

# DDN



Drink and Drugs News

October 2021

ISSN 1755-6236

**NO PLACE FOR A CHILD**

Keeping mothers out of jail

**THE REAL COSTS OF REHAB**

**CLERO'S 'BIG CONVERSATION'**

## THE VIEW FROM INSIDE

WHEN ART BECAME THE BIGGER PICTURE



**NEW!**

# Woman to woman: harm reduction training



## Woman to woman | Advice from experience

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### Jane - injecting in the groin

Jane from Exchange Supplies explains the problems caused by injecting into the femoral vein

To view, go to  
**[training.exchangesupplies.org](https://training.exchangesupplies.org)**

**EXCHANGE  
SUPPLIES**  
MAKING INJECTING SAFER

## DDN

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website:  
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Website support by  
wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by: SteelDoorStudios

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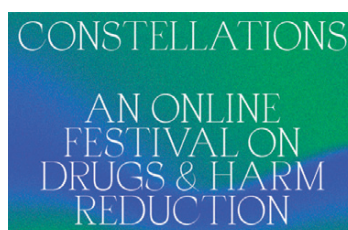


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## STAYING STRONG IN PARTNERSHIP

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](http://www.hri.global/constellations)



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.



## The courage to collaborate

**This issue we're stepping inside** the criminal justice system to ask 'How are you coping?' (p6), 'Do you think this is working?' (p8), 'Should you be here at all?' (p14). The voices speak clearly from every page.

We offer valuable coping mechanisms for looking after mental health (p20) and a highly motivating demonstration of co-production (p18), as well as an extremely useful breakdown of the costs of rehab – which the author fed into Dame Carol Black's review – to help us to assess its value (p16).

On p12 we invite you to join a conversation that we, along with many others throughout the sector, are finding essential. We're used to presenting one side of ourselves at a time – a treatment professional, a commissioner, a person with lived experience, maybe even an editor. But life's not like that. It's time we not just acknowledge the fact, but embrace it. As multipurpose human beings we have life experience and empathy as well as professional learning. 'It goes back to why we got into this field in the first place – because we care, we have a heart, we have a passion,' said Dave Higham. Do we have the courage to trust each other, collaborate and join the call for action?

Claire Brown, editor

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[www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)  
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# Scotland signals shift away from class A prosecutions

Scottish police will be able to issue warnings for possession of class A drugs, said Scotland's lord advocate, Dorothy Bain QC, in a statement to the Scottish Parliament. Police are already able to issue warnings for class B and C drugs, but she is now extending the recorded police warning guidelines to include all classes of drugs, meaning that people found in possession will not automatically face prosecution.

Neither offering or accepting the warnings is mandatory, she stressed, and emphasised that the scheme extends to possession only, with 'robust prosecutorial action' continuing for supply offences. Although the Scottish Conservatives labelled the move 'decriminalisation by stealth' and 'a dangerous decision that will benefit drug dealers', it has been welcomed by parts of the Scottish media, with the *Daily Record* calling it a 'massive step forward in drugs policy'.

Bain told MSPs that she recognised 'the extent of the public health emergency we face in Scotland' and the ability of prosecutors to play their part in addressing the crisis. 'There is simply no one size fits all. Each case will be considered on its own facts and circumstances. The most appropriate response – the smartest response – in any drugs case, must be tailored to the facts and circumstances of both the alleged offence and the offender. Scotland's police and prosecutors are using the powers available to them to both uphold the law and help tackle the drug death emergency.'

Meanwhile, provisional figures show a very slight fall in Scotland's drug deaths. There were 722 suspected drug deaths in Scotland during the first six months of 2021 – nine fewer than during the same period last year. Almost 70 per cent of the deaths were of people aged 35-54, and men accounted for 72

per cent of fatalities. The figures were released just two months after 2020's official statistics, which showed a record total of 1,339 deaths. The provisional figures show deaths that the police suspect involved illicit drugs, rather than the annual National Records of Scotland statistics that use data from death registration records and forensic pathologists. The Scottish Government has stated that it will now release provisional figures every quarter following criticism that 2019's figures were not released until the end of 2020. 'Once again these figures are appalling,' said drugs policy Minister Angela Constance. 'More regular reporting of data on drug death trends in Scotland will ensure everyone involved in our national mission remains focussed on the work we must do to get more people into the treatment that is best suited for them as quickly as possible.'

*Suspected drug deaths in Scotland: April to June 2021 at [www.gov.scot](http://www.gov.scot)*



'There is simply no one size fits all. Each case will be considered on its own facts and circumstances.'

DOROTHY BAIN QC

## Service cuts putting young people at risk

**CUTS TO YOUTH SERVICE FUNDING** are leaving young people more vulnerable to exploitation by county lines gangs, according to a joint report from the National Youth Agency (NYA) and YMCA.

Services have been cut by almost three quarters since 2010, says *Time's running out*, with annual spending down by around £1bn. Young people need to be a priority for COVID recovery spending, the document stresses, with the pandemic having a huge impact as face-to-face engagement was halted in many places.

'Too many children are not identified until exploitation is deeply ingrained in their lives,' it says, with a policing response alone insufficient to tackle county lines. 'This dire situation is only set to get worse before it gets better, as a dramatically increased need for provision is met with further budget cuts locally,' said YMCA CEO Denise Hatton.

*Report at [nya.org.uk](http://nya.org.uk)*



'This dire situation is only set to get worse before it gets better.'

DENISE HATTON

## WHO: Double alcohol taxes to save 5,000 lives

**DOUBLING THE EXCISE DUTIES** on alcohol would prevent 5,000 alcohol-related cancer deaths a year in the WHO's European Region, according to a new study. Around 10,700 alcohol-related cancer cases and 4,850 deaths would be prevented, WHO states, with the UK, Germany and Russia the main beneficiaries.

*Modelling the impact of increased alcohol taxation on alcohol-attributable cancers in the WHO European Region* sets out models for three different scenarios, with current excise duties increased by 20 per cent, 50 per cent or 100 per cent. A doubling of duties could potentially save 1,700 lives from colorectal cancer and 1,000 women's lives from breast cancer, it says.

'In many of the countries of the WHO European Region current levels of taxation remain low,' said study author Dr Jürgen Rehm. 'That's why WHO Europe recommends increasing taxes on alcoholic beverages as one of the best measures with potentially high impact.'

*Study in *Lancet Regional Health – Europe* at [www.thelancet.com/journals/lanep/article/PIIS2666-7762\(21\)00210-6/fulltext](http://www.thelancet.com/journals/lanep/article/PIIS2666-7762(21)00210-6/fulltext)*



# Complete overhaul needed for prison mental health services, says Justice Committee

**R**oot and branch' reform is needed for prison mental health support, according to a damning report from the UK Parliament's Justice Committee. Many prisoners have undiagnosed mental health problems and are unable to access care, says *Mental health in prison*, with the situation likely to get worse without significant reform. The government needs to end the practice of seeing prisons as a 'safety net' for when mental health provision in the community is inadequate or non-existent, the document states, and calls on the Prison and Probation Service, Ministry of Justice and NHS to implement a system of genuinely integrated care. This would need to improve identification of mental health problems and care provision in prison, as well as supporting proper transition to community-based services on release.

While it's estimated that up to 70 per cent of the prison population

may be suffering from mental health issues, just 10 per cent are receiving any treatment. Poor data collection means that the 'true scale of the mental health crisis' in prisons is unknown, the document adds. The NHS should assess the shortfalls in provision and develop plans to make sure support is equivalent to that available outside, while 'also taking into account the specific needs of those in a prison environment'. It also needs set out plans to improve recruitment and staff retention in partnership with the Prison and Probation Service, the report says.

'Mental health in prisons is not treated with the focus it needs,' said committee chair Sir Robert Neill MP. 'When there isn't sufficient data to even give an indication of the scale of the problem it is clear that there needs to be concerted and systemic reform. We do not know how many people are missing out on the help they so desperately need or how effective current mental health

support systems are and this needs to change fast. We have a duty of care to those who are in prison and we must do more to live up to it.'

It was 'almost impossible to imagine the scale of mental distress in prisons across the country,' said chief executive of the Howard League for Penal Reform, Frances Crook – where 'tens of thousands of people have been held in overcrowded conditions or solitary confinement ever since the pandemic began and, in many cases, long before. This report draws attention to the many gaps in treatment in an overburdened and under-resourced system, but we must not lose sight of the fact that prisons can create mental distress themselves. Any drive to improve mental health must begin with a focus on keeping people out of the criminal justice system in the first place.'

