DDN

Drink and Drugs News
April 2022
ISSN 1755-6236

LET'S GET TO WORK
Time to invest in our workforce

DIAMORPHINE-ASSISTED TREATMENT
Taking on the critics

LIFE SUPPORT

HELPING PEOPLE THRIVE IN A WORLD OUTSIDE PRISON

Harm Reduction Works
RAINBOW T-SHIRTS

High quality, super comfortable t-shirts made from 100% organic Fairtrade cotton in a range of sizes

The design couples colours that symbolise the prevention of accidental sharing through the use of coloured syringes, with the iconic Harm Reduction Works logo (a top down view of someone injecting)

EXCHANGE
SUPPLIES
MAKING INJECTING SAFER

DDN

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website:
www.drinkanddrugsnews.com

Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by: MicroStockHub

CJ Wellings

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STAYING STRONG IN PARTNERSHIP

'Being a front-line recovery worker isn't easy. It requires a unique skill set which is often misunderstood.'

Robin Pollard from **With You** in our **Partner Updates** at **www.drinkanddrugsnews.com**

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Our challenge in turning experience into expertise

Time and again we hear of people failing to cope with the transition from prison to the community and heading back through the revolving door. Why? Because they haven't been equipped, physically or mentally, for their onward journey. The Departure Lounge (p6) is a coordinated approach in action, from making sure prisoners leave with the essentials to connecting them to tailored onward support.

Often problems are so complex that people need immediate intensive support on discharge from prison or hospital, and we can see what a vital difference this makes (p10 and p20).

The other essential element is, of course, meaningful employment (p8) – vital to treatment outcomes and recovery, transformative in building self-worth, and providing socialisation and structure. Visiting the Medway peers this month gave us the opportunity to see this process in action (p12) with a team who have turned lived experience into expertise and ambition.

Of course all of this throws up many issues for our workforce (p14) and prescribing regimes (p22), and it's important we examine and debate the challenges ahead.

Send us your feedback! We'd love to hear from you.

Claire Brown, editor

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

Met should carry naloxone, says London Assembly Health Committee

PA Images / Alamy

London's mayor should work with the Metropolitan Police to ensure that its officers routinely carry naloxone spray, according to a new harm reduction report from the London Assembly Health Committee. Police Scotland recently announced that it was rolling out its naloxone programme across the whole of the country (*DDN*, March, page 4), following successful pilot schemes.

Naloxone is 'not as readily available as it should be' in the capital, says Reducing drug deaths in London, which also calls on the government to introduce a nationwide naloxone programme in England to end the 'postcode lottery of provision'. The committee also want to see consumption rooms piloted in London, and for drug-checking services to be provided at clubs, music events and other venues.

Just under 10 per cent of Londoners report previous-year drug use, the document states. 'As a diverse city, with pockets of both extreme wealth and extreme poverty, London has highly contrasting drug use scenes, which differ by local area and by socioeconomic, cultural and ethnic groupings,' it says. Earlier this year, the mayor's office was forced to defend its as-yet unapproved diversion scheme in three boroughs for young people caught with cannabis, after media reports that it was planning to 'decriminalise drugs in London'.

'Too many people are still dying from drug-related causes in London,' said committee chair Caroline Russell. 'We investigated how to address this tragedy and find out what practical, life-saving interventions could be used to reduce drug harm in our city. Our investigation found that naloxone could save someone's life if it's used quickly after an opioid overdose. That is why we are urging the mayor to ensure the Met routinely carry naloxone, a simple and proven way to reduce opioid deaths.

> Additional measures... such as a pilot for safe drug consumption rooms and the introduction of drug checking services, can start to bring down the growing numbers of people sadly losing their lives...

Additional measures recommended in our report, such as a pilot for safe drug consumption rooms and the introduction of drug checking services, can start to bring down the growing numbers of people sadly losing their lives due to problematic drug use.' *Document at www.london.gov.uk*

'Considerable progress' towards eliminating hep C

THE PREVALENCE OF CHRONIC HEPATITIS C in England was just over 80,000 in 2020, according to UKHSA, down from almost 130,000 in 2015 – a fall of nearly 40 per cent. The figures show that there has been 'considerable progress' towards the target of eliminating hep C as a public health problem by 2030, the agency states.

