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Drink and Drugs News
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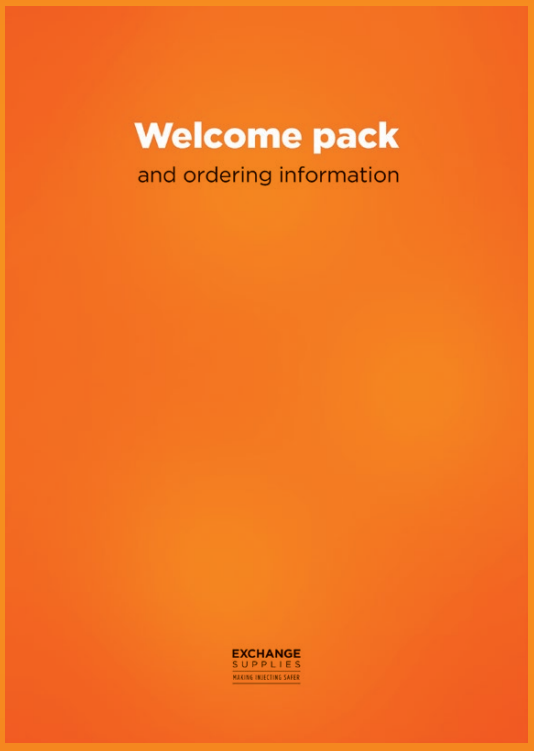

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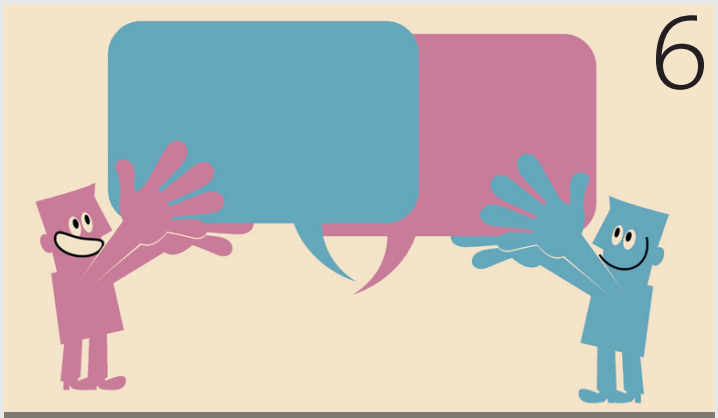

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STAYING STRONG IN PARTNERSHIP

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**

Stigma: let's make the moment matter

Maybe the pandemic has taught us something about the loneliness and isolation that can go hand in hand with stigma – about reaching out, and about joining in when we're not necessarily invited. The NHS APA was illuminating on many levels and felt like a representative forum informed by people with lived experience (p6).

As part of the discussion Karen Biggs said we need to stop referring to stigma (*eg* when talking to a journalist) and talk instead about prejudice, discrimination and shame – things that we all understand are unacceptable. And this is so true – the otherness that makes stigma the preserve of other people becomes commonplace and relatable when you give it familiar terms. We're hearing from different directions – including many people involved in and affected by the treatment experience – that there is a will to connect and form productive alliances to tackle stigma. And more than that, there is an urgency in the wake of the Dame Carol Black report to seize the moment, and to emphasise that the treatment policy framework desperately needs to encompass alcohol as much as drugs (p16). We'll be taking up these strong threads and continuing to weave them through forthcoming events and debate in *DDN*. Keep your views coming – let's make the moment matter.

Claire Brown, editor

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

Chancellor announces radical overhaul of alcohol duty system

A 'major simplification' of the alcohol duty system was announced by the chancellor, Rishi Sunak, as part of the Autumn Budget. Drinks are to be taxed in proportion to their alcohol content, making the system fairer and healthier, the government states. The move has been enabled by the 'regulatory and legislative flexibilities' of leaving the EU, says *Autumn budget and spending review 2021*.

'Now that the UK is free to set its own law in this area, the government is reforming alcohol duties to best suit national priorities,' says the document, overhauling an 'outdated' system. Separate tax categories, such as for beer and wine, will move to a standardised set of bands, with different rates for products between 1.2-3.4 per cent ABV, 3.5-8.4 per cent, 8.5-22 per cent and those above 22 per cent. Above 8.5 per cent, products across all categories will pay the same rate of duty if they have the same proportion of alcohol content. 'Alcohol will be taxed in a progressive manner, ensuring higher strength products incur proportionately more duty, addressing the problem of harmful high-strength products being sold too cheaply,' the document says. New relief that cuts duty rates on draught beer and cider by 5 per cent will also be introduced, a move that 'recognises the importance of pubs and supports responsible drinking'. 'Draught Relief' represents the biggest beer duty cut for 50 years and the biggest cut to cider duty since 1923, the government states. The duty rates on beer, cider, wine and spirits will also be frozen for another year, 'providing further support to the hospitality industry and its suppliers as they recover from the pandemic'.

The new system would be 'simpler, fairer, and healthier', he said, designed 'around a common-sense principle – the stronger the drink, the higher the rate. "White ciders" will see a small increase in their rates because they are currently undertaxed given their strength. That's the right thing to do, and it will help end the era of cheap, high-strength drinks which can harm public health and enable problem drinking.' The reforms would come into effect in February 2023, he said, although the planned increase in duty on spirits, wine, cider and beer due to come into force in October has been cancelled with immediate effect – 'a tax cut worth £3bn'. The reforms 'back pubs and public health', he said, and 'are only possible because we've left the EU'.

www.gov.uk

The decision to cancel this year's planned increase in duty was 'deeply regrettable', said Alcohol Change UK's director of research and policy, Lucy Holmes. The chancellor had 'missed yet another important opportunity to significantly reduce the harm caused by alcohol and to cover the costs of that harm. Instead, he has given a tax break to massive alcohol producers who have continued to see huge profits throughout the pandemic.' However, the organisation 'strongly' welcomed the new simplified system of taxing drinks according to strength, she said. 'We have been calling for an overhaul of the system to make it fairer, more consistent and geared towards promoting public health. While this change won't come into force until 2023, it represents a welcome improvement. We will carefully scrutinise the detail of the other proposed changes but if the strongest, cheapest drinks rise in price, this will go a long way to reducing alcohol harm and is to be welcomed.' *Budget documents at www.gov.uk available at https://www.gov.uk/government/consultations/the-new-alcohol-duty-system-consultation until 30.1.22*

> 'Alcohol will be taxed in a progressive manner, ensuring higher strength products incur proportionately more duty.'
> RISHI SUNAK

Cost of gambling harms 'at least' £1.27bn a year

> Three quarters of people drinking more than 50 units a week participated in gambling, compared to 35 per cent of non-drinkers.

THE HARMS ASSOCIATED WITH GAMBLING cost at least £1.27bn in England alone in 2019-20, according to PHE's *Gambling harms: evidence review*. The UK is one of the world's biggest gambling markets, generating profits of more than £14bn last year. PHE estimates that around 0.5 per cent of the population reach the threshold to be considered 'problem gamblers', with almost 4 per cent classified as 'at-risk'.

As with drug and alcohol-related harm, the people most vulnerable to gambling related harms are concentrated in areas of higher deprivation, such as the North of England, with a 'clear link' between problem gambling and higher levels of alcohol consumption. Three quarters of people drinking more than 50 units a week participated in gambling, compared to 35 per cent of non-drinkers.