Report at <https://publications.parliament.uk/pa/cm5802/cmselect/cmjust/72/7202.htm>

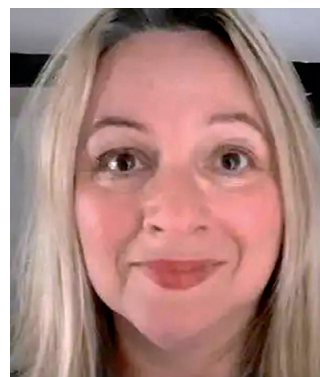
## Humankind sets out harm reduction minimum standards

**A NEW SET OF MINIMUM STANDARDS** for needle and syringe provision has been launched by Humankind. The standards support compliance with existing regulation and national guidance, and are designed to 'ensure full and equitable reach of comprehensive harm reduction services to all who use substances' and to tackle stigma.

The standards cover issues like accessibility, confidentiality, safety and pathways to other services, and are part of a number of harm reduction initiatives that 'support Humankind's commitment to improving interactions with service users and helping to save lives', the charity states.

'I'm proud to say that our services already operate at a high standard, but we want to ensure that our needle and syringe provision are among the best in the sector,' said Humankind's director of nursing, Stacey Smith. 'Sadly since the start of COVID we have seen a decline in the number of people accessing our needle and syringe programmes and we want to change this. These services play a crucial role in reducing drug-related deaths and reinfection rates for hepatitis C, providing the life-saving drug naloxone, and providing a route into treatment services.'

Needle and syringe provision: minimum standards checklist at [humankindcharity.org.uk](http://humankindcharity.org.uk)



'These services play a crucial role in reducing drug-related deaths and reinfection rates for hepatitis C.'

STACEY SMITH

## Local News



### KICK BACK AND RELAX

The winner of this year's recovery games was Sheffield based LERO Kick Back Recovery. The games, which were held virtually, saw teams compete in five challenges that 'tested their creativity, endurance and mental agility', said Neil Firbank of RdASH NHS Foundation Trust.



### ON THE ROAD

Harm reduction campaigner Peter Krykant has passed his overdose prevention van on to Transform, and the vehicle will be touring the country after its first stop in Leeds late last month. 'The tour will engage with the public and politicians, and explain how a health-led approach to drugs, including overdose prevention centres, benefits everyone,' said Transform's Martin Powell.

### CENTRAL SUPPORT

Help Me Stop, a dayhab using a model of intensive outpatient programmes, has opened a new facility in central London. With the cost of dayhab 'being anywhere between one fifth and one tenth of residential treatment, and with all the benefits of still being able to live at home, work, study and continue to look after children, there are distinct advantages for clients,' the organisation states. [helpmestop.org.uk](http://helpmestop.org.uk)





# AT ODDS

Drugs help to numb the pain of trauma – and of incarceration – but art can be an integral part of recovery, **SteelDoorStudios** (a serving prisoner) explains

**A**m I conflicted? Damn right I am. I've led a life of strife and turmoil, always feeling like an oddball. Even in my earliest of memories as a toddler I recall feeling like the odd one out – for such a tiny word, 'odd' can evoke vast amounts of connotations. I've no doubt that most of you at some time or other will have experienced your own concepts of odd – where did it take you, I wonder? For me and many of those of my ilk, the odd continued down the surreal world of narcotic abuse, trying desperately to find something to fill that void in my soul whilst enduring the accompanying feeling of isolation and disconnection, which was just as painful as any of the physical beatings I'd experienced.

I never set out to be an addict – it was a natural progression for me. A child full of pain and angst looking for a salve. That salvation would eventually be found in heroin. It may well seem a bizarre statement to refer to heroin as my salvation, yet that is what it is. For without the unique properties that are very specific to heroin I believe I never would have got beyond my formative years. There is something about that particular drug that no other narcotic offers – it's like injecting apathy. Being completely able to function without having to feel anything is like a dream come true for those of us who have experienced deep childhood trauma.

Yes, we all know it's a double-edged sword. Just like any drug it takes its pound of flesh and the piper has to be paid, but today I have reached my mid-fifties and being a heroin addict was just part of my journey. I did what I did to survive, I spent over four decades in institutions of one kind or another, and when I look around all I see is despair reflected in the eyes of those trapped in the cycle of substance use.

Our prisons have become warehouses, revenue-generating machines processing the lost souls of addicts on a conveyor belt destined towards a revolving door. For those of you whose images of prison are shaped by the archetypal lovable rogue Norman Stanley Fletcher, you wouldn't recognise the 21st century prison service. Between April 2018 and March 2019, the prison population was just shy of 80,000, and of that number 53,193 were in treatment – and that's excluding those who claim not to be using. This is my backyard, I live here and I can testify it's an epidemic, and what are our leaders doing about it? What's their solution? Build more jails!

Robert Buckland, the recently demoted justice secretary, announced that £4bn would be ploughed into the criminal justice system with the go-ahead for 18,000 new prison spaces. I'm sure that each and every one of you has your own opinion on such a contentious subject and I can only offer mine – however it's people who live here who truly get to see what goes on behind closed doors.

So let me tell you a little of where I am at today. I'm currently residing in one of only a



'With each new piece I can spend days, weeks and months contemplating my life and gain insight from even the tiniest nuance. I'm getting to know me and learning to find comfort in my vulnerabilities as well as my strengths.'

handful of therapeutic prisons in our country. This particular environment differs in many ways from the rest of the British penal system, the most prominent of which is that there is an actual desire to help men address their issues. Not just the criminal values they might hold, or the offending behaviours they may present, but assisting them to delve into their whole history and supporting them throughout the whole sodding mess.

I don't have the space to write anything in depth on the subject, but it's safe to say I feel like one of the lucky ones to have been afforded the opportunity of looking at my life and knowing I don't have to be just a faceless number, warehoused in some dilapidated, festering, Victorian cesspit of a jail and waiting

for the day the authorities tell us they've had their pound of flesh and we can now go free. Free from what, I ask? The steel doors that I've spent the vast majority of my life behind? This place offers me the chance to achieve real freedom. To find the peace and serenity I've longed for throughout my miserable existence.

As I said earlier, this establishment differs greatly from mainstream jails. I've always had an interest in art, although I came to painting very late on in life and I often found myself with pencil or pen in hand during my incarcerated years. Sadly, however, the focus on the therapeutic value of art in prison has diminished significantly over the past couple of decades, and these days you'd be lucky to find a canvas and a brush available. Not so here – we're funded by an outside trust that not only encourages us to express what is prominent in our lives but also offers assistance via an artist in residence. We also have a forward-thinking governor who championed my desire to create an anonymous website accompanied by a monthly blog in order to share my thoughts and images.

Art has become an integral part of my journey of recovery. It offers solace in times of turmoil and affords me the opportunity to reflect upon who I am, where I've been, and where I'm heading. I'm often asked, 'why don't you paint something happy?' Yet despite the morose nature of most of my work it actually does make me happy. I ask questions of myself in those paintings that I wouldn't have previously dared to, let alone understood.

With each new piece I can spend days, weeks and months contemplating my life and gain insight from

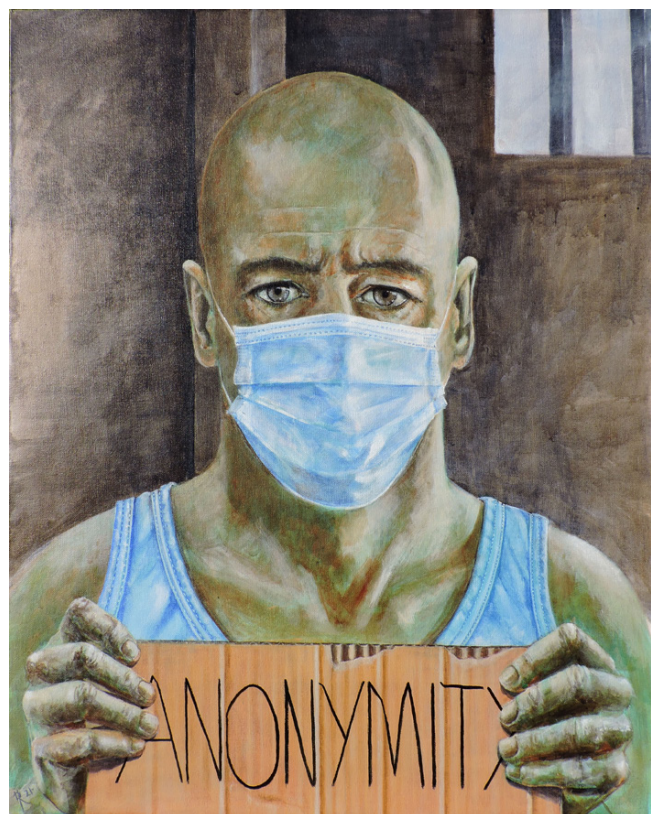


even the tiniest nuance. I'm getting to know me and learning to find comfort in my vulnerabilities as well as my strengths. My whole life has seen me raging at the world and pointing the finger of blame. The painting *You're Looking at the Problem* is a true account of one individual's intervention in my life – he had placed a scrap of paper under my mirror one day with those words scrawled upon it. Today I see those words clearly and I am the problem. I'm also the solution.