Deaths from hep C related advanced liver disease also fell from 482 to 314 over the same period, which exceeded the WHO target of a 10 per cent drop by 2020. The reduction in prevalence is largely a result of improved access to treatment, with almost 60,000 treatments taking place between April 2015 and March 2021.

Of the 81,000 people in England estimated to be living with hep C, around 27 per cent are thought to be people who have recently injected drugs, while more than 60 per cent are people with a past history of injecting.

More than half of people who inject drugs may have a chronic hep C infection and remain unaware of it, UKHSA estimates, and despite the 'huge progress' challenges remain.

'While effective treatments are available, we need to stop people becoming infected in the first place,' the agency states. *Hepatitis C in England 2022: full report at www.hcvaction.org.uk*

Sky Betting fined

BONNE TERRE LIMITED, which trades as Sky Betting and Gaming, has been fined just under £1.2m for sending promotional emails to customers who had self-excluded or opted out of receiving marketing, the Gambling Commission says.

The company distributed a Sky Vegas promotional offer of 'Bet £5 get 100 spins' to more than 41,000 customers who had self-excluded and almost 250,000 who had unsubscribed from marketing emails, the regulator states.

Self-exclusion is used by people who feel they are struggling to control their gambling to request that the operator refuse their custom, a facility the Gambling Commission requires all operators to offer.

Contacting these customers constituted a breach of licensing conditions aimed at 'ensuring gambling in Britain is socially responsible', the commission said. 'Self-excluded customers are likely to be suffering gambling harm and should absolutely not be sent direct marketing that could tempt them back into gambling,' said Gambling Commission chief executive Andrew Rhodes.

Scottish drug deaths fall

There was an 8 per cent fall in suspected drug deaths in Scotland in 2021, according to the latest quarterly figures. Provisional statistics from Police Scotland show that there were 1,295 deaths last year, compared to 1,411 in 2020. The quarterly figures represent deaths that the police suspect to have involved illicit drugs, and are different from the official National Records of Scotland (NRS) statistics which are based on information from death certificates and forensic pathologists – since late 2018 the Police Scotland figures have ranged between 3 and 6 per cent above the NRS figures.

As in previous years, men accounted for almost three quarters of the deaths, while almost two thirds were among people aged between 35 and 54. The number of deaths in under 25s fell by 20 compared to the previous year, while deaths in the last calendar quarter were 76 down on the same period in 2020. New figures from ONS on avoidable deaths, meanwhile, show that the age-standardised mortality rates for alcohol- and drug-related deaths in Scotland was 52.1 per 100,000 people in 2020, more than double the 24 per 100,100 rate in England. 'Since 2012, avoidable rates from these causes increased by 63.3 per cent in Scotland,' says ONS.

Despite the decline the death toll was 'still far too high', said drugs policy minister Angela Constance, with 'much hard work to be done to turn this public health emergency around. Getting people into the treatment which works for them is key and we continue to embed the new medication-assisted treatment (MAT) standards which reinforce a rights-based approach for people who use drugs and the treatment they should expect regardless of their circumstances. We also aim to increase the number of publicly funded residential rehabilitation placements by more than 300 per cent over the lifetime of this Parliament.'

A recent report from Audit Scotland, however, concluded that delivery of Scotland's drug and alcohol services remains complex, with unclear accountability and difficulties in assessing the effectiveness of the money being spent, despite the government's pledge to invest £250m over five years. Drug and alcohol data was 'not good enough', said auditor general Stephen Boyle, with a lack of transparency and the need for a 'clear plan' to improve provision.

'We aim to increase the number of publicly funded residential rehabilitation placements by more than 300 per cent.'
ANGELA CONSTANCE

Suspected drug deaths in Scotland: October to December 2021 at www.gov.scot; Avoidable mortality in Great Britain: 2020 at www.ons.gov.uk; Drug and alcohol services: an update at www.audit-scotland.gov.uk

New group champions women's right to high-quality services

ELEVEN OF THE COUNTRY'S BIGGEST TREATMENT PROVIDERS have joined forces to form the Women's Treatment Group, which will work to improve treatment quality and options for women.