Men were more than four times more likely to be gambling at 'levels of elevated risk of harm', while people with mental health issues were twice as likely. People with gambling problems were also 'at least' twice as likely to die as a result of suicide than the general population, with one study putting the risk at almost 20 times higher. Gambling should be considered a public health issue, the review states, as it is 'associated with harms to individuals, their families, close associates and wider society', and calls for an approach that focuses on 'prevention, early intervention and treatment'. *Document at www.gov.uk*

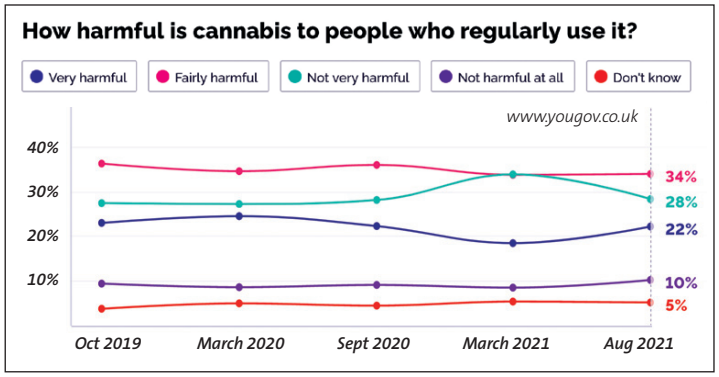
See feature, page 12

Just 25 per cent think regular cannabis use is 'very harmful'

Only a quarter of Britons consider cannabis 'very harmful' to regular users, according to a new survey from YouGov. More than half, however, consider tobacco to be very harmful, while 35 per cent think the same for alcohol.

Just under 1,700 respondents were asked to rate 12 different substances from 'very harmful' to 'not at all harmful', with nitrous oxide considered the second least harmful of all. Just under a quarter of people, meanwhile, thought that making a drug illegal was 'an effective way of preventing people from taking it', with 60 per cent stating that it was ineffective. Roughly the same proportion of Conservative and Labour voters – at 60 and 67 per cent respectively – considered criminalising drugs 'futile for prevention', says YouGov.

Just under 30 per cent of people thought that drugs should be considered a health issue, compared to a quarter who thought it should be a criminal justice issue, while 36 per cent believe it should be treated as both. Less than 10 per cent of 18-24-year-olds believe it should be solely a criminal matter, however, compared to a third of over-65s. People were also asked to class the substances in terms of their impact on wider society, with crack cocaine and heroin considered the most harmful and nitrous oxide and cannabis the least.



The figures 'highlight the extent to which the government's rhetoric and policies are out of touch with the public's will in several key areas', said Volteface's Isabella Ross. 'Home secretary Priti Patel's proposed nitrous oxide ban appears particularly detached from popular perceptions of the drug. The survey found that Britons considered nitrous oxide less harmful both to regular users and society than legal drugs like alcohol and tobacco.' *Survey at yougov.co.uk*

'One in five' could have undiagnosed liver disease in NE

ONE IN FIVE ADULTS in the North East could be living with undiagnosed liver disease, according to the British Liver Trust. The charity's 'Love Your Liver' mobile screening unit visited Newcastle, Sunderland, Hartlepool and Middlesbrough last month and scanned passers-by interested in finding out about their liver health. Of just over 180 people scanned, 35 were sent for further tests.

Hospital admissions for liver disease in the region are above the national average as a result of both high levels of alcohol consumption and increasing levels of obesity. Last year saw alcohol-specific deaths in England rise by more than 20 per cent, with – as in previous years – the North East recording the highest increase.

'One in five of us are at risk of liver disease and the numbers of people being diagnosed have been increasing at an alarming rate,' said the trust's chief executive, Pamela Healy. 'Liver damage develops silently with no signs or symptoms and people often don't realise they have a problem until it is too late. Although the liver is remarkably resilient, if left until symptoms appear, the damage is often irreversible.'

Two thirds know someone with addiction issues

MORE THAN 64 PER CENT OF ADULTS know someone who is 'struggling with an addiction', according to a YouGov poll commissioned by The Forward Trust to mark last month's Addiction Awareness Week. Half of the 2,137 respondents, however, said that they still lacked understanding of the condition.

A group of charities including The Forward Trust, Phoenix Futures, FAVOR and the Kaleidoscope Project also launched the awareness-raising Taking Action on Addiction campaign at a high-profile event with a keynote speech by The Duchess of Cambridge. 'Addiction is not a choice,' she said. 'None of us are immune, yet it's rarely discussed as a serious mental health condition and seldom do we take the time to uncover and fully understand the root causes.'

While addiction was often triggered by childhood experiences, anxiety, loneliness or isolation, it remained one of the only mental health conditions 'where the person suffering with it is blamed', said Forward Trust chief executive Mike Trace. 'We need to drive awareness of what addiction is, understand how it impacts people, families, children and communities so we can help people living with it get the support and treatment they need for long term recovery.'

Local News

FINE TIME

Change Grow Live clients in Manchester have made a short film based on their experiences. Fine will be premiered on 24 November, and available online afterwards. 'There was a real democratic spirit at work, every participant felt valued and listened to,' said Nially, a service user. 'That's a learning experience.' *https://vimeo.com/589955502*

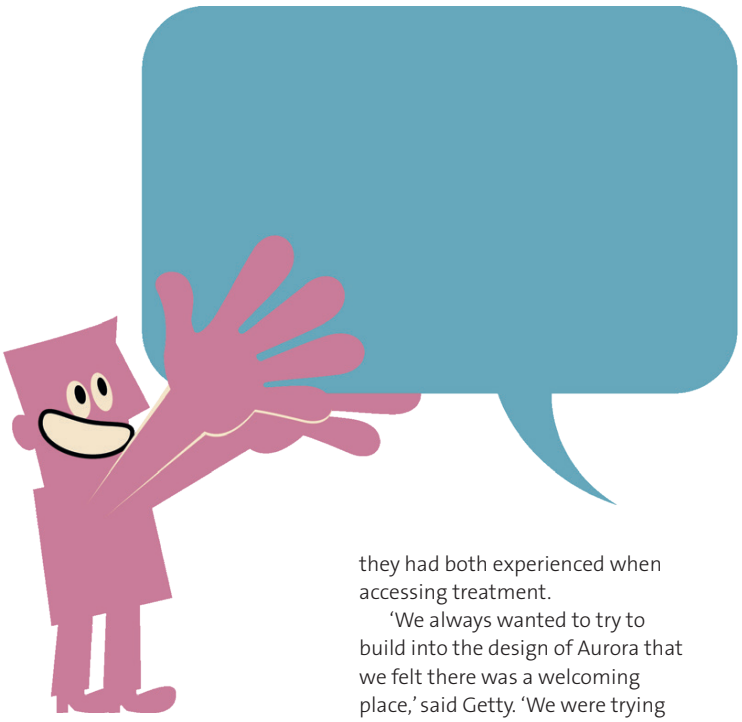
NEXT STEPS

A free, confidential service, Recovery Steps Cumbria, has been launched by Humankind in partnership with The Well Communities. 'Cumbria has followed the national trend of increasing drug and alcohol related deaths,' said Humankind's executive director of operations, Ted Haughey. 'We hope that by providing a comprehensive service that offers individualised recovery plans we can stop this worrying trend.' *www.humankindcharity.org.uk/service/recovery-steps-cumbria.*

SUSSEX SUPPORT

Southdown has launched a new substance misuse employment service in East Sussex in partnership with Change Grow Live and funding from DWP. 'CGL has two offices based in Eastbourne and Hastings but the service does accept referrals for people living across the whole county,' said service lead for employment and learning Lisa Kirby. *www.southdown.org/Substance Misuse Employment Service*

Creating an informed and inclusive dialogue is our only chance of crushing stigma, heard the NHS APA conference. **DDN** reports



A FAIR EXCHANGE

'My addiction, my mental health, the stigma that I was going through and my family was living through – it was unbearable, and the despair that was associated with it was deeply painful, but I wanted to recover... So after my detox I went to a local rehab and it gave me a space, it gave me an environment where I could start to get better and rebuild my life.

'But I had loads of challenges – challenges to do with my identity, challenges to do with race and racism and discrimination... I put up with a lot of abuse because – why? Because I could. Compared to what I put up with back on the streets this was nothing. But to get it every day on top of my recovery, on top of the issues I'm dealing with – shame, stigma, trauma...

'I was not going to walk out of that treatment facility, I was going to put up with it. But that left an impression on me and I started to figure out, why is this happening if this treatment facility rehabilitation is for everybody? Why isn't it working for me?'

Sohan Sohata is now the highly respected leader of the Alcohol Race Alliance. Twenty-five years ago it was a different story, as he explained to the NHS APA's conference on tackling stigma in addiction services.