The second of the paintings I've chosen to share with you is *Anonymity*. As COVID struck, our establishment along with everywhere else went into full lockdown. We returned to 23 hours of isolation which was exactly how it used to be for me in the early years of my sentence. We had become the forgotten once again, and even when restrictions began to lift ours were only alleviated by an extra hour. For 16 months we've endured 22 hours of bang up. It was one of the most testing times of my life, as I had to fight my old behavioural demons on a daily basis. I had some failures and some success, but I had my art work to keep me company throughout.

The final piece, *At Odds*, is my favourite painting of the last couple of years. A decade of intense bitterness at my plight had seen me become a twisted soul where nothing ever made sense and I only felt pain. I now find myself in an environment of intense scrutiny where even the minutia of my behaviour found its way under the microscope of analysis and often left me at odds. As the years go by, I find myself feeling more at ease with my paintings and sharing my truth. The truth really does set you free and to that end I will wish you all good fortune on your own journey. For my wonderful partner, I would like to thank you for all your help and endless support.

To see more of the artwork or read the monthly blog visit [steeldoorstudios.com](http://steeldoorstudios.com), Twitter @SteelDoorStudi1 or Instagram @steeldoorstudios.



Acrylics:

Far left – *At Odds*

Left – *Anonymity #2...Covid Times*

Top – *You're Looking At The Problem*



As an undercover officer, Neil Woods got to see the 'war on drugs' from the front line. His experiences left him with PTSD, he tells **DDN** – along with an unshakeable conviction that reform is urgently needed. Photography **nigelbrunsdon.com**



# A WAR WITH NO WINNERS

**N**eil Woods is perhaps the UK's most visible face of policing that has become disillusioned with the drug laws and their consequences. An officer for 23 years, 14 of them working mostly undercover, he has given high profile TV interviews and authored the best-selling *Good Cop, Bad War* and *Drug Wars: The Terrifying Inside Story of Britain's Drug Trade*. He is also on the board of the Law

Enforcement Action Partnership (LEAP) in both the US and UK, an organisation that campaigns to 'reduce the multitude of harmful consequences resulting from our current drug policies'.

He joined the police as 'a very young 19-year-old', he says, after dropping out of his business studies course at university. 'I was going to go backpacking around Europe but then I saw an advert for police officers in my local newspaper and thought, "I could try that". So I flipped a coin, and it

came up heads.'

At that point, insofar as he thought about the drug laws at all, he had a 'very, very prejudiced, stigmatising view' of anyone with a heroin or crack problem, he says. 'I just saw them as people who were stupid enough to have tried them, and didn't have the willpower to get out of the situation.'

## UNDERCOVER

As an undercover officer he was mostly pretending to be exactly that – a problematic user of

heroin and/or crack. 'Starting at the bottom and trying to get introductions to people further up the chain – the gangster running an area of a city'. He did this by actively seeking out the most vulnerable people, he says, as they were the easiest to manipulate.

'It sounds like a very ruthless approach, but that's the point. It's like a micro way of looking at drug policy as a whole – this idea that you can cause harm to people but the end is justified.' One man, who believed Woods to be his 'only





friend in the world' ended up on suicide watch after he was arrested and discovered the truth.

'He was on bail for dealing heroin but he was on the periphery of the gang I wanted to get close to, so he was really useful. I spent a lot of time listening to him, I went shoplifting with him, hung around with him, and actually really liked him. You can't even fathom the level of how much of a blow that was to him. Breaching someone's trust and friendship can affect anyone emotionally, but when

you're on the fringes of society and don't have the chance to form connections with people then it's an even bigger blow.'

#### IMPENDING VIOLENCE

He later infiltrated the Midlands-based Burger Bar Boys, who were notoriously violent even by the standards of drug gangs. It was, he says, 'terrifying'. 'Before I did that job there were so many times I almost died. Someone tried to kill me with a car, someone put a samurai sword to my throat, that kind of thing. I was always very smug that I could cope and carry on, but by the time I got to the Burger Bar Boys job I was feeling more weary, I was starting to feel the effect on my body and mind.'

That aside, it was still 'way worse' than any other operation, he says. 'In most there was some sense of relaxation once I'd won people over, worked out who I could trust, and they'd learned to trust me. But with the Burger Bar Boys that sense of impending violence never went away – not any day at all. It was awful.'

After seven months of intensive undercover work, almost 100 people were arrested. 'Most importantly, the six main guys who were running it,' he says. 'I'd met everyone, got everyone's phone number, so I could be confident I was catching literally every person

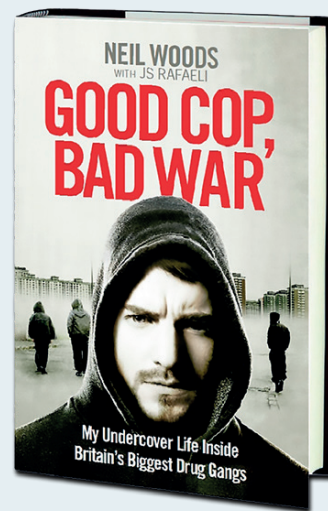
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'The gangs that flourish are inevitably the most ruthless and violent... Through policy we've essentially created a Darwinian situation, where those people most able or willing to be violent are the ones who succeed the most.'

'While Woods found himself in some dangerous situations, somehow he always managed to find a way out and in the process took down some very unpleasant people, although being undercover for so long took its inevitable toll on his personal life and psychological well-being. Then there

was the war on drugs itself. Woods increasingly saw this as an arms race; the more undercover operations took place, the more clued up the gangs became and the people who suffered most were the very vulnerable street users who became human shields, commanded to do the street deals under threat of extreme violence... Woods was led to believe that rather than shoot a heroin user for messing up, they would be given a hot shot. Heroin users lived in fear that their next hit would be their last.'

From a review by Harry Shapiro of *Good Cop, Bad War* in *Drugs: Education, Prevention and Policy*



involved. You think, surely that's shutting down the entire market infrastructure and everything in one go.'

In the end, the disruption of the heroin and crack supply lasted for two whole hours. 'And that was for something that was way more effective than your average police operation, and way more far reaching. And it literally has no impact on the market at all. Well, it does have an impact.'

In that it provides an opportunity for another gang? 'Yes, and more often than not, violence increases as a result.' The gangs that flourish are inevitably the most ruthless and violent, he states. 'Through policy we've essentially created a Darwinian situation, where those people most able or willing to be violent are the ones who succeed the most.'

#### TEST OF SELF

Although diagnosed with chronic PTSD, he's 'nowhere near as bad as I was', he says. 'My brain was just collapsing in on itself with anxiety.' In the early days, however, he actively enjoyed the work. 'It's an exciting thing, a test of self. We all like to develop new skills, and that

was like a baptism of fire, feeling that intensity, the intellectual challenge of it, learning to read people' – and one unwelcome legacy of the work is ongoing hypervigilance. 'I'm stuck with it – I can't necessarily relax with people or just switch off and not really care about the motivations of the person speaking to me.'

He's unsure how many times he was convinced his cover was blown and he was about to be killed or seriously harmed, but it was 'at least eight or nine. When I was doing counselling for PTSD it's all about unravelling and processing memory, because the condition prevents you from processing it. I can't engage with those memories.'