The group, which is chaired by Humankind, has already submitted a letter to OHID outlining the minimum provision for women that should exist in every service.

Although the last decade has seen an almost 80 per cent increase in the number of women dying a drug-related death, the number of women seeking treatment has remained largely unchanged. The group will look at ways in which services could be adapted to better meet women's needs, as well as recommending dedicated funding streams for women's services and the creation of a 'gender-specific' evidence base.

All services should make sure there are women-only spaces and effective joint working with midwifery and local domestic abuse organisations, states the letter to OHID, alongside women-only trauma-informed group work and fully funded childcare provision.

Members of the group include Humankind executive director Karen Tyrell, Change Grow Live executive director Nic Adamson, Phoenix Futures CEO Karen Biggs, With You director Siobhan Peters, Trevi CEO Hannah Shead, Turning Point's national head of service Natalie Travis and WDP CEO Anna Whitton.

'Sadly, many treatment services can be an intimidating place for women and do not address the specific needs and challenges faced by women,' said Tyrell. 'Humankind and many of our partners do offer some services specifically for women but there needs to be a nationwide approach to ensure that irrespective of treatment type or geography every woman can get the help that they need.' *More information at www.collectivevoice.org.uk/womens-alcohol-and-drug-treatment*

Local News

PSYCHEDELIC CENTRE

A new centre to accelerate psychedelic research for mental health has been launched in south London. The Centre for Mental Health Research and Innovation is a partnership between South London and Maudsley NHS Foundation Trust, King's College London's Institute of Psychiatry, Psychology & Neuroscience and COMPASS Pathways, and will provide patient access to research, support therapist training and evaluate evidence.

FAMILY MATTERS

The Scottish Families Affected by Alcohol and Drugs charity has won a GSK IMPACT award for its work supporting people concerned about someone else's alcohol or drug use. The charity provides a helpline, one-to-one bereavement support and 'click and deliver' naloxone, among other services. 'Achieving this recognition at UK level shows that families really do matter,' said chief executive Justina Murray.

VALUABLE INSIGHT

A new service has been launched in Lewisham offering free, confidential support to under-25s on drugs, alcohol and sexual health issues. Insight Lewisham, which has been commissioned by the local council and will be delivered by Humankind, will provide workshops and one-to-one sessions, as well as training and family support. *insightyoungpeople.org.uk*

EVERY STEP OF THE WAY

EDP's innovative projects are providing full and essential support at a challenging time for those leaving prison, says **Kerrie Clifford**

Over the last 20 years the UK prison population has almost doubled. With a squeeze in the public purse, one of the casualties has been projects that support people out of prison and back into their communities. The current adult reoffending rate stands at 47 per cent, so what is being done to understand the barriers facing people leaving prison and what help is there to overcome them?

One project in Devon, run by EDP Drug and Alcohol Services (now part of Humankind) is working to provide intensive, tailored support in the weeks that run up to – and on the day of – a prisoner's release, and it is attracting the attention of funders and commissioners alike.

TRANSITION

The Departure Lounge is based at HMP Exeter, a busy remand prison where an average of 92 prisoners are released each month. EDP Drug and Alcohol Services has worked with a range of community partners for over three years to design and trial innovative, holistic ways to support the transition from prison to community. The result is the highly successful Check Out and Departure Lounge services that are commissioned by the South West Reducing Reoffending Partnership.

There is a lot to plan in supporting someone back into society from the prison environment. They must secure housing and employment, check in with probation, reconnect with families and with communities and life outside, and for some they also have to connect with their local substance misuse service. All of this can be extremely daunting and even overwhelming. Staff use the conversations they have in the Check Out Lounge about the support on offer as a way to identify those with the most complex needs. They can then tailor the support accordingly.

> It can be notoriously difficult to get people to open up about their situation and reach out for help.