LIVED EXPERIENCE

With a strong thread of lived experience right through the day's event, the NHS APA urged the sector to come together to address the issue, which was contributing to the highest number of drug-related deaths since records began. 'It's the one of the most significant things we need to overcome and address if we are truly going to ensure that people negatively affected by addiction receive the respect, the dignity and the treatment they deserve,' said NHS APA chair Danny Hames.

Dame Carol Black's independent drug review had highlighted the need for urgent improvement of the sector, and in a keynote speech she explained that tackling stigma was a central part of this. 'I really believe that if the government implemented this review it would reduce stigma,' she said. 'It would ensure that drug dependency is treated as a chronic condition, that it has parity with other chronic health conditions, that we invest in treatment and recovery, that we give back to the workforce its aspiration, invest in it, develop it. And all of those things I believe strongly would reduce the stigma which is so relevant and prevalent when we think about drug dependency.'

It was like mental health was many years ago, and we'd been on a 'huge journey' there. 'Mental health was stigmatised, we didn't talk about it and swept it under the carpet. It took a major campaign, *Time to change*, but it also took individuals being prepared to talk about it,' she said.

Talking to people who used services as part of her review, Dame Carol was left with the impression that, 'wherever they went they were not really treated as normal people in the health service. That came through extremely strongly that they didn't feel at all that they had a voice.'

PEER SUPPORT

So with that in mind, the conference invited people to talk about their experiences of stigma and the impact it had had on them. Mel Getty and Paul Lennon had been motivated to set up the Aurora Project, a peer support service in South London, to make sure others did not suffer the stigma – the feelings of worthlessness and 'somebody being disgusted at you' – that they had both experienced when accessing treatment.

'We always wanted to try to build into the design of Aurora that we felt there was a welcoming place,' said Getty. 'We were trying to make it feel like a home from home for everybody else in the design... the way that we welcomed people and whether people felt free to walk around the building and go and get a cup of tea or do what they needed to do and get support.'

DIFFERENT PERSPECTIVES

Mark Holmes, now a senior drug and alcohol recovery worker at Kenward Trust, gave two different perspectives of stigma – one from when he was in active addiction and a recent one from working in the field. Working as a dancer, performing in the West End and Broadway, he was forced to retire through injury and began working in marketing and PR in the same industry – a job he enjoyed, but which introduced a drinking culture and encouraged networking with alcohol.

'The drinking in the evenings crept into drinking in the afternoons, secret drinking at work and a very quick spiral into unmanageability. I was unable to keep that job and I think that was probably my first experience of stigma from colleagues, peers, friends – lots of people turning their backs, lots of nasty comments. I was quite confused at the time because there was a lot of discussion on TV around addiction and a very big storyline on one of the soap operas... a lot of high-profile people in my industry were speaking up about addiction and it came across that there was a lot of understanding. That wasn't my experience on the ground.'

Years later, working as a

drugs worker in the unit that had changed his life, he took clients to a local shop, where the shopkeeper whispered to him, 'I don't know how you could work with these people'. It shocked him that there was still so much to do. 'Every single client has identified stigma as a barrier to treatment,' he said.

INSTITUTIONAL STIGMA

For some parts of the population, including people experiencing homelessness, the layers of stigma and discrimination could seem insurmountable. 'By and large the support and care is done in siloed forms,' said Dr Colm Gallagher, clinical psychologist at Manchester mental health homeless team. 'Often it's fragmented, it's inconsistent and when people find it very difficult to access mainstream services, that's partly probably because of stigma from organisations and indirect discrimination.' He talked about an overwhelming sense of rejection – 'rejection from family, rejection from services and society as a whole'.

Running training sessions for frontline homeless sector staff, he asked them to think about the societal narratives around homelessness – that it was seen a lifestyle choice, that the person was a nuisance, lazy, manipulative and always in trouble with the law. They were encouraged to think about how this affected the person's motivation to seek help, when they 'think that they are not worthy, rejected from society, they're not wanted, that they can't be trusted, that this is their own fault, that no one cares... this is going to have an effect on how willing they are to engage,' he said. 'Why would they go about seeking help if they think they are going to be rejected again?'

TRAUMA-INFORMED

Gary Broderick and Paula Kearney described being involved in the Dublin Citywide Stigma Campaign, run by Trinity College. The findings of the programme were important because they came from women who were actively using services and actively experiencing stigma. They explored the idea of a trauma-informed approach and realised that people were traumatised not just in a childhood or because of things that had happened in their lives, but also by the services they went into.

When people were treated completely differently it became an everyday thing, so that they didn't even realise the damage that was being done and the impact it was having on their self-worth. The task in hand involved 'upgrading their awareness'.

SERVICE USER VOICES

Talking to people about their experience of stigma was a vital part of learning how to break it down, said April Wareham, director of Working with Everyone, which aimed to bring the voice of lived experience to policy and practice in health and social care.

In a project that gathered feedback on stigma from people with lived experience (commissioned by NHS APA) all participants felt that people who used drugs were stigmatised. 'What we found was that people experience stigma in different ways,' said Wareham. As well as preconceptions about race, culture and a criminal past, there was often a disconnect in treatment ranging from stigma about the drug of choice to dismissing mental health problems before the drug problem was addressed, or vice versa.

The manner of communication played an important part – 'I was spoken to badly – none of my opinions seemed to matter'. A key finding was, 'if people experienced poor treatment or stigmatising behaviour once or more than once in one service, it meant that they were unlikely to go back to the service and ask for help again.' One of the biggest effects of stigma was a feeling of isolation.

Things needed to change, but the hard bit was 'changing the way we think and act', she said. And a main action point was, 'don't deny our lived reality. Don't tell us something doesn't hurt when we know it does.' One of the worst pieces of feedback she heard regularly from services was, 'our service users don't feel that way – it doesn't happen here,' she said. 'Don't take away our lived reality from us. We know what we've experienced.'

STAMPING OUT STIGMA

'Stigma is surely the reason why our fantastic evidence-based treatment services are completely underfunded, why our workforce is underdeveloped... and why we are working out of buildings that are falling down.'
Ed Day, recovery champion

'It's really important as a field that we come together. We really need to seize the day and the Dame Carol Black report and wave it in politicians' faces... Stigma says more about the person that's judging someone than the person they're judging.'
Stuart Green, service manager, Aspire Doncaster

'Starting this [review] I put the stigmatised person at the centre. For me, it was – what is needed to help the person with the drug dependency problem really start the road to recovery?'
Dame Carol Black

'Stigma doesn't just attach itself to the drug and alcohol user, it attaches itself to friends and families around them... a family has a vital role to play in somebody's recovery but they also need support for themselves and this is often neglected or ignored.'
Viv Evans, chief executive, Adfam

'Focus on the person not on their behaviour, focus on the person not the policy intervention that they're being targeted with. That's about language, but it's also about behaviour.'
Oliver Standing, Collective Voice

alashi / iStock

If people experience poor treatment or stigmatising behaviour once or more than once in one service, it means they are unlikely to go back to the service and ask for help again.

We needed to put the voice of lived experience into every room, added Tim Sampey, chief executive of Build on Belief, who also worked on the project. This would demonstrate that 'this is what stigma feels like and these are the consequences, because one of the things we heard was that nobody would ever consider making complaints about anything. Consequently, stigma and self-stigma meant that people didn't even access health services half the time until their health problems were really, really serious,' he said. 'So whichever part of the drug and alcohol treatment system we work for we really have to think about how are we going to challenge stigma with our colleagues elsewhere in the health field, or we're not going to get anywhere.'

CALL FOR UNITY

'I think we talk about stigma in this sector a lot more than we used to but that doesn't resonate out into other sectors where it needs to,' said Karen Biggs, chief executive of Phoenix Futures, a service with experience of leading a powerful anti-stigma campaign.

'It's very easy to feel that you're on a hiding to nothing around tackling stigma when you hear politicians using incredibly stigmatising language and that being a thread through our policy approaches,' she said. It was in our power to change things, but we needed to work more effectively together and have 'solidarity for each other'.

One of the most effective ways forward was to realise 'the power of lived experience and that people in recovery can really start making a difference to adjusting the concept of self-stigma and self-worth,' said national recovery champion, Ed Day.