As his ability to cope began to ebb away so did his conviction that it was all worthwhile. 'It was an incremental process. I was getting clues that things weren't as they appeared, but the trouble is I was part of the most intensive group of police. The covert policing world in drugs is filled with incredibly hard working, dedicated and arrogant cops who really believe in what they're doing, and you get invested in that expertise, the development of it, the whole culture, and it



suited my ego to be getting good at it. So I was really at war with myself, because these things were becoming quite obvious. But I was denying them.'

While his attitude to people with a drug problem had long since changed, this had originally made him more convinced he was doing the right thing, he says. 'As soon as I got to know people I learned very quickly that my assumptions were entirely wrong. That these were people who were coping with what had happened to them. I understood that quite quickly, so that made me doubt what I was doing, but even then I used that information to fire myself up – "well, then it's even more important to catch the gangsters exploiting them".'

This mental struggle and 'denying the evidence' he saw around him eventually helped to bring on a crisis, he says. He'd gone back into conventional detective work and was determined to use his experience to bring influence, but in those days there was 'no institutional interest in engaging with the topic at all. That was the catalyst for my final mental breakdown, I think. I felt I had to do something and I couldn't do it within the job. I was a mess – I was seeing myself in the mirror and seeing the enemy.'

### GLOBAL MOVEMENT

More and more police are clearly starting to feel the same way, and LEAP is now a 'global movement', he states. 'Also, obviously, when police say these things we get listened to more than most – that's why I invest all of my time in trying to make this grow.' Many of LEAP's members are still serving officers, although this is less the case in the UK.

'In Norway more than half of the membership are serving cops, and the chair of LEAP Scandinavia is still a senior detective. But different societies are more tolerant about their police speaking out like that.' However, police in the UK are still leading the reform debate, he believes, 'in spite of central politics rather than because of it. Many police leaders are way, way ahead of politicians, particularly in calls for HAT and overdose prevention sites.'

LEAP now has more than 150,000 members from around 20



countries, and is in favour of full legalization and regulation. 'We're full fat reformers,' he states, 'but with the caveat that any regulation should be done with a focus on social equity. Poor communities that rely on the cannabis economy, for example, are going to be further marginalised if we're not careful and don't use the opportunity of regulation to revitalise communities that really need that boost.'

### SAFETY FIRST

Is he not concerned that legalisation would inevitably lead to an increase in use, and the health harms that go with it? 'Consumption is the bogeyman of the prohibitionist,' he says. 'It's the numbers of deaths and problematic use that's the most important, and through regulation we will reduce problematic consumption – and we can invest in health interventions if we're not spending a fortune on criminal interventions.'

Personally, I don't care if more people start using cannabis. What I want is the safest possible option of regulating that drug and any other drug. I don't care if someone wants to take MDMA and dance in a field. I just want that experience to be as safe as possible, and I don't care if twice as many people do it after regulation. Because the evidence shows it's a substantially safer drug than alcohol, and alcohol deaths might well reduce through a broader selection of commodities.'

What about the argument that where regulation has been tried it hasn't worked – for example with cannabis in Canada, where it

'I don't care if more people start using cannabis. What I want is the safest possible option of regulating that drug and any other drug. I don't care if someone wants to take MDMA and dance in a field. I just want that experience to be as safe as possible.'

seems that people are still buying from dealers because the regulated and taxed product is too expensive. 'Well, it has worked, because 50 per cent of the market has been taken off organised crime,' he states.

'From a policing perspective, that's great. The police always talk about taking the money off criminals, and they celebrate when they seize little bits and bobs, but that's an enormous amount. They made major mistakes in Canada – overpricing, not investing in the quality. But they've at least got some semblance of control that they can tweak to get more control.

You've got to be in the game to win it.'

### COMMUNITY CRISIS

What he wants the public to understand is 'we've got a crisis – a multi-faced one,' he says. 'We have a crisis of drug deaths, a crisis of the power of organised crime in our communities, a crisis of exploited children, and a crisis of corruption. And political change comes more often from a crisis than anything else. The social movement should grow along the lines that we need to respond to this.'

So what should people do if they want to play their part? 'Obviously the stock answer is "write to your MP", and that's good advice because they do take notice. But LEAP UK and Anyone's Child have developed a very cheeky video ([www.youtube.com/watch?v=dm-BWHnJtxA](https://www.youtube.com/watch?v=dm-BWHnJtxA)). The police are increasingly using social media to celebrate their drug policing activities – we've all seen them, the drugs seizures and so on – so this video is basically a tool for anyone to post in the comments below those social media posts. If you use it politely, "Please officers would you mind looking at this", they will view it, I know that.'

'People tend to respond to those posts very rudely – "Why don't you go catch some paedophiles", and so on. They're not going to take any notice of that, but they will take notice of this. If people keep using it, the message will get through. It's being used all over the world, and it's genuinely having an impact. So please everyone use it.' **DDN**  
*ukleap.org*



# CONSTELLATIONS

AN ONLINE FESTIVAL ON DRUGS & HARM REDUCTION

SCIENCE/JUSTICE/PLEASURE

ASH SARKAR  
CARL HART  
LISA SANCHEZ  
KOJO KORAM  
NAOMI BURKE-SHYNE  
SANHO TREE

JUDY CHANG, NIAMH EASTWOOD  
AYODEJI AYOOLA, CAMILLE SAPARA BARTON  
DANIEL WOLFE, IFETAYO HARVEY  
MITCHELL GOMEZ, DIANA QUINN  
GIULIA ZAMPINI, JULIAN QUINTERO  
ALEXIS MARTIN, CHARITY MONARENG  
HAVEN WHELOCK

LAST NIGHT A DJ SAVED MY LIFE:  
THE ROLE OF DRUGS AND PLEASURE  
ON THE DANCEFLOOR

HEALING JUSTICE: A FUTURE OF  
PSYCHEDELICS THAT PRIORITISES  
INDIGENOUS COMMUNITIES AND  
PEOPLE OF COLOUR

POPPI DRUGS MUSEUM  
AMSTERDAM: MDMA REGULATION

WELLBEING WEDNESDAY

FIGHT FOR YOUR RIGHT:  
PROGRESS IN THE MOVEMENT  
TOWARDS JUST DRUG POLICY

USE OF DIGITAL TOOLS TO  
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Through a highly interactive online event, the College of Lived Experience Recovery Organisations (CLERO) identified challenges, opportunities – and a call to action that involves us all. **DDN** reports

**D**ame Carol Black's review had given us an 'amazing opportunity' said the government's recovery champion,

Ed Day. We were at a pivotal moment, where 'all the things we wanted' had been identified in the report – more funding, a boost to workforce skills, better commissioning, and the will to reinvigorate all the different elements that should make up a treatment system. Furthermore, the invitation was there to fully involve the true experts – the people with lived experience whose peer support could do more to connect people with treatment than any learned method.

So if it was indeed the 'tipping point' he described, how should we grasp the opportunity to help deliver the next stage? How do we achieve the aspiration of a recovery orientated system of care that, in Day's words, meant

'high quality clinical services with harm reduction at the front door' alongside 'high quality recovery support services'? Furthermore, he asked, 'What could each part do to make the other parts thrive?'

'Many things unite us, not least that we all want to make a difference,' said Danny Hames, who as chair of NHS APA represented 16 NHS trusts. But he was realistic that it would take courage and honesty to 'maintain balance' without turning inwards and fighting each other. 'Everybody is going to have to give away a little bit of power to come together,' he said.

Chris Lee, chair of the National Commissioners Network, agreed with this and called for greater parity in making sure all voices were heard. Commissioners were 'public servants like many of us and work in systems', he said. They needed to work closely with lived experience communities to 'shape policy and direction of the sector in a coherent manner'.

#### HONESTY AND UNITY

With these aspirations for honesty and unity in mind, Cormac Russell – an 'itinerant storyteller' with an interest in social movements – opened up the discussion. People were coming to this forum with open hearts, ready for some of the risk-taking that was needed to get in the right relationships, he said. So what were the challenges?

First and foremost, we needed to be honest about what had gone before, suggested Michaela Jones of the Scottish Recovery Consortium. 'Part of moving forward is recognising that hurt we've experienced from being locked out, even from our own recovery,' she said – a sentiment that many others identified with.

'If we want the community to buy into this, we have to acknowledge that they've been hurt and that they also have a voice,' agreed David L. We needed to be all-inclusive from the beginning.