It can be notoriously difficult to get people to open up about their situation and reach out for help, which is why the Departure Lounge team have nurtured mentors to play the role of reducing reoffending champion. They instigate conversations with the men and encourage them to see the benefits of becoming actively involved in their own release. If someone is feeling particularly anxious, they sit with them while they have their conversation with a support organisation to ensure that their voice is heard and understood.

The Departure Lounge's current reducing reoffending champion (RRC) says 'from my experience, most people re-offend due to lack of support and accommodation so they get influenced by doing the wrong things to survive. However, most prisoners are keen to become a better person and also be supportive to the community if given the opportunity'.

The RRCs provide support on a number levels – instigating conversations, helping to fill out forms when people can't read or write, signposting people to the correct support, passing on experience and knowledge or sometimes just providing a prop for people feeling anxious.

CHECK OUT LOUNGE

The journey out of prison at HMP Exeter begins a month or so before departure day. Prisoners due for release are invited to the Check Out Lounge, a space for prisoners to meet with many of the agencies that they will need to engage with on their release. These meetings are a combination of in-person, telephone and video conference. Men can call out to these agencies on designated days and speak to specialist staff who will ensure that they are well prepared for the challenges and logistics of integration back into their local community.

Throughout the year there are also a number of hosted conversations with key support organisations. These used to be as part of a community fayre, where men could circulate around the room and ask questions of community organisations including housing, employment, education, substance misuse and debt management. Since COVID these have been done via phone out, from people's cells and also by video link from the legal video suite area in the prison.

They are also themed to ensure that all aspects of the process of applying for and receiving accommodation, employment and other support issues are covered. These phone out days were advertised through electronic kiosks on the wing landings and by a flyer delivered to each cell.

HOUSING MATTERS

Check Out Housing Matters is a more bespoke service. Individual invitations are given to up to 30 prisoners to have a 15-minute video link with their local housing team or probation housing support. They also have follow-on time to meet and discuss issues and concerns with their case manager. These are run twice a month to ensure that all those who are eligible for release in the coming month can get the support they need.

The value of these conversations is the way that they can help

Sangidan Idan | Dreamstime.com

The Check Out Lounge is a multi-agency event for prisoners running three or four times a month where prisoners can meet with providers from their local community.

people manage their expectations, understand the steps that they will have to make to get what they need and set manageable and realistic goals. It also helps to make men feel a part of the process and that they have a voice. Feedback from the men is also positive. 'Good news – there is loads of possible help', 'I feel this time I was listened to more about my health situation as it wasn't put on record last time' and 'I can see a solution (if approved by probation)'.

JOB FAIR

With face-to-face Check Out events now able to be hosted again the most popular are Check Out Work Matters and Check Out Job Fair which offer support in finding employment and training and links with potential employers and agents. The feedback is positive with men lining up jobs, arranging follow-on calls, speaking to employment agencies and using an in-cell CV pack (developed by the Departure Lounge team) to tease out skills and experience that help with the application process.

DEPARTURE

When the day of release comes, the departing prisoners are invited into the Departure Lounge for on-the-day essentials, like phone charging, clothing and transport. The reality for people stepping outside the prison gates is that all they have with them are the prison clothes on their back and a carrier bag of possessions that were confiscated when they were arrested. That could have been months or years back, so items like mobile phones will have long since lost their charge. It could also be a cold winter's day – no time to be venturing outside in a thin tracksuit. So the first thing that the Departure Lounge offers is highly practical, or additional items of clothing, water bottles and food for those taking long journeys. The team also look up train times and ensure that the men know where to go for pre-arranged appointments with substance misuse services and probation.

Departure day begins early for the Departure Lounge team. While prison leavers wait in reception to be discharged, staff continue to coordinate support, ensuring medications and prescriptions are in hand and talking to the men about getting home. Where possible Departure Lounge staff carry out an early morning check alongside the custody discharge co-ordinator nurse and reception staff to ensure continuity of care between substance misuse treatment in prison and in the community. This ensures that prisoners do not leave without having received their prescribed dose or onward prescription and a naloxone kit.