He talked about 'parity of esteem for peer-led lived experience groups', which were often separated out from the addiction services. But there was real opportunity at the moment, coming from the Dame Carol Black review, which he believed had brought together different communities – the providers, the family groups the commissioners, and the people with lived experience – and which had been reinforced by the day's event. 'We've all got to work together, we've got to stop circling the wagons and shooting each other,' he said. 'We've got to work to a common purpose now.'

The call for unity was shared by members of the English Substance Use Commissioners Group, who saw the therapeutic alliance as 'the most significant driver of outcomes... with the bond that we're working to agreed goals and agreed plans,' said Kim Hager. Niamh Cullen, a commissioner in Calderdale added that 'our real and our very strong asset is that over the last ten years we've grown a highly visible community called Calderdale in Recovery that's been constituted as a community organisation. This has been really key to us addressing stigma.'

CHALLENGING LEADERSHIP

For Sarah Galvani, professor of social research and substance use at Manchester Metropolitan University, it was a clear case of needing to challenge leadership. While we needed that vital involvement of people with lived experience, she pointed out that 'people aren't going to come out and not be anonymous while we have that kind of really insidious kind of culture and wider public messages from leadership' – messages that perpetuated the view that 'no one likes a drug user'. There was no alternative: changing this had to 'start with a very courageous and bold policy shift', she said. **DDN**

View conference sessions at www.nhsapa.org/stigma-conference-2021

STAMPING OUT STIGMA

'If you've got somebody [working in a service] who makes you feel like they don't want to be there themselves, or that you're just a burden, it becomes that whole subtle psychological fight with yourself that you're being a waste of space to somebody else.'
Mel Getty, Aurora Project

'Stigma does affect people's experience of hospitals and yet there are things that we can do... often what people really respond to is simple kindness that is shown as well as the expertise that can be offered.'
Dr Derrett Watts

'We all know the horrible terms that can be floating about like junkie... I think that language is really important and it's complicated because we all use language all the time to describe ourselves and describe other people and I don't think it's just as simple as saying don't use those terms... I think it's really important that people think about their language and how to use it.'
Paul Lennon, Aurora Project

'We've got a drug unit now that's cross departmental so that helps the step change... we've been far too long siloed outside of systems.'
Jon Shorrock, The Joint Combating Drugs Unit

'It's about upgrading their awareness that it's not okay to be treated like that regardless of what you're going in for – whether you're going in for Calpol for the kids or for your methadone, you deserve to be met with the same respect when you go to services.'
Paula Kearney, Dublin Citywide Stigma Campaign

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TURNING POINT
inspired by possibility

BRIGHT FUTURE

The most important lesson we've learned during the pandemic is that collaboration and partnership have carried us through. Tracey Kemp, Rebecca John, Helen Hampton, Debbie Moores, William McCully, Simon Morton and Shayon Salehi on how the future looks promising for hepatitis C testing in drug treatment settings

By the start of 2020, the vital role that drug treatment services (DTS) across England were having in testing and linking individuals with hepatitis C to care was well established. A snapshot taken between September 2019 and February 2020 shows that five national providers were responsible for conducting an average of 6,700 HCV tests per quarter. The well-defined protocols ensured that a positive test was followed up promptly and infected individuals started their journey towards treatment.

HCV is a devastating disease. It accounts for more than 300 deaths in England each year, despite treatment being available. Many of the people dying of HCV-related complications, such as cirrhosis or liver cancer, have a history of drug use. When the World Health Organization (WHO) turned its attention to eliminating HCV as a public health concern in 2016, it was clear that strategies to tackle the high rates of HCV in individuals injecting drugs would be essential.

In England, these essential strategies were underpinned by initiatives conducted in DTS. Service providers and peer-workers understood their clients well and effectively broke down the barriers that may have stopped this at-risk group from accessing healthcare in the past. The success was clear, and it was making a substantial difference to the life of clients. In collaboration, Gilead Sciences and the NHS addictions provider alliance (APA), Change Grow Live, Humankind, We Are With You and Turning Point developed an ambitious programme, Hep C Free, driving the widespread implementation of established best practice pathways with the aim to eliminate HCV across DTS by 2023.

WHEN COVID FIRST HIT

When the COVID-19 pandemic hit, testing for HCV and other blood-borne viruses (BBV) slipped rapidly down the list of healthcare priorities. During the first lockdown in England, the priority was the immediate safety of clients and minimising the risk of them becoming infected with coronavirus. The reality was that clients could no longer access the settings that provided the tests that could change their lives. Testing for HCV within DTS was paused. During the first national lockdown between March and May 2020, HCV tests conducted per quarter were down to just over 2,400 – one third of that achieved earlier in the year.

'During the first national lockdown between March and May 2020, HCV tests were down to just one third of that achieved earlier in the year.'

Looking back, Rebecca John from Turning Point acknowledges that the impact on the services provided was understandable given that everyone thought that the lockdown would be short lived. 'In the future, it's important to continue pushing the importance

Germana Marengo | Dreamstime.com

WORKING TOGETHER: A CLIENT DESCRIBES HIS EXPERIENCE

'I was homeless, and my priority was to find a free breakfast – most places were closed because of COVID. I found a place that would give me breakfast and an HCV test. The result was positive but I was assured by my Humankind keyworker, Hep C Trust peer coordinator and the hepatitis C nurse that it wasn't the end of the world. Within an hour I'd got all the support I needed – I couldn't believe the impact of that breakfast!'

of BBV testing and treatment and ensure a culture whereby BBVs are considered a central element to client wellbeing – even during lockdowns.'

After the initial shock caused by the COVID-19 crisis the providers rapidly refocused, Debbie Moores from Humankind explains. 'With the realisation that the pandemic wasn't going anywhere soon, we needed to develop a response and a plan. Clinic appointments were used as opportunities to test, and unnecessarily long pathways were shortened to get more people into treatment.'

COLLECTIVE EXPERIENCE

Regular communication within services and with external organisations such as the HCV operational delivery networks (ODNs), other providers, pharma and the Hepatitis C Trust was essential to allow effective plans to be put in place. The introduction of a virtual forum, part of the Gilead initiative, had a substantial impact. William McCully from Gilead Sciences explains: 'Through working in partnership with DTS and NHS England, we were able to leverage our collective experience to overcome many of the challenges posed by the pandemic. As a result, we have become stronger partners and established innovative pathways that will continue to have a positive impact on HCV elimination post-pandemic.' This was reaffirmed by Rebecca John. 'We learned from each other and reaped the benefits of sharing best practice,' she says. 'Without the help of the others, we would not have been able to recover as rapidly.'

Coronavirus forced service providers to think radically about how teams could come together to do things differently. Service users were supported remotely and the approach to HCV testing taken for each individual was based on risk and practicality. Face-to-face screening – which was always the preferred option – was now one of several ways clients could access testing. Self-screening at the centre where individuals could conduct the test themselves appealed to some, but for those unable or unwilling to travel, tests could be distributed by post or by their peers. The number of people being tested started to increase.

A CAPTIVE AUDIENCE

During the pandemic, innovation has abounded. Clinical outreach vans have been successful, bringing test and treat clinics to suitable locations for those patients not currently engaged in services. 'The absolute biggest lesson for me,' explains Helen Hampton from We Are With You, 'was that the captive audience of homeless individuals being temporarily housed was an ideal opportunity for test and treat. We didn't have to track individuals as they were together, which has the potential to stop the spread of the disease within that group.'

'Pop-up' events were also established where staff came together to provide Cepheid testing, an innovative technology for rapid HCV viral load testing. 'It is now possible for someone who did not know they had HCV to be tested and start treatment within 90 minutes,' explains Simon Morton from Hep C U Later.

So when it comes to HCV testing now, are the numbers back to pre-pandemic level? The immediate adaptations to service provisions such as incorporating postal testing increased mean tests per quarter to almost 4,000 between September 2020 and February 2021 – an impressive recovery. However, since then numbers have soared – an average of 8,400 HCV tests per quarter have been reported since March 2021, demonstrating how flexibility, thinking differently, sharing best practice and learnings across providers can pay dividends.