The other important part of the

equation was acknowledging the devastating effect of the COVID pandemic, said Michelle from Calderdale. 'We're in the middle of a terrible time, with loneliness, isolation and trauma at the centre of it... We've got a lot of sorting to do.'

Tina from Talk Change Grow added to this: 'Staff are traumatised. They don't know if they'll still have a job.'

#### THE FUTURE IS 'WE'

So there was appetite for an alternative future and agreement that to move forward would require honesty, unity – and the courage to take risks. What then, might this future look like?

'We would like to see addiction reframed as part of the human condition,' said Michaela. 'Everybody is on a spectrum of addiction, everybody is using something to make themselves feel better. It's not just about drugs and alcohol – it's about all of us trying



# CONVERSATION

JellyPics / Merkushev | Dreamstime.com

to cope with a very complex and challenging society.'

Ray Jenkins called for a holistic approach – not just dealing with the problem of addiction but about the rest of you, your family, where you're living. He saw these elements in the Dame Carol Black report, 'because she put those pieces around the individual. Substance misuse and the treatment of it was only one part.'

'The future has to be a "we" project and not a "me" project,' said Clare Kennedy. We needed to be asking 'how can we help you flourish?' and introducing people to treatment systems that worked for them.

Many solutions already lay within the community, said Glyn Butcher. 'When services close at 5pm it's the communities that are picking people up. People come with drug and alcohol problems but it's trauma, it's poverty.' We needed to 'invert the pyramid' and invest in communities. 'It's about shifting some of the resources to people who are miracle workers,' he said. 'Take positive risks with people in your communities and allow them a chance.'

'It's great to be with so many passionate people, but I've realised

'We would like to see addiction reframed as part of the human condition... Everybody is on a spectrum of addiction, everybody is using something to make themselves feel better.'

MICHAELA JONES

over time that passion is not enough,' added Ray. 'You need confidence, and it's about allowing those community-led, passionate organisations to be supported to gain that confidence so they can stand on their own feet.'

For providers, one of the challenges was to 'hear the unheard voice,' said Andrew Carr,

meaning 'those people who appear to be functioning but who may well not be'. What could we do to help people to engage more effectively in services? We needed to be genuine about inviting criticism and open to people saying that a service is not functioning as well as it could, he said.

## STORIES NOT NUMBERS

These conversations had been going on for ten years – 'so what additional courage needs to be found to step into that preferred future?' asked Cormac.

It was about being 'vulnerable in sharing,' suggested Graham Clucas, and looking at how we could empower people to take what they need. Furthermore, the vision of what a service should look like needed to come from the community itself, said Mike Hardy, whose commissioning role was informed by his own lived experience. He was dismissive of KPIs, focusing instead on budgets spent where they needed to be and results shown in the difference made to the individual, their friends, family and community. 'I don't want numbers, I want stories – and that's how we do the monitoring,' he said.

## MOVING FORWARD

'You're facing an organising challenge,' Cormac told participants. What was everyone prepared to put on the table to move forward?

'We are the experts in getting our communities better,' said Becky, representing her recovery community. 'We need to be respectful but firm about that, and lead our leaders. If things aren't working, we are the people who know what to do about it.'

For Dot Smith of Recovery Connections it was about creating 'a culture that allows us to be kind and compassionate, to create that space where everybody's welcome, and we use language like people, person and citizen, and not service user and client.' And a big part of this culture was to 'get honest when we don't get things right, to meet people where they're at and to try to the best of our ability to coproduce everything we do.'

'These values were why we got into the field in the first place, because we have a passion, enabling people to change their lives,' said Dave Higham of The Well Communities. 'We need to go back to that. It's about unity and togetherness and everyone having an equal voice as stakeholders.' **DDN**





# NO PLACE FOR A CHILD



Why are children starting their lives in prison when there are viable community solutions available to get their mothers back on track, asks **Hannah Shead**

**S**ix hundred pregnant women enter a prison every year in the UK and about a hundred babies are born inside, despite the fact that the prison environment may pose particular risks for pregnant women and unborn children.

In September 2019, a newborn baby died in HMP Bronzefield; another baby was stillborn in HMP Styal in June 2020. The Ministry of Justice does not routinely collect

or publish data on miscarriages, stillbirths and neo-natal deaths so the number of deaths of babies born to imprisoned mothers may be higher.

It is well established that women rarely commit violent crimes or pose any danger to society. However despite this, the women's prison population in England and Wales more than doubled between 1995 and 2010 – from under 2,000 women to over 4,000. The number has

since declined but the UK is characterised as having one of the highest rates of imprisonment for women in Western Europe.

In 2018, the government published its Female Offender Strategy which sets its commitment to a new programme of work for female offenders, driven by three priorities:

- *earlier intervention,*
- *an emphasis on community-based solutions, and*
- *an aim to make custody as*

*effective and decent as possible for those women who do have to be there.*

## THE SERVICE

Trevi, a leading southwest women's charity, runs a CQC registered residential rehabilitation service known as Jasmine Mother's Recovery (formerly known as Trevi House). The centre opened in 1993 in Plymouth, Devon, as a drug and alcohol residential rehabilitation centre working exclusively with mothers and their children. Jasmine takes referrals from across the UK and can accommodate up to 12 women and their children at any time. Each mother follows a trauma informed therapeutic rehabilitation plan over an average 24 week stay. Facilities include residential rooms, family



# MEL'S STORY: 'I WAS GIVEN AN OPPORTUNITY'

**'I went to prison for 16 weeks** and I was pregnant then. I used to go shoplifting to get the money to buy drugs. It was the easiest way to get the money at the time. It was not a nice experience – it's scary going to prison but I would rather have gone to prison than to have been out there with my addiction. When I came out, I relapsed straight away. I knew I wanted to stop but I just couldn't. As soon as I was out it was just constantly on my mind.

'There was no support put in place for me when I left prison. I stopped offending for a while but then my ex got out of prison, and I got done for shoplifting again. If I didn't have nappies, then I would shoplift nappies.

'I have experienced domestic violence, addiction and trauma. Sometimes you just think it's part of the addiction to have that

stuff but it's not. You learn at Trevi that it's not right. Just because addicts have had a bad life, it doesn't define you. You have the courage to change if you want to.

'Trevi has been completely different to prison. Here, I have got my son with me. I've got life to look forward to. Whereas in prison, it's one day after another, just waiting to get out to go and use. In prison there's no help.

'In Trevi there's support, there's staff and people that actually care about you and want you to do well. People need that opportunity; if they don't, then they just feel like they are in a dump and they can't get out. If you are given an opportunity, you can start seeing the light, seeing that you can change and make a difference. And that you can be a mum.'

apartments, a therapy lodge and an Ofsted-registered nursery for children to be looked after during therapy times.

An expert team works with each mother to help her break her addiction for good and to be the best mother she can be. And the results speak for themselves – 98 per cent of women who go to Jasmine successfully detox and almost eight out of ten children get to stay with their mother.

## EARLY INTERVENTION

Jasmine Mother's Recovery works hard to achieve intervention as early as possible, with more mothers being admitted during pregnancy having a positive impact on outcomes.

It is recognised that a significant proportion of women who come into contact with the criminal justice system commit offences that are low-level. In some cases, their offending could have been prevented by addressing their vulnerabilities at an earlier stage. Many women offenders experience chaotic lifestyles involving substance misuse, mental health problems, and homelessness – these are often a product of a life of abuse and trauma. Often

these offenders will have repeated demands on services and go on to reoffend. Criminalising vulnerable women can make it harder for them to access routes out of the issues driving their offending, creating barriers to them finding or maintaining employment and accommodation.

Sixty-five per cent of the women who attend Jasmine Mother's Recovery have been involved with the criminal justice system at some point in their lives. A study carried out by the University of Nottingham, which looked at residents who had attended Jasmine over a ten-year period, found that their previous

life experiences were extremely challenging. Such challenges included domestic abuse, childhood abuse, criminal justice system involvement, mental health service misuse, care experience (in childhood), sexual exploitation, self-harm, and suicide attempts, with almost 95 per cent of the women experiencing at least three of these.

It is for this reason that Jasmine Mother's Recovery aims to address the underlying trauma that many women have experienced. The treatment programme has been designed to provide a wide variety of interventions, which focus on three main areas of need: parenting, addiction and healthy relationships.