After stepping over the threshold, prison leavers are then invited to the visitors' centre outside the prison gate. Over a cup of coffee Departure Lounge staff offer practical information and advice. Only around 22 per cent of people being discharged from prison who have come through the Departure Lounge have a phone in their possession, so part of the package of support involves donating some phones to those most in need. The final stage of support involves follow-up calls in the weeks after release. Staff invite feedback and offer brief interventions and encouragement.

CONFIDENCE, RESILIENCE AND SUCCESS

It's clear that the Check Out and Departure Lounges are increasing people's confidence, resilience and chances of success when they return to their communities. Addressing two of the most pressing concerns – housing and employment – is having a hugely positive impact in supporting people back into a more settled way of life. The current reducing reoffending champion sees the benefits of his work every day. 'Through my job role, we have helped many prisoners get accommodation with the help of local councils, and through the hosted series of job fair events we connect prisoners with potential employment and services.'

Kerrie Clifford is marketing and communications manager for EDP Drug and Alcohol Service (part of Humankind)

If you'd like more information about the Departure Lounge contact marceva@edp.org.uk

LIFE SUPPORT

PETE'S STORY

PETE (NOT HIS REAL NAME) WAS A PROLIFIC REOFFENDER. He first came into contact with the Departure Lounge when he was handed a flyer about one of its many services, Ask More Phone Out support. One of the numbers on the flyer was for Konnect Communities in Cornwall, an organisation that supports prison leavers back into local communities and into employment. Pete had a really positive conversation with the team at Konnect and it was felt that further contact would cement the next steps for Pete as he prepared to leave prison.

The next available support came via the video link facilities at the prison when Pete was able to benefit from a Check Out Housing Matters session. Following a very successful virtual conversation which further improved Pete's rapport with Konnect and other services that could help him settle into his local community, Pete was feeling confident about his future opportunities for the first time in a long time.

He then came to the first two Check Out Lounge face-to-face events during October and November where he met properly with Konnect. On the day of his release, Pete visited the Departure Lounge and was met by his family. He was provided with a mobile phone so that he could stay in touch with Konnect and since then he has continued to engage positively with them and is transforming his life. He is supporting himself and others in his family which has meant that he has greatly reduced his risk of reoffending.

> Pete is genuinely flourishing and the credit for this is largely down to a new sense of self belief and confidence.

Pete is genuinely flourishing and the credit for this is largely down to a new sense of self belief and confidence as well as the contacts he made through the Departure Lounge services which helped him find the right connections back into his local community.

IN THE H

Individual Placement and Support (IPS) can have a hugely positive impact for people with experience of addiction, says **Rebecca Odedra**

Paid employment plays such a huge part in so many people's lives. It provides a reason to get out of bed in the morning; it can boost confidence, motivation, empowerment, financial independence, increased social networks, and so much more.

For a lot of people, work can take up more than 60 per cent of their waking hours, so it's no wonder that – as a survey quoted in Dame Carol Black's 2016 *independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity* said – 'getting a job (and keeping a job) is a top objective for people in treatment, only second to "getting clean"'. Our experience at WDP also tells us that employment is vital to people's recovery with improved drug and alcohol treatment outcomes – including reductions in the frequency and severity of relapses.

In 2019, we were awarded an Individual Placement and Support (IPS) contract through West

A SECOND CHANCE

BRIAN'S STORY

I HAD BEEN IN CUSTODY SERVING A MANDATORY LIFE SENTENCE and was released on parole [after 17 years].

My work background before I went to prison was mainly machine driving, but also building and construction, warehouse jobs and driving jobs. I've had spells off from time to time due to factors going on in my life, whether it be drink, drugs, family issues, poor emotional management, or not being able to cope properly. But I've always worked, and I've always managed to get myself a job and have a bit of stability.

When I first got released, I found [job searching] a bit difficult because they wanted CVs and disclosure letters, which I had but at that time I needed to get them updated and readdress how to put it together in a professional manner.

Before I went to prison, I would just phone up an employer, get an ad out of the newspaper, or pop into the Jobcentre to look at their list. And that was gone, and everything was just email. And because of COVID, you couldn't have in-person conversations with people.