THE ULTIMATE GOAL

The past 18 months have been incredibly challenging, but in partnership the DTS have ameliorated the impact of the pandemic. Helen Hampton reflects on her experiences: 'Elimination will not work in isolation – we need to partner up to work together for the ultimate goal of elimination,' she says.

Tracey Kemp, from Change, Grow, Live sums it all up. 'Together we emerge stronger as providers who support people – people who need our help,' she says. 'The past 12 months have been extraordinary, but we have worked tirelessly to keep testing alive and treatment pathways active. We look to the future with hope and optimism as we aim to cure more people than ever before from the hepatitis C virus.'

With the remarkable recovery of testing levels beyond those pre-pandemic, the fulfilment of the 2023 elimination goal within DTS looks more attainable than ever, but we need to sustain and build on this momentum to realistically look ahead to a future without HCV.

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PUBLIC SERVICE

PHE's gambling review made explicit that for gambling harm to be tackled effectively it needs to be treated as a public health issue. **DDN** hears from GambleAware chief executive Zoe Osmond about her organisation's public health approach

Public Health England's (PHE) long awaited *Gambling harms: evidence review* (see news, page 4) stated that harmful gambling needed to be considered a public health issue as it was 'associated with harms to individuals, their families, close associates and wider society'.

The review examined the mental and physical health harms associated with gambling in almost 50 different studies, and found that people with a gambling disorder have an 'increased risk of dying from any cause, in a given time period, relative to the general population'. People with gambling problems were 'at least' twice as likely to die as a result of suicide, and there was also a 'clear link' between problem gambling and heavy drinking, with three quarters of people consuming more than 50 units a week also participating in gambling – more than twice the level for non-drinkers. 'The aim of public health is to improve the health and wellbeing of the whole population,' said a 2018 policy statement from the Faculty of Public Health – and as gambling had the potential to cause harm to both individuals and to wider society it was clearly an issue that 'cannot be tackled by interventions aimed solely at individuals'.

INEQUALITIES

It hardly needs stating that, as with drugs and alcohol, the people most vulnerable to gambling related harm are concentrated in areas of higher deprivation, meaning that gambling is further exacerbating already entrenched health inequalities. A recent report from the University of Bristol and the Standard Life Foundation found that gambling premises were ten times more prevalent in deprived areas, with Standard Life Foundation chief executive Mubin Haq stating that 'those with the least resources are being targeted more' (*DDN*, September, page 4). And of course none of this was helped by the liberalisation of the gambling laws in 2005, which made it far easier for gambling companies to advertise on TV.

PHE's call for a public health approach has been welcomed by the charity GambleAware, which recently recruited two senior staff with extensive public health experience as part of a restructuring to deliver a new five-year organisational strategy – chief commissioning officer Anna Hargrave worked in NHS commissioning for 13 years, while chief communications officer

Keeping people safe from gambling harms

'Since the introduction of the Gambling Act 2005, gambling has become far more accessible and the industry has been allowed to market itself in ways that had not previously been permitted.'
ZOE OSMOND

Alexia Clifford led numerous public health campaigns for PHE on issues including mental health and stopping smoking.

VISION

The strategy defines the charity's vision of a society 'where people are safe from gambling harms', chief executive Zoe Osmond tells *DDN*, underpinned by four key commissioning objectives – developing awareness and understanding of gambling harms; increasing access to services and reducing gambling harm inequalities; building capacity among health and community services to improve their response, and improving the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service (NGTS).

A whole-system approach is needed to achieve this, says Osmond, with GambleAware recognising the 'many other organisations, networks and individuals that already play a key role across the gambling harms prevention system, or that have the potential to do so in the future'. Collaboration with the government, NHS, public health agencies, local authorities, and voluntary sector organisations will be key, while the new appointments will also help to expand the 'clinical commissioning and public health expertise within GambleAware', she says.

While gambling is a growing public health threat alongside poor diet and heavy drinking, the public does seem to be generally onside when it comes to tighter restrictions. A recent YouGov survey of almost 12,500 people found that more than three quarters of adults backed a ban on TV gambling adverts before 9pm, with the same number supporting a requirement for the industry to pay a levy to finance efforts to tackle problem gambling (*DDN*, July/August, page 4) – indicating that there's far less inclination to brand restrictions 'nanny state' than with alcohol interventions like MUP.

'GambleAware is concerned about gambling becoming part of everyday life for children and young people,' says Osmond, with research commissioned by the charity in 2019 showing that exposure to advertising, including on social media, can have 'an impact on attitudes towards the prevalence and acceptability of gambling, and in turn the likelihood that a child, young person or vulnerable adult will gamble in the future'. However, as the 'lead commissioner working to prevent gambling harms, our job is to highlight concerns through our research and experience – it's up to politicians to take our research and the evidence of other organisations to decide on what legislative change or policy measures are needed to address these concerns.'

FAMILY BREAKDOWN

Of course the impact of problem gambling isn't just restricted to the gamblers themselves. There's also the impact on families – not just financial but higher rates of divorce, family breakdown, and associations with neglect of, or violence towards, partners and children. The GambleAware commissioned *Treatment and support survey* found that around 7 per cent of the population could be considered 'affected others' – people negatively impacted by someone else's gambling – and who are more likely to be women, says Osmond. 'The same report found that the vast majority of "affected others" said their relationship had been affected by the gambling of someone else. This could manifest in the form of an inability to trust the person, a breakdown in communication with them, increased arguments about their gambling, having less quality time with the person, family violence or conflict, and the taking over of decision making in the home.'

As with almost everything else, the pandemic has also had an impact. Research by the University of Bristol found that regular gamblers were more than six times more likely to gamble online compared to before COVID-19 – as betting shops were forced to close – a habit they're unlikely give up now restrictions have lifted. How much has online gambling worsened the situation overall, with its instant, 24-hour access?

'There is no doubt that since the introduction of the Gambling Act 2005, gambling has become far more accessible and the industry has been allowed to market itself in ways that had not previously been permitted,' she says. 'The advancement of technology, and the consequent growth of online gambling and gaming, has been the most significant driver, and during the pandemic there's been widespread concern about a rise in gambling online.' As with research into alcohol consumption during lockdowns, which has tended to find that the heaviest drinkers were drinking even more, GambleAware's October 2020 COVID-19 research found that while there had been a 10 per cent reduction in gambling activity overall between March and May last year, those considered problem gamblers had increased their gambling during the same period.

PREVENTION STRATEGY

'Simply stating that gambling is a public health concern is not enough,' said a 2019 *BMJ* article, *Gambling and public health: we need policy action to prevent harm*. 'It must also be treated as one by policy makers through the development and implementation of a fully realised and sustainably funded strategy for preventing harms among the population,' and GambleAware backs the calls for a mandatory levy on the industry to 'guarantee the funding stream for research, education and treatment of gambling harms,' Osmond states.

'A levy would produce a much more consistent and sustainable flow of funding, as well as significantly improve transparency and confidence in the treatment commissioning process as a whole. We're engaged in commissioning treatment and prevention services that are costly and have to be commissioned on a long-term basis to provide any sort of certainty for providers as well as for those seeking and accessing treatment. Despite the recent welcome financial commitment from some in the industry, ultimately only a mandatory levy will create the certainty and transparency needed.' **DDN**

GRASS ROOTS

A recent celebration at the Roots to Recovery community garden in Luton was an opportunity to highlight the healing power of the outdoors, says **Vanessa Johnson**

Last month saw Luton service – and member of the Social Interest Group (SIG) – Penrose Roots to Recovery (Roots) host the town's mayor Mahmood Hussain at a special celebration at the community garden. Roots has been awarded £413,004 over three years by the National Lottery Community Fund to engage with a minimum of 830 people in the local community who are experiencing mental and physical ill-health.

This will be achieved through its programme of outdoor-based workshops, training, and social groups and will enable the project to create exciting opportunities in Luton. One such opportunity is to increase growing spaces to enable Roots to produce even more fresh vegetables and fruits to support local people, families, food banks and community kitchens. The celebration included a lunch made from vegetables grown in the garden, along with speeches, a raffle and sales of vegetables, flowers and honey from the garden's apiary. The day also served as an opportunity for potential volunteers to see first-hand the work involved in running the project.

