches in calling for a radical reform of funding and accountability. The recommendations are laid out simply and plainly – we will be able to look back and clearly see which have and have not been delivered.

In its initial response to the review the government has laid out some of the cost-neutral steps already underway and commitments for the rest of the year, including a new cross-government drug strategy. This is to be welcomed, as is the commitment to work on a commissioning quality standard and local and national outcomes frameworks – as long as they are developed drawing on the rich expertise found in our field and not just by civil servants.

However, Dame Carol's recommendation that £1.78bn be injected into the treatment system over the next five years will depend entirely on the outcome of the Spending Review. Dame Carol has spoken repeatedly of the importance of acting on her recommendations as a whole, not just to pick and choose which bits to take forward, and her appointment as a continuing independent advisor on the government's progress is a promising sign. However, it is now incumbent on all of us, including our colleagues in Public Health England and central government, to help 'make it stick' in the months to come.

Our collective pledge is simple – we will continue to advocate for access for anyone in England with a drug and alcohol challenge to timely, effective, evidence-based and person-centred support. We will hold the mirror up to our system, and be honest about the areas where as providers and commissioners we can improve. Our world has been starved of resource and lacked political leadership yes, but we must acknowledge our own roles and responsibilities.

And we will push our 'critical friend' role to PHE and both new and existing government structures to provide support and critique on projects such as the commissioning quality standard and others. In short, we'll use our individual and shared positions within the system to do what we can to try and bring the better future we all want to see into existence. But we are all firmly agreed the time for political action is now. Following years of disinvestment and a lack of political leadership, we are now experiencing a drug death crisis.

As a sector, we stand ready to work together with government and wider partners – both local and national – to make the most of this vital opportunity. The hundreds of thousands of people touched by addiction in this country are counting on us all to get this right.

Vivienne Evans is CEO of Adfam; Oliver Standing is director of Collective Voice; Stuart Green represents the College of Lived Experience Organisations; Chris Lee is chair of the English Substance Use Commissioners Group and Danny Hames is chair of the NHS Addictions Provider Alliance

'The government faces an unavoidable choice: invest in tackling the problem or keep paying for the consequences... A whole-system approach is needed and... my review offers concrete proposals, deliverable within this parliament, to achieve this.'
DAME CAROL BLACK

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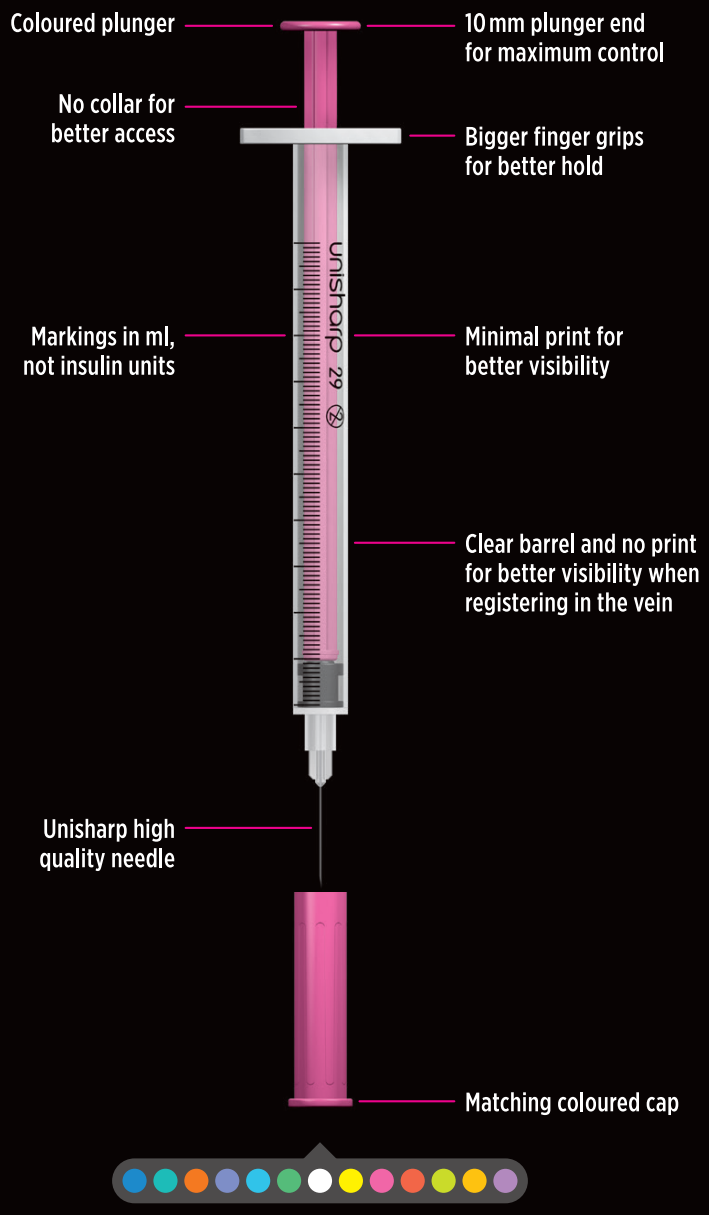

EXCHANGE SUPPLIES

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