[Having moved to a new area] I ended up working with WDP initially through drugs and alcohol prevention, but they said they could help me with finding employment as well.

In my first meeting with my employment specialist, we managed to get an understanding of one another, and I got the help I was looking for. They talked about a couple of possible jobs they found, and we sent my CV off. And lo and behold, I got the email from one of the companies saying they'd like to invite me to a day down at the company. It sort of took off from there and I ended up getting the job.

The job that I got was a collection driver for a waste recycling company and I'm loving it. I like driving and being out on the road because it's helping me to get to know my way around again and meeting new people and dealing with customers, and I enjoy that type of work. My main focus now is to settle into the job that I'm in and I'm also hoping to do HGV training to just keep bettering myself as I go along.

> 'Before I went to prison, I would just phone up an employer, get an ad out of the newspaper, or pop into the Jobcentre to look at their list... that was gone.'

I'd rather tell the people that I'm working for about my history because that then gives them a better understanding of me, my life, what's happened in the past, and that I'm just trying to rebuild my life. It gives us more trust. That's why I'd rather be open and honest at the beginning to give them that option to say, 'Sorry we can't employ you' or 'We're willing to give you a second chance'. We all make mistakes, and a lot of people understand. And I'm grateful for that.

Oleg Zlotnikov | Dreamstime.com

RIGHT PLACE

London Alliance to work across eight West London boroughs. IPS Into Work is an intensive and personalised service provided by expert employment specialists who understand the ebbs and flows of recovery. Focussing on client readiness to enter work, a rapid job search, and working with employers, our award-winning team is dynamic and innovative but perhaps most importantly, believes that anyone that wants to work can work.

As featured in our recent impact report, we're proud to have supported over 250 employment outcomes, provided more than 4,000 hours of support, and that 100 per cent of participants recommend the programme.

The impact of work is hugely significant and truly transformative, and so many of our clients' stories have stuck with me. I recall one individual we helped who had not worked in over 40 years. Getting that job was life changing – enabling them to have an improved relationship with their child and creating structure and financial independence.

Another testament to our success is having recently received additional funding from the Department for Work and Pensions (DWP), supported by the Department of Health and Social Care (DHSC), to extend our existing contract and expand into a ninth London borough, Hammersmith and Fulham.

With the recent drug strategy announcement committing to roll out IPS in every local authority by 2025, the future looks very promising in the world of IPS and for those individuals it can help. But don't take my word for it, hear from two people who have experienced the power of IPS.

Rebecca Odedra is head of reintegration at WDP

Pictured: Rebecca accepts the Transforming Lives Achievement Award at the 2021 MJ Awards. The awards celebrate the delivery of services and showcase their role in communities across the UK.

The IPS model impressed the judges who said it was not only changing perceptions of drug and alcohol problems but also empowering people through a cross-partnering approach.

See www.drinkanddrugsnews.com/wdp-west-london-alliance-win-mj-award/

TAILORED SUPPORT

LEO'S STORY

I DIDN'T PICK UP MY FIRST DRINK UNTIL THE AGE OF 20 but from that point, I drank very heavily. In the mid-1990s, cocaine became part of my story as well and the consequences started to kick in.

By 2000, I was completely out of control, barely hanging on to my job, and I went to the first of six treatment centres. When I left, I should have gone to a 'dry house', but I chose not to – I wanted to return to work. I returned to work five weeks after leaving and relapsed within a week. By 2001, my employer said, 'We need to part company with you'.

In 2002, I sold a property for quite a sum of money. But if you've got a cocaine habit of at least one or two grams a day and you're drinking, buying holidays, sports cars, that type of thing – by 2008, the money had gone. From then until a year and half ago, I started to claim benefits and was doing odd jobs, manual jobs, gardening.

I was very fortunate as I ended up engaged with a treatment service (now WDP) and a housing officer found me a secure roof over my head. But up until a year and a half ago, I had become a hermit. I didn't engage with life, with people, and I wasn't in a good place. I was so lonely, worried, and fearful, and I didn't know what was going to happen.