'We've all put a lot of effort into today so that the mayor, council members, partners, and other visitors can see what the project is about,' said Roots service manager Samantha Smith. 'We will use the lottery award to continue to provide much needed support to our members and wider community.'

The funding 'couldn't have come at a better time', said SIG CEO Gill Arukpe (*above right centre, with cheque*). 'Roots has long proven itself







'We grow two things at Roots – we grow plants, and we grow people...'
WILLIAM

to be a vital service but even more so during the pandemic when Roots' volunteers grew and distributed food to people, many of whom couldn't get to shops or order online due to their vulnerabilities. My thanks go out wholeheartedly to the National Lottery and its supporters, for helping us to ensure Roots will continue in Luton for years to come.'

Roots believes in the power of gardening to transform people's physical and mental health, offering a range of opportunities to learn new skills, help reduce social isolation, and promote positive mental and physical wellbeing. Members and volunteers shared what Roots means to them, with many describing it as vital to their survival. For William, an ex-volunteer now employee, Roots is a true lifeline. 'We grow two things at Roots – we grow plants, and we grow people,' he said. 'Seeing how people develop and grow from when they first arrive, shy, quiet, and withdrawn to becoming more outgoing and engaged is amazing.'

This was echoed by Roots' very first member, Louie, who said that Roots means everything to him as it has brought him out of his shell and helped him to make lifelong friends, while Charlie stated that without Roots she doesn't think that she would still be here. She'd been through a tough time during the pandemic and was contacted regularly by staff, who checked in with her to ensure that she knew they were there for her. She thanked the Lottery for ensuring that Roots 'will continue to be around for a long time to come, so that it can be there for others like it was there for me'.

'Everyone who comes through the gate is welcomed here, regardless of race, class, or gender,' said William. 'This lottery money will give us stability for the next three years to continue to help the people who need us.'

Also present at the event were local councillors Amjid Ali and David Franks, vice chair of SIG's board of trustees Stuart Jenkin, CEO of Luton council Robin Porter and CIG CEO Gill Arukpe, along with SIG directors and staff, Roots members and volunteers, and representatives of Keech Hospice, The Counselling Foundation, the Probation Service, NHS, social prescribers and other VIPs, relatives and supporters.

Vanessa Johnson is comms and PR manager at SIG



A TREATABLE MOMENT

Collaboration is the key to reaching people before their alcohol use becomes terminal, agreed participants at a DDN/Addiction Professionals webinar. **DDN** reports

Alcohol mortality statistics make for grim reading. The Office for National Statistics (ONS) report that alcohol-specific deaths – where the death is a direct consequence of alcohol misuse – have risen by 11.3 per cent over the last 20 years. In 2019 there were 7,565 deaths related to alcohol in the UK.

As Dr Steve Brinksman pointed out, this was just 'the tip of an iceberg' as there were so many other conditions in which alcohol played a significant factor. While there had been a lot in the press about increased alcohol consumption during COVID, 'the vast majority of alcohol-specific deaths are not acute deaths' but related to people's drinking patterns in the years running up to the pandemic.

BRUTAL BUDGETS

So with the graphs showing a steady increase since 2001, how had we ended up in this situation – and what could we do to reverse the trend? Kieran Doherty, head of quality and governance at Inclusion, believed that alcohol services had been eroded by changes to the way they were funded and commissioned. 'Moves to competitive tendering and the brutal reductions in local authority budgets mean that alcohol services have been squeezed to near extinction,' he said.

Another factor had been the move to integrated substance misuse services, which had led to a loss of specialism and people, including the nurses, medics, psychologists, counsellors, recovery workers, community support workers and social workers who made up the multi-skilled team. 'If we're going to attend to alcohol problems across the system it needs to be working with colleagues in primary care,' he said.

Outreach work had suffered and there were only five NHS detoxification units in operation now – a stark reduction in the last 20 years. The Carol Black review, while welcomed, 'didn't specifically look at alcohol, which for me pretty much showed where people's priorities were,' said Doherty. The alcohol strategy promised for 2019 had not materialised and he was concerned that the alcohol focus could be 'further diluted' in the forthcoming national addiction strategy.

The problem with all of this was that 'people who are coming into our services now are really quite poorly by the time they get to us'. The opportunity for early improvement interventions had been lost and staff were increasingly doing end of life care.

Back in the 1980s and '90s there were alcohol surgeries, residential services, drop-in centres, detoxification services – 'all by different providers working together'. While those days were gone, we needed to 'look at how we link into our wider networks', he said. Commissioning had to improve, with alcohol services commissioned as part of an integrated care system.

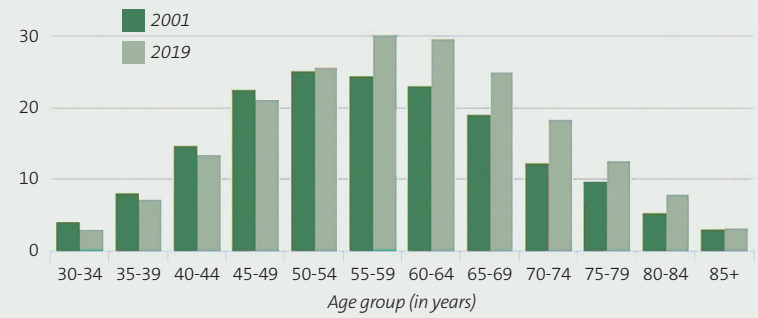
SEPARATE AND SILOED

The loss of connection with primary care had led to services becoming 'too separate, too siloed', agreed Kate Hall, head of operations in the substance misuse division of Greater Manchester Mental Health

'Moves to competitive tendering and the brutal reductions in local authority budgets mean that alcohol services have been squeezed to near extinction'

KIERAN DOHERTY

Age-specific alcohol-specific death rates per 100,000 people, by five-year age group; UK, deaths registered in 2001 and 2019



Source: Office for National Statistics, www.ons.gov.uk

Half of those presenting had no previous connection with alcohol services. 'What we realised was that there was a treatable moment.'

KATE HALL

NHS Foundation Trust. Were we focusing on services rather than the individual needs of the service user?

The NHS long term plan had focused on reducing the number of A&E attendances, which felt 'very reactive', she said, 'putting a sticking plaster over the gaping wound'. The feedback from services and service users was that alcohol issues were being treated in isolation from past trauma, adverse childhood experiences and mental health issues.

She also emphasised that there needed to be an overhaul of the competency framework to specify appropriate training and the expected level of competence and qualifications. She hoped that restructuring post-PHE would help to fill the gap left by the demise of the National Treatment Agency, by allowing 'strategic leaders to work together to respond to this significant agenda of mortality'.

In the meantime there were 'pockets of good practice' in services. Greater Manchester clinical commissioning groups had been using Radar – the rapid access to detox acute referral pathway – which took referrals directly from the A&E departments across Greater Manchester to eight collaboratively commissioned beds.

'What we realised was that there was a treatable moment,' said Hall. People were presenting at A&E with alcohol-related seizures and half of them had had no previous connection with alcohol services. Radar had become 'a tool in the armoury across Greater Manchester to reduce alcohol-related hospital admissions' but it was also 'a great opportunity to do something collaborative'. Liverpool John Moores University's independent evaluation had confirmed successful completions of more than 90 per cent.

LIVED EXPERIENCE

With the talk of collaboration and the central involvement of primary care, it was time to ask someone with lived experience of alcohol problems about her route to treatment. Aimee explained how she decided to go to her GP to find out what support was available when her drinking had led to a lot of mental health problems, including anxiety and depression.

'I was lucky with the timing – it was pre-COVID and I was able to get an appointment with my GP fairly quickly,' she said. 'Like with any addiction you have to strike while the iron is hot, as soon as you want to get help.'

She was referred swiftly by her GP to Forward Leeds and attended her first appointment, where she was offered a test and found she was pregnant – 'so I immediately stopped drinking and it was like all of those addiction problems had completely gone away.'

The problems soon returned. She suffered a miscarriage and with COVID just starting she was isolated from family and friends. 'Before I knew where I was, I was drinking in the exact same way as I was before my pregnancy.' Her tolerance was low, yet she thought she could drink as much as before.