Work on healthy relationships is a golden thread throughout Jasmine's treatment programme. The centre recognises that many residents have been in previously unhealthy relationships, which may have been abusive and controlling, and that women may have challenging relationships with family members or partners. Through groups and personal work, Jasmine helps to increase residents' awareness of their personal interactions with others, empowering them to begin to

build positive relationships. The centre also seeks to improve the relationship that each woman has with herself – building self-esteem and confidence can be key to maintaining recovery.

## COMMUNITY SUPPORT

In 2016, Trevi opened its community based Sunflower Women's Centre offering wrap-around therapeutic support for any woman with recovery needs. Women undergoing the intensive therapeutic programme at Jasmine who decide to relocate to the city of Plymouth are encouraged to engage with Sunflower towards the end of their treatment so that they can access the aftercare available. Over the past year during the COVID-19 pandemic, more than 455 women have registered with the centre.

At Sunflower the dedicated and trauma informed all-female team of support workers, therapists, teachers, and specialist practitioners work with every woman to address the trauma in her life and help her understand how it manifests so that she can begin to heal and move forward – because of this, 95 per cent of women describe the service as life-changing.

Through Trevi's therapeutic and practical programmes, the charity helps women forge a new identity giving them a second chance at leading a good life. Simply put, for many women, Trevi is where life begins.

It makes financial sense too. For every woman who is diverted away from the criminal justice system, £60k is saved in the first year (including arrest and a female prison bed). This represents a return on investment of 99:1 (excluding childcare). For every child that remains in their mother's care because she has been diverted away from the prison, £250k is saved in the first five years.

Earlier this year the government announced plans to invest in 500 more women's prison places, completely contradicting its own Female Offender Strategy. In response, 70 charities including Trevi came together to say no to the women's 500 extra prison places and urge that community solutions are considered instead.

*Hannah Shead is CEO of Trevi, [trevi.org.uk](http://trevi.org.uk)*

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'For every child that remains in their mother's care because she has been diverted away from the prison, £250k is saved in the first five years.'





# FALSE ECONOMIES



Think residential rehab is prohibitively expensive? The numbers tell a different story, says **Richard Johnson**

**W**hy are less than 4 per cent of those in need of addiction treatment referred for residential? Is the belief that it is too expensive accurate? This needs to be fact checked considering the recent Dame Carol Black Independent review of drugs part two, and the imminent launch of the government's Joint Combatting Drugs Unit.

Much has been made of the cost of residential making it prohibitive as a local government funded form of treatment, despite the long-term benefits to the client. In 2018, myself on behalf of ANA Treatment Centres and Treflyn Lloyd-Roberts, CEO of Yeldall Manor, submitted a Social Impact Bond (SIB) bid to the Cabinet Office. To meet stringent government application requirements, we had to demonstrate social impact from

a financial, as well as community, perspective. It was deemed successful.

Then began a meticulous and detailed review of the costs associated with one person attending a period of residential treatment and post-treatment early recovery supported housing over two and a half years, compared with the likely costs of continued addiction in the community, assuming involvement with a range of authorities.

This article provides that detail. It also strongly suggests that residential treatment, compared to continued addiction or sporadic community-based treatments, is not expensive. It justifies the case for ring-fenced and re-centralised funding for residential treatment, in support of the *Independent review of drugs*.

To challenge the long-held view that residential treatment is prohibitively expensive for

meaningful local government funding, it was necessary to look at the likely costs of not providing treatment to offer a basis for comparison. Costs in 2018 for a 2.5-year treatment journey at ANA Treatment Centres (Yeldall Manor's were similar) that takes one person from active addiction to living independently and employed or studying for a recognised qualification are as follows, based on today's fees and housing benefit average income per room per week:

- Detox and 24 weeks treatment (primary residential and then community living skills) = £20,040 (funded treatment)
  - 104 weeks housing in supported early recovery housing (known as ANA WORKS) = £26,000 (enhanced housing benefit funding)
- Total cost per person**  
= £46,040 over 2.5 years
- Total cost per person per year**  
= £18,416

The first six months addresses physical addiction and building resilience and recovery capital, psychosocial interventions, life skills and health, and a residential rehab programme. The following two years support abstinence and community-based living,



‘The only way to look at the public purse beyond individual organisations is to take a holistic view of funding and cost savings from the source – central government.’

health, nutrition, resilience, financial planning, education, work experience and future security in supported housing.

During this time, residents receive one-to-one and group support at home and in one of our centres (funded charitably), support with future rent deposit savings, links to our local FE college and university for education and skills programmes, and the local recovery community and employment or voluntary opportunities through a network of businesses and agencies. This ultimately affords the client the benefits of independent living,

employment, contributing via taxation, building a pension, and re-joining the wider community.

The costs of the person remaining in active addiction were calculated following extensive research by our SIB bid support partners; Bates Wells, a UK top 100 law firm, Ethos, an organisational development consulting firm, and the office for the West Midlands police and crime commissioner. Their figures are already in the public domain and calculated by their lead policy officer for substance misuse. Unit cost analyses were derived from standard data sources including Manchester's New Economy database. (See box right.)

The savings analysis has been prepared on a prudent basis, with some items including costs of alternative health interventions and volume of police involvements being potentially much higher. Savings increase in parallel with the client's physical and mental recovery – living independently, working, paying taxes, and contributing to society.

So clearly, the cost of residential treatment is not high – indeed it saves huge amounts of public money. However, country-wide agencies such as DWP and benefits agencies, criminal justice and police, NHS, GP services and the Department of Health and Social Care work independently of each other are not concerned with each other's budgets or savings. The only way to look at the public purse beyond individual organisations is to take a holistic view of funding and cost savings from the source – central government.

On 8 July this year, the government announced the formation of the Joint Combatting Drugs Unit that will ‘bring together multiple government departments – including the Department of Health and Social Care, Home Office, Ministry of Housing, Communities and Local Government, Department for Work and Pensions, Department for Education and Ministry of Justice – to help tackle drugs misuse across society’. This will make it perfectly placed to manage and allocate ring-fenced budgets for targeted and effective drug treatment, whilst realising and quantifying the

### Costs calculated by SIB bid support partners; Bates Wells, Ethos, and the office for the West Midlands police and crime commissioner

*Costs based on the following assumptions:*

One person in active addiction over the same period relating to the following service areas alone:

- Use of the health service and GP
- Drug-related death data
- Social care costs and benefits
- Drug-related crime

*There are obviously other areas that could have increased these figures if included, for example, use of community drug services. Please note that these figures are specific to West Midlands.*

Cost of active addiction per person over 2.5 years  
= minimum £155,800

Cost of active addiction per year  
= minimum £62,320

Cost savings per person in residential treatment over 2.5 years  
= minimum £109,760

*(this would fund an additional 2.4 people to enter the residential treatment programme)*

**Cost savings per person in residential treatment per year  
= minimum £43,904**

savings and expenditure associated with treatment decisions and outcomes.

These figures also have implications for community drug services providing home-based and local community interventions while referring a very small percentage for detoxification and rehab. During the times individuals are engaged with these services, they can be incurring many of the costs detailed above.

Community services and residential facilities should be working far more closely together to address and manage these issues through more targeted treatment that supports the health of the individual, including more referrals to residential treatment and consequently reduce the associated costs of continued addiction.

With such significant potential savings available, these need to be monitored together with the effectiveness of residential treatment over this longer time frame. Rehabs would welcome this scrutiny and recognise that success rates are not close to 100 per cent. We deal with a relapsing condition but aim for a completion rate of over 65 per cent – ANA Treatment Centres average completion rates for the last

five years are 73.6 per cent.

So when fact checked, the cost of residential treatment is not expensive. Indeed, with the ability to support clients to regain their health and exit treatment and the benefits cycle completely, it provides vast cost savings to UK PLC. But to realise these savings, budget allocation for residential treatment needs to be centralised, monitored and ring-fenced to avoid the internal financial focus of individual budget holding agencies.

Doing so will allow us all to focus on the health of those in need of help for addiction and on the wellbeing of communities in general across the UK, drastically reducing drug-related deaths whilst redirecting savings towards other people in need.

It is also high time that residential services, which have struggled for decades to survive and provide services due to poor levels of funding and protracted tendering processes, are afforded the recognition that they so richly deserve.