But things changed infinitely for the better 18 months ago. I had tried to commit suicide but was lucky – I woke up, I escaped, I got away with it. I then reconnected with WDP and was also referred to the IPS service.

My employment specialist carried out a detailed assessment and really got to know me. He wanted to know my journey and understand what my needs were. He then put together a tailored support package. He was very helpful with my CV as there were some significant gaps which we jointly addressed. He would send through jobs every week based on what I wanted, which was a customer service position.

One job was with a US corporate hospitality and food company, and I had to answer some questions by video. They said they were very happy with my interview and offered me a job. I am now working there and about to start another job as an events steward. My focus for this year is working for these two companies and then I'll start to think about what's next.

IPS has been an extraordinarily supportive tool to me returning to normality. It builds your self-esteem, your self-worth, and it provides structure and socialisation once you are back in work. I am very grateful and couldn't commend them more highly.

> 'My employment specialist carried out a detailed assessment and really got to know me. He wanted to know my journey and understand what my needs were.'

BRIDGING THE GAP

A new intensive support model is helping clients with complex needs at a critical moment in their lives, says **Mark Dronfield**

At Turning Point we have a long history of successfully supporting people to grow, learn and make choices. In London we have been delivering substance misuse services, including support to those who are homeless or in the criminal justice system, for over fifty years.

Despite the best efforts of many, we always have a number of homeless, revolving-door service users who are too chaotic or complex to successfully engage with services immediately on release from prison or discharge from hospital. Despite the challenges, this isn't a group we would ever give up on, so we designed Starting Point Plus, a 14-day programme of intensive assessment and support for the most complex individuals with the aim of stopping the revolving door. The service has been operating since 2018 in Westminster and Kensington and Chelsea, and since 2021 in Hammersmith and Fulham.

Starting Point Plus is a psychologically informed model that provides Turning Point service users with the opportunity to stabilise in preparation for mainstream or voluntary sector housing pathways. Something which, to date, has been beyond their reach.

It is a golden opportunity, but highly conditional on the client's engagement with their recovery plan.

> 'I must have been in every hostel there is over the years and just always ended up back in prison. Starting Point Plus has given me the chance to go straight from prison to somewhere decent and to keep away from negative people. After years of getting nowhere I have now shown that I can do it.'
>
> RAY, aged 44

SUPPORTED TO SUCCEED

It is critical for all concerned that anyone signing up to Starting Point Plus is in the best position to succeed. Our partnership approach to assessment is key as is the ongoing support of the local authority, police and probation (where applicable) so we're all working with the service user towards the same goal.

The period of transition from prison, hospital and/or homelessness to the community poses a critical turning point in someone's life. The stability provided by 14 days of safety and support acts as a springboard to longer-term engagement that otherwise wouldn't exist.

Mark Dronfield is service manager for Turning Point Starting Point Plus

STARTING POINT PLUS SERVICE OUTLINE

REFERRALS

Referrals are made to Starting Point Plus when someone is due to be released from prison or leave hospital and is identified as having complex needs and a housing requirement, is low-medium risk in offending terms, and genuinely committed to change and engaging with the service.

ELIGIBILITY

Eligibility is supported by stringent risk assessments and made with partners including the council, the Integrated Offender Management (IOM) Team and probation officer where offending risk is an issue.

AGREEMENT

Starting Point Plus is a voluntary scheme, so service users must sign an agreement to adhere to the conditions of the placement, understanding that the scheme will be withdrawn if they do not reach the engagement milestones. They agree that up to 14 nights of accommodation, typically from the private sector, will be provided on the basis that they follow their 14-day recovery plan put in place to address their immediate health and social needs.

CARE PLAN

We take a strength-based approach to care planning, building on the period of comparative stability that they had in prison/hospital and the chance to do things differently going forward.