'As soon as I had a drink I was suicidal,' she says. 'But then I realised I didn't actually want to die, I just needed to have a different life.' Then she had a well-timed intervention – her previous contact at Forward Leeds called her to see how her pregnancy was going. 'I told her that I had had the miscarriage and that I wasn't in a good way and we decided to work together.'

Initially through telephone appointments, they worked on reducing Aimee's drinking and began to address her mental health problems. She learned coping mechanisms that have helped her deal with situations and enjoy things she thought she never would.

Her treatment included a programme called Five Ways that taught her about the science of addiction and the risks of drinking. It helped her to have 'that little bit extra and that focus', knowing how dangerous alcohol could be.

MORE LUCK THAN JUDGEMENT

While Aimee's experience had been positive on the whole, there were elements of 'more by luck than judgement', said Brinksman, which were learning points for us as healthcare professionals. It had been so important that the Forward Leeds worker had phoned Aimee to see how she was, showing the 'massive impact' of a seemingly throwaway moment.

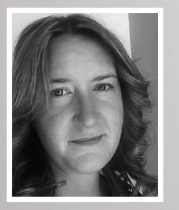
'How many interventions earlier on may have had positive impacts on people's lives?'

Dr STEVE BRINKSMAN

Reflecting on contributions to the webinar, he said that while 'obviously there needs to be a strong focus on people with very advanced disease', as a GP he thought about all the people over the years who became alcohol dependent – but whom he'd seen at some point when they weren't. 'How many interventions earlier on may have had positive impacts on people's lives?' he wondered. Could a GP – or anyone involved in the treatment chain – have stopped some of that progression? **DDN**

The webinar has been added to free resources at the Addiction Professionals website, where you'll find information and expertise on a wide range of topics to support practitioners: www.addictionprofessionals.org.uk/free-resources

Read Kieran Doherty's ideas for designing an alcohol service at the NHS APA blog: www.nhsapa.org/post/no-light-at-the-end-of-the-bottle



Kate Cunliffe sets out why Gateway is taking a trauma-informed approach to supporting its clients

A PROPER UNDERSTANDING

Gateway, part of The Calico Group and provider of homelessness prevention and complex needs support across East Lancashire, has begun using a bespoke trauma-informed approach to support vulnerable individuals who access their services.

They currently offer a range of person-centred and solution-focused services that support vulnerable individuals with additional needs – including addiction support – who are homeless, or at risk of homelessness. Gateway's teams recognised the need for a more trauma-informed approach after identifying that many of the people they support had a history of adverse childhood experiences.

The bespoke training package, 'Discover Me', was specially created for The Calico Group and Gateway by TRAC Psychological Limited after consultations with managers and frontline workers. At Gateway, all staff are specifically recruited for their values, as well as professional skillsets, so they knew the teams were already passionate about delivering the best level of support to their clients.

However, to enhance their skills even further, and to help them build a solid relationship of trust and growth, they felt they needed to do more and chose to embed an authentic culture of trauma-informed practice to help people achieve even better outcomes by working with the specialists at TRAC. Research suggests that trauma-informed approaches help support staff to consider trauma as an explanation for client problems, incorporate knowledge about trauma into their service delivery, understand trauma symptoms, transform trauma narratives, and use this knowledge as a tool for healing.

EVIDENCE-BASED APPROACH

TRAC Psychological Limited (TRAC) was established in 2010 as a direct result of unmet needs within the criminal justice and social care sectors for evidence-based approaches. TRAC is led by Professor Nicola Graham-Kevan, who is passionate about making positive changes and is internationally recognised for her research with vulnerable populations.

Understanding a person's past and barriers to personal growth needs to sit centrally as part of our homelessness services if we are to truly help people move forward and make positive changes. I am proud that our services are constantly evolving to break away from traditional support approaches that feel standardised. Putting the person at the heart of their own support journey, and giving them the tools to be resilient, is our future.

Understanding a person's past and barriers to personal growth needs to sit centrally as part of our homelessness services...

KEY GOAL

The key goal of trauma-informed practice is not just to raise awareness amongst staff about the wider impact and intricacies of past trauma, but to help prevent the re-traumatisation of clients in service settings that have been fundamentally created to support and assist healing.

'Discover Me' goes far beyond simply awareness raising, instead providing frontline workers and their managers with specialist tools and techniques, alongside empowering and educating the teams. In turn, this can build stronger skills and a deeper understanding of how to support their clients with specific difficulties that frequently go hand in hand with complex trauma created via adverse childhood experiences. It does this by providing clients with tools to understand past experiences and recognise their needs and strengths. Practical techniques are also taught to manage some of the known consequences of childhood adversity, so that clients can move forward within the service and to help prepare them for a positive and successful future beyond Gateway.

Additionally, The Calico Group and Gateway understand that often members their own staff who are drawn to supporting others as a career have experienced similar types of adversity and trauma at some point in their lives. 'Discover Me' serves a dual purpose by encouraging all teams to use these skills to recognise their own lived experiences and struggles, and those of their peers, and to then utilise the tools and techniques

peterschreiber.media / iStock

available to maintain their own wellbeing.

Feedback from staff who attended the training has been very positive. One team member at Gateway said, 'After exploring a real case study in the training sessions, I have completely changed how I look at my clients. I've started using the techniques with a woman I was working with, and it has been really useful.'

Another said, 'We are about to embed 'Discover Me' into our group work programme and that's really exciting. The tools from the training have helped me see how simple it is to recognise unwanted behaviours and seek to change them – I am using this for myself and the people I support.'

NEW MODELS

Wider research on working in a trauma-informed way within this sector is still very much in its infancy. However, the emerging evidence suggests that all housing services should be trauma informed and that teams often find that a trauma-informed approach of focusing on needs, flexibility and accessibility is important. Those who engage in these types of services have found that a trauma-informed approach allows them to construct new models of relationships, learn adaptive strategies for living, and increase hope, direction, and purpose.

Kate Cunliffe is homeless and prevention services lead at Gateway

ABOUT GATEWAY

GATEWAY brings together a wide range of services focusing on homelessness support, prevention and resettlement. Part of The Calico Group, Gateway delivers a range of person-centred and solution-focused services that support homeless or vulnerable individuals in our communities. They help people build on their strengths, develop independent living skills and improve personal resilience to nurture their health, wellbeing and future independence. *calicogateway.org.uk*

THE CALICO GROUP is made up of charities and businesses working together across the North West to create social, rather than financial, profit. Each part of The Calico Group has its own specialism and expertise. Together, they have a track record of providing a complete community service across domestic abuse, homelessness and addiction support, housing, healthcare, employability, training and construction. In 2020, The Calico Group ranked fifth in the Inclusive Top 50 UK Employers List. *calico.org.uk*

GOLD STANDARD

Humankind's new NSP standards will help set a precedent for the sector, says **Stacey Smith**

IN AUGUST OF THIS YEAR, the Office for National Statistics released figures indicating that more than 4,500 people had died as a result of drug poisoning in 2020 alone. Sadly, in the same period, we have also seen a decline in the number of people accessing the needle and syringe programmes that play a crucial role in reducing drug-related deaths. This loss of face-to-face contact with people during a time of rising drug deaths poses a significant risk.

The needle and syringe programmes provided by Humankind not only help save lives but also reduce Hepatitis C reinfection rates, provide the life-saving drug naloxone and offer an opportunity for our teams to begin conversations with people that can help connect them to further services and support. It is for these reasons that they are at the heart of our work and we are committed to ensuring they are delivered effectively, which is why we've recently introduced new needle and syringe provision standards across all of our drug recovery services (*DDN*, October, page 5).

The standards, which aim to reduce stigma and increase equitable access to needle and syringe provision, are part of Humankind's work to ensure that as the organisation grows we continue to maintain a high level of care across our core provision. The document includes guidelines for things like provision of needles that meet national best practice standards, safe use and disposal of equipment, and processes for managing stock. While many of these protocols might seem quite obvious, focusing on the basics in this way will ensure that we're providing a consistently high standard of service.