*Richard Johnson is CEO of ANA Treatment Centres, Portsmouth, co-chair of The Recovery Group UK and founder of the Choices group of rehabs. rjohnson@anatreatmentcentres.com*





# COLLABORATION IS KEY



**Chris Lee, Lee Darling and Joe Alderdice** describe Humankind's new Working together strategy

**W**e are Chris and Lee (two residents at The Greens recovery community in Sheffield) and Joe (Humankind's co-production lead). This summer we collaborated on and co-authored Humankind's new *Working together* strategy and we want to tell you about how we're putting this into action.

*Working together* is more than just a strategy – it's a way of working that ensures our staff and volunteers team up with people who have experience of Humankind's services to find solutions, share responsibilities, make decisions (and occasional mistakes), learn, grow and get things done. Some people call this 'service user involvement and influence', some people call it 'co-production', but we just call it Working together.

Our new strategy sets out some of the ways we will make this a reality. In particular, it's about making *Working together* everybody's business, so that every single colleague understands how it relates to their work. While we want to keep getting better at collaborating on big pieces like recruitment (and writing strategies!) we also want to sew this ethos into the fabric of Humankind's culture.

Sometimes the best ideas come from an unplanned 'corridor chat' with a colleague with no predefined outcome, and we want to ensure that those conversations are also taking place with people experiencing our services. As well as improving the work of Humankind, the strategy is also intended to increase personal development opportunities for people with lived experience, in more resilient, sustainable and supportive communities.

The non-profit sector is leading the way when it comes to involving service users in recruitment processes, and continuing to include people with lived experience on our interview panels is a fundamental part of the *Working together* strategy as it brings huge benefits to everybody involved. We were recently part of a recruitment panel for a project development manager post in Humankind's new integration team – it made us feel valued, and we welcomed the opportunity to be in a situation where people showed us respect. We knew the value we brought to the situation too, because we were able to bring something out of people that an entirely 'professional' panel could not have done. This was the key to finding the right person for the job.

The idea of being interviewed by three people that have a history of drug or alcohol use

would frighten some people, but others relish the opportunity, which is essential if you want to work at Humankind. The best candidates took us all at face value, not as stereotypes, and we were able to ask questions that allowed them to demonstrate empathy and open up their human side, including sharing their own experiences of mental health challenges or family experience of addiction. For candidates who had not previously worked in drug and alcohol services it provided them with a different perspective and a chance to learn, and they thanked us for sharing our experiences.

*Working together* is about much more than one-off events like interviews. It is at the core of Humankind's culture, where everybody's strengths and experiences are valued. A great

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'The idea of being interviewed by three people that have a history of drug or alcohol use would frighten some people.'

example of how the approach is embedded into Humankind's everyday work is The Greens, a housing and recovery service in Sheffield. Residents, staff and volunteers at the programme have a regular *Working together* meeting in our living room, where we make decisions collectively. This might mean voting on things like our plans for Recovery Month, community partnership opportunities, designs for logos and publicity or what people's roles are in making activities happen. But the real magic happens in the doing.

Last year, we built a breakfast bar and used some money from Humankind's service user fund to re-cover the pool table. More and more people started getting involved, including people who thought they didn't have the skills needed. We painted the lounge and made a new coffee table that everybody who now comes to visit wants to buy! Projects such as that, or working in the garden, also give us the chance to share recovery tips and build a sense of community. There's always somebody willing to lend a hand or a pair of ears to listen or offer a bit of wisdom, and listening to somebody else's problems can also be a positive distraction from your own. Working together is not just about consulting on what staff will do for people, but also what we can do for each other.

As a result of this, people have the opportunity to build connections and learn to support each other. We still have people who have left keep in touch and ask about the fish pond that we've created or come back and see how the garden is doing. Having the opportunity to stay part of the community means the road doesn't have to end for someone when they leave The Greens. These connections show that *Working together* can have a longer lasting impact. Partnering with people with lived experience in this way can nurture closer communities, create experiences that people can build on in their careers, and lead to pathways into employment or volunteering.

As a social inclusion charity that has almost tripled in size in the last decade, people are becoming interested in what Humankind stands for and aspires to be. We want Humankind's mission to be guided by lived experience and to create fair chances for everybody to take part regularly. We like to tell people that Humankind is part of our local communities, where everybody's strengths and experiences are valued. Our strategy includes some bold ambitions for our governance and leadership, which are woven into the activities that everybody values so that we can shift conversations out of clinics and into community spaces. We think that the key is collaborating on the things that matter to people, and we're looking forward to seeing the impact that the strategy has.

*Chris Lee and Lee Darling are residents at The Greens recovery community in Sheffield. Joe Alderdice is Humankind's co-production lead*



# LEARNING FROM THE DATA

## DDN reports from the latest DAJ parliamentary group

**THE LATEST FIGURES** on drug-related deaths showed a level of 79.5 deaths per million, the highest figure on record, and represented a rise of 61 per cent over the last decade, Beth Manders, senior social researcher at the Office for National Statistics (ONS) told the Drugs, Alcohol and Justice Cross-Party Parliamentary Group.

Among the trends she highlighted that the highest rate of drug death was among middle-aged male drug users living in deprived areas, with Blackpool and other seaside towns near the top of the tables.

The ONS figures did not include alcohol-related deaths but Clive Henn, senior alcohol advisor at Public Health England (PHE) was able to report on the harmful impact of alcohol consumption during COVID-19. Levels of consumption were monitored using three different metrics – tax receipts, analysis of purchasing habits and user surveys, all of which showed an increase in off-trade sales and reflected the long period of pub closures. The off-licence sales also indicated an increase in consumption of wine and spirits, with beer and cider sales falling slightly.

During the pandemic there was a 20 per cent increase in alcohol-related deaths, relating mainly to liver disease. The pandemic had accelerated pre-existing trends, with the heaviest drinkers increasing their consumption.

Peter Burkinshaw, PHE's alcohol and drug treatment and recovery lead, explained that his organisation would be performing a 'deep dive' into the data to inform the next drug strategy. They were also studying the effects of lockdown on drug use and the resulting impact on mental health. The mortality statistics were not yet available for that period, but he regretfully expected an increase.

PHE had been encouraged by political

engagement in the Carol Black report. The focus was now on the upcoming spending review and stressing that a meaningful strategy had to come with a price tag. Burkinshaw expected the spending review to be tight given the competing priorities, but PHE were doing everything they could to get a good settlement. There had already been encouraging increases in funding for the sector and signs were better than could have been anticipated 18 months ago, he said. PHE would soon transition to its new home within the healthcare system, with a clear remit to tackle health improvement and disparities.

Andrew Horne, executive director for Scotland at With You, gave a presentation on drug and alcohol-related deaths in Scotland. Of two areas suffering significant deprivation, 'you are three times more likely to die in Dundee than Blackpool,' he said. More than half of the deaths showed benzos and methadone as being present, indicating that these people were likely to be in treatment. The Scottish government had responded by pledging to spend £50m a year on treatment over the next five years and appointing a dedicated drugs minister, Angela Constance.

The immediate focus would be on improving access to residential treatment, introducing medicated treatment standards and substantially increasing naloxone provision, accompanied by a media advertising campaign. There needed to be increased prescribing of buprenorphine as well as methadone, he explained, and services should return to more face-to-face interactions with clients. While there had been initial good take-up of online meetings, this had tailed off. 'I don't suppose you would have much enthusiasm if someone suggested a family Zoom quiz now,' he said. **DDN**





Learning the skills needed to regulate our emotions can be hugely beneficial, says **Peter Lindsayhall**

# EMOTIONAL RESCUE



**E**motions give salience to the events of our life, but how well do we understand them? While we can experience great joy, calm, excitement and warmth, we can also experience painful emotions that can feel overwhelming. Emotion, and our capacity to 'regulate', lies at the heart of problems such as depression, anxiety, panic attacks, anger and even alcohol and drug dependency. Emotion regulation is a skill like any other that can be learned, practised and employed.

In our Phoenix Futures residential rehab services, this idea is central to our mental health initiatives. Learning to understand what emotions are and why we have them is an important first step in taking charge of your life. Ask yourself, 'what is an emotion?' This is a question mental health professionals continue to debate. Richard Lazarus' *Appraisal Theory* and Jaak Panksepp's *Affective Neuroscience* are two works which form part of the thinking we employ in attempting to answer this question.

One notion is that emotions are triggered by 'events'. This could be something that happens, like an argument, or a memory such as a time you were bullied or abused. These emotions have four distinct parts:

- *Affect (the deep down, automatic, felt sense)*
- *Physical sensations (heart racing, muscles tensing, breathing quickening)*

- *Action tendency (what it is telling you to 'do' – run away, shout, cry, go quiet)*
- *Appraisal (the conscious or unconscious way our mind perceives the event)*

Panksepp identified three interacting layers of emotional processing. The first layer is primal affect, the most ancient part of our emotions, shared with other mammals. He then theorised that we had a learning layer. In its simplest terms, learning is based on experience – we learn from the results of our behaviour. The third is the neocortical layer. This is our higher thinking abilities – to plan, imagine and remember. These are the cognitive abilities unique to humans.

Panksepp, among many other theorists, also speaks about top-down and bottom-up processing. A top-down approach will see rationality dictate our emotional response. For example, think about a time you were anxious or scared – like visiting the dentist – but pushed yourself anyway, not listening to your anxiety telling you to run away.

Conversely, a bottom-up approach works the other way, allowing your feelings to influence how you think. How we think and the decisions we make will influence how we feel. The way we learn as a result of this may lead to behaviour that compromises our ability to form relationships or puts us at risk. Consider learning that people are dangerous, abusive or uncaring. You may learn to avoid

or be afraid of people as a result, or alternatively you may quickly attach yourself to people who show even small amounts of kindness.

It is very important that we learn to understand our emotions and learn skills to reduce their intensity. Sometimes, to achieve the life we want we will need to be able to cope with unpleasant feelings – we can't always be relaxed and happy.

At Phoenix Futures, we have developed an emotion regulation group therapy, which will form part of the core programme of care at our residential rehab services.

There are six sessions to our group treatment cycle focussing on understanding and befriending our emotions, examining our beliefs about emotions, and learning to cope with and manage our emotions.

Everyone can benefit from a better understanding of our emotions. They are complicated and powerful. And whilst they often exert a pressure to escape or avoid them, we can learn to manage them differently.

*Peter Lindsayhall is clinical mental health lead at Phoenix Futures*

## You can begin your own emotional regulation right away by following these simple steps:

- 1) Think about a situation which routinely triggers difficult emotions for you.
- 2) Write down what each of the 'parts' are: The felt sense, the way you thought about the situation, what was happening in your body, and what it was telling you to do about it.
- 3) Practise some deep, rhythmic breathing exercises or mindful attention skills.
- 4) Ask yourself – 'How do I want to act in this situation?' What would the 'ideal' outcome be for me? Try to be specific, write it down.
- 5) The next time you notice any of the 'parts' of the emotion occurring, remind yourself of your commitment to act in a way which moves you closer to the 'ideal' outcome for your behaviour.
- 6) Keep practising – we are always finding new triggers for our emotions. The more you practise being curious and understanding – rather than avoiding and fearful – of your emotions, the more manageable they will become.

# THREE LITTLE WORDS



Kate Daniels' *Three Syllables Describing Addiction* is testament to the power of Al-Anon, says **Mark Reid**

Kate Daniels had a brother who died from alcoholism. She follows her feelings about this into America's opioid crisis and imagines how addicts uproot the lives of so many. Her poems see this devastation through the meetings of Al-Anon and the intense pain which takes people there. Whereas Alcoholics Anonymous allows recovering drinkers to celebrate change as they climb from a ditch of their own digging, in Al-Anon relatives and friends of those still drinking cope with irresponsibilities not their own.

The three syllables of the book's title are a spot-on encapsulation of addiction: 'time breaks down'. For active addicts time stops, as does their development. It doesn't matter if it's Monday morning or Saturday night: the sole concern is how do I get my next drink or drugs? As Daniels puts it, 'addicts live out of sequence with everyone else'.

The principal narrator in this slim volume of 16 poems, is the mother of a heroin addict. Her focus is not psychosocial analysis, trying to account for why people use. Addicts destroy themselves, she asserts. 'The aftermath is what's at stake – the human flotsam captured in addiction's filthy wake'. She points out that many people relapse and die when they leave treatment centres but, as they span the demographic spectrum, no conclusions can be drawn about why 'they just went back

to using'. Some of the words used are dismissive of drug users, like 'junkie' and 'shooting up'. This is in contrast to the 'stoical' ordinary citizens whose families are entangled. When the mother drives around looking for her son, she sees some addicts on a street corner and is appalled. They were 'roaming packs of starving dogs. I shooed them away when they begged for money'. There is denial that her son is, as she sees it, in with the lowest of the low.

Conversion from the 'rage-filled narrative I lived inside' to a recovery mentality is erratic. Detach with love, she hears at meetings, but to begin with she settles for 'detachment minus hatred'. There is initial bafflement over the 12 steps themselves – to

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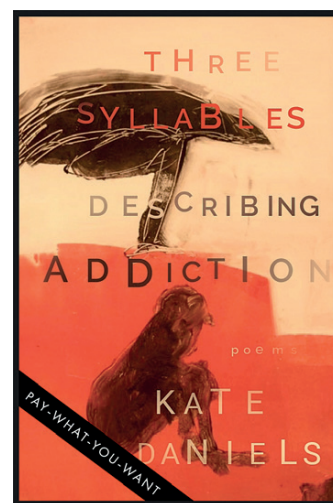
be traumatised already and then to have to admit you have no power.

There is a convincing valuation of recovery meetings, even when there is early pessimism about them: 'It's worse to stay at home, sitting in the fear like a solitary hen hatching poisoned eggs'. For only by going can the narrator be inspired by the strength and re-energisation of others – they 'walk around shining' and transmit resilience. 'How would anyone ever come back from that?' she wonders, on hearing their stories.

This whole world of drug use and recovery is completely new to her. Previously she had no mechanism at all for dealing with it. The way out is provided for her and at one level it is simple – 'all I have to do is sit and listen'. Slowly a degree of forgiveness emerges and she grants her son some benefit of the doubt. Maybe it's not all his fault; he was born that way and 'indicted by genetics'. Over time meeting mantras soften unkempt emotions.

These poems attest to the huge role of Al-Anon. It rebuilds the self-esteem of affected others, left lonely, frustrated and confused. The acute distress to be heard in Al-Anon lifts, and a key concept is that no-one is responsible for another person's actions. Instead, independent lives are established. What a balm this is to help the narrator manage the worry she has over her son – 'a stiff rod of fear and dread she felt impaled upon'.

The reader is left to decide on the depth or permanence of



*Three Syllables Describing Addiction*, by Kate Daniels.  
Published by Bull City Press,  
Durham, North Carolina.  
ISBN: 9781949344059

the narrator's own recovery. The poems indicate progress from hostility to acceptance, from ignorance to insight. Peace of mind comes when she's able to see that her addict son is not irreparably damaged or lost forever. Only then does his mother find solace from the thorns of her own resentments. Meetings nudge and direct her thinking. It becomes less of a struggle. She adjusts and comes to believe that 'the things you love are still beautiful in the new dark they live in now'.



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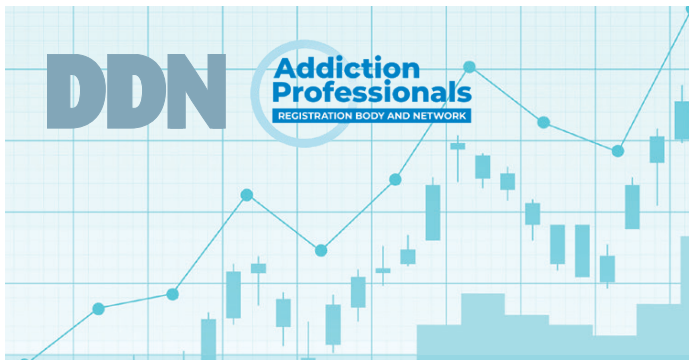
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- › **Kieran Doherty** – Head of Quality and Governance, Inclusion

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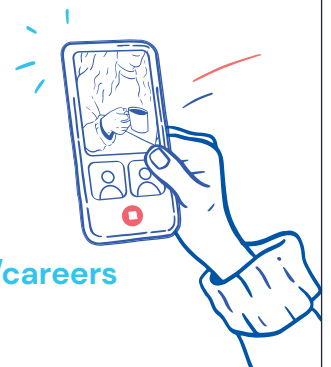
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