DAILY MEETINGS

The recovery plan includes daily meetings with their Turning Point worker or peer mentor and focuses on tenancy skills, health and social care referrals, attending all required appointments with probation, police, housing, substance misuse treatment (and testing if applicable) and education, training and employment (ETE) appointments to ensure meaningful use of time. Key to our approach is fitness and exercise. For those who want it, recovery plans include gym/swim access and membership of the Turning Point Outward Bounds programme 'Park Fit' – a combination of outdoor exercise, organised walks and Outward Bound activities.

REVIEW

There are formal reviews which determine whether someone continues on the scheme or leaves before the 14 days are up. Even if someone doesn't complete the full two weeks, it is often the first time they have meaningfully engaged with services and hopefully bodes well for future support.

RESETTLEMENT

For the vast majority who are successful, there is a clear resettlement plan, so once complete, the service user moves into more settled accommodation and Turning Point continues its support in the normal way.

BETTER TOGETHER

A new service is taking a partnership approach to addressing the needs of London's rough sleepers, says **Vicky Ball**

Phoenix Futures have just been commissioned to deliver part of a new pan-London pathway developed to improve access to drug and alcohol treatment for people who sleep rough. The Homeless Substance Misuse Engagement Team will be taking referrals from across the capital and working alongside existing teams to support individuals to take the steps that will increase their readiness to access services.

We'll be engaging with people across a range of settings, working out what they need and adapting our approach to fit around them. The broad aim of the pathway, which includes inpatient detox and step-down rehabilitation beds, is to improve the experience, outcomes, quality of life, and life expectancy of the people we work with and we're proud to be part of it.

Phoenix have been delivering support to those in housing need for most of our 50-year history and have long been vociferous advocates for an improvement in access to treatment for people who are homeless. According to the Greater London Authority's CHAIN report, 60 per cent of the 11,000 rough sleepers encountered by outreach teams in London last year were assessed as having a drug or alcohol-related need. This is a group of people who are largely excluded from health services, with often limited access to primary care, and the barriers to drug and alcohol treatment are numerous and can be both practical and personal.

Experiences of discrimination, disadvantage, and trauma are compounded by the inherent instability, stress, and physical and psychological burden of homelessness. Attendance at regular pre-arranged appointments takes gargantuan effort when you are sleeping in a doorway. It's remarkable that some people manage it. Yet this group is so often characterised as not wanting support or as having made a 'lifestyle choice'. Here, with this new pathway, we have a small opportunity to change this narrative.

We have long argued that a housing-led approach to resolving homelessness ignores the complexity of the problem. Accommodation can provide some relief from some of the physical and psychological effects of rough sleeping. However, we at Phoenix believe that we should aspire to more for the people we work with. Addiction prevents the great majority of those who use drugs or alcohol problematically from achieving their full potential and ultimately leaves them vulnerable to repeat homelessness. That's why we've campaigned for the right of people who sleep rough to be given the opportunity to access drug and alcohol treatment, and that's why we're so excited to be part of this brilliant new pathway.

We have a proud history of developing strong partnerships with other agencies. Our ambition for this service is that we work as one multi-disciplinary team with our partners in the pathway, learning about and leaning into each other's strengths as we develop greater understanding of how to flex services to meet the individual where they are – and creating nothing less than systems change.

Vicky Ball is head of housing at Phoenix Futures

Pictured: Central London, February 2022. A street in Covent Garden is filled with tents and cardboard shelters belonging to homeless people. By Matthew Ashmore / Alamy

Sixty per cent of the 11,000 rough sleepers encountered by outreach teams in London last year were assessed as having a drug- or alcohol-related need.

OPENING DOORS

Peers in Medway are taking partnerships to a new level with impressive results. **DDN** sees them in action

A man in a grey tracksuit wanders around Chatham High Street, duffle bag in one hand, drink can in the other. He's newly released from prison with nowhere to head and no real plan.

Jenna and Sam spot him and head over with a casual 'how's it going?' They're peer workers at Medway Hope – part of Open Road's support and recovery network in partnership with Turning Point – and within minutes they've established that he needs meds as well as somewhere to stay. A quick phone call and he's booked in for a prescription and linked to local services. He seems surprised – and grateful to be in the right place at the right time.

For Jenna and Sam – and their peers at Medway Hope – this is always