Creating the standards has also allowed us to build on fundamental needle and syringe specific requirements by including additional elements such as access to menstrual and contraceptive products, the provision of onsite hepatitis C testing and pathways to treatment, and connections to peer support groups.

> Loss of face-to-face contact with people during a time of rising drug deaths poses a significant risk.

Humankind also recognises that harm reduction principles should be a thread that runs through all our service provision. To support the process we are recruiting a national harm reduction lead who will be responsible for developing and implementing a national harm reduction strategy for the organisation.

It is our hope that as well as building on our already high levels of service, these new standards will set a precedent for needle and syringe provision within the sector and, most importantly of all, help to save lives.

The needle and syringe provision standards can be downloaded from Humankind's website.

Stacey Smith is the director of nursing for Humankind and a registered nurse.

TEAM BUILDING

Anna Whitton, WDP's chief executive officer, explains how and why WDP has revolutionised its workforce benefits and the importance of staff wellbeing to improve outcomes and support their service users.

What inspires me about what we do at WDP is the way in which the people that we support transform their lives. This is not easy for any individual, but it is powerful, positive, and significant in so many ways, including the wider impact it can have on friends, family, and local communities.

To play a role in and witness that change is a huge privilege and is what keeps our teams motivated and connected to what we are here to do. That said, the work that our teams do is really challenging and frontline roles in particular have become increasingly complex.

It may be an obvious thing to state, but the wellbeing of our staff is key to delivering great results. Happy, healthy, and connected teams make better decisions and perform more effectively. In supporting people to make changes to their lives, it can be easy to lose sight of our own health and wellbeing – I know that from personal experience, and I think a lot about how we, as an employer, can help to create the conditions that support people to thrive at work.

I joined WDP in July 2020, at a time when we were working hard to understand and respond to the health and wellbeing needs of our staff in a pandemic context. Our teams rightly pushed us to reflect on what we could and should be doing differently, starting with reviewing our approach to pay and reward. Committing to that review and to making changes was important because we genuinely care about our people and the difference we can make when those people are at their best.

Our new terms and conditions represent a first and significant part of how we can deliver against this. We've spent time thinking about the diverse needs of our current and future workforce, the important times in people's lives, and how we recognise the hard and important work that they do. We've looked at what other organisations are doing – drawing on what we think is great practice from organisations like Hilton and Dimensions. Most importantly, we've listened to our staff, explored what is important to them, and challenged our own assumptions about what is possible.

What we have ended up with feels like it reflects our values. Staff feedback tells us that's the case and that people are both surprised at the final outcome (in a good way) and positive about the offer, regardless of whether every element applies to them. For example, our offer for parents includes a day off for a child's very first day of school (thank you Timpson – that's something we loved in your offer). We've also introduced time off for other important times in people's lives – like moving house, getting married, the death of a beloved pet, or IVF appointments. We've introduced domestic abuse leave (thank you Villiers Park Educational Trust for your articulation of the importance of that) and leave for gender transition, miscarriage, and other significant times. So, not everything will feel relevant for everyone, but the offer tells you who we are – an organisation that cares about the individual and diverse and changing needs of its people.

The thing that no one expected us to do was to make such a radical change to our sick pay. We are now offering six months full-pay, six months half-pay from the start of someone's employment. This wasn't what we originally proposed, and I hadn't anticipated the challenge we'd give ourselves to push that benefit so much.

> 'It may be an obvious thing to state, but the wellbeing of our staff is key to delivering great results.'

But when we thought about the impact and why sick leave exists, we knew that it was the right thing to do. The key principle is this – when someone is suffering from a significant health event, do we want them to have to worry about their finances? The answer is no.

And finally, we haven't forgotten the importance of development and connection in what we now offer. Volunteering leave is included, as are study opportunities and time with our senior leaders in a coaching and mentoring capacity.

There is much, much more that we have included in our new employment offer but key to the whole thing is our commitment to review. We want to make sure that what we offer supports us to continue to develop and strengthen a strong, diverse team. That means that we'll continue to listen, explore, and understand how we can best deliver the conditions that attract, retain, and support an exceptional workforce.

Anna Whitton is chief executive officer at WDP

To read more about WDP's new benefits package and view current vacancies, visit www.wdp.org.uk

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LAW AND ORDER

The interview with Neil Woods (*DDN*, October, page 8) was fascinating. He's clearly had a front-row seat to the worst of the drug dealing world that few people would want, and it's clearly – and unsurprisingly – taken its toll. 'When police say these things we get listened to more than most,' he says of the debate around legalisation and regulation, and that's as it should be. However, I can't help feeling that his experiences – and the undoubted passion he feels for this agenda – might be blinding him to some facets of the debate.

'Consumption is the bogeyman of the prohibitionist,' he says. 'I don't care if someone wants to take MDMA and dance in a field' – well, neither do I. 'I don't care if more people start using cannabis' – neither do I, with the major caveat of the well-researched links with serious mental health issues. But the legalisation lobby want everything to be regulated, and I've still never seen a convincing model of how this could realistically work in practice.

Who would be the producers of regulated heroin and cocaine? Would there be regulated crack cocaine? Who would sell it – the government, big pharma? And how much would it cost? Too much and it's fuelling acquisitive crime and driving people back to the dealers who are supposed to be cut out by this model. Too little and you're risking a massive increase in use.

But then a massive increase in use is an inevitable outcome of full legalisation, and the legalisers know this – it's just a price they're willing to pay for their utopian dream. They might argue disingenuously that it's not the case, but everyone knows that's what would happen. Look at mephedrone, which had massive levels of use among young people who'd never taken drugs before. They could legally buy it online, so they thought it was ok. As soon as it was banned, usage rates fell off a cliff and are now basically limited to the chemsex scene and a few clubbers. I'm fully in favour of decriminalisation, and I'm willing to be convinced by the full legalisation argument. It just hasn't happened yet.

Peter Walsh, by email

STRETCHED SUPPORT

As an ex-probation officer I wasn't surprised to find that the report by HM Inspectorate of Probation and CQC concluded that people with drug issues were not getting the support they needed from the probation services (*DDN*, September, page 4). Apart from in a very few cases, this isn't down to probation officers not wanting to help – it's just that they're stretched so thin that they're not really able to.

Newly qualified officers are supposed to start off by being given a manageable caseload of fairly low maintenance clients. I was handling more than double the recommended amount within a matter weeks – including having to step in on one case so high profile that it was actually lead story on the national news. 'In at the deep end' is one thing, but I'm not sure how having someone completely inexperienced handle these cases was helping anybody, least of all the client. The reason, of course, is that my more experienced colleagues were handling twice as many cases again, most of them complex and challenging in some way.

The work could be genuinely fulfilling on those occasions when I felt I was actually able to achieve something, but everyone I worked with was completely run ragged. According to another recent inspectorate report, 'Probation practitioners told us that high workloads were exacting a high personal toll upon them in the form of stress, sleeplessness, and fear of making serious mistakes through overwork'. It was the same in my day, and I image if anything it's probably got exponentially worse.

In the end I lasted less than a decade, before burnout – and the need to save my marriage – prompted a career change. If the authorities genuinely want a probation service that serves the needs of people with a drugs problem – and everyone else – then the solution is fairly simple. Fund it properly.

Name and address supplied

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

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Jay Shifman is on the policy team of Choose Your Struggle in South Carolina

My job is in advocacy but as part of it I'm a speaker, coach and podcast host as well as an advocate. I founded Choose Your Struggle with the aim of helping to end stigma and promote honest and fact-based education on mental health, substance misuse and recovery, and drug use and policy.

I've been working from home since before COVID. I spend a lot of my time working on the podcast, conducting virtual coaching sessions, doing interviews on issues relating to mental health, substance misuse, recovery and drug use, and writing for a few publications.

The most rewarding aspect of my job is having an impact. When I hear from people that they connected with my work in a meaningful way, it makes it all worth it.

> 'You better love this stuff because none of us is getting rich off it.'

If I could change anything, I would like to see more people willing to say the things that need to be said to people with power – things like 'you're wrong' or 'that's flat-out false' or 'you're lying'. Politics is killing people.

If anyone asked me about starting a similar career, I would have to say: 'You better love this stuff because none of us is getting rich off it. But we love it.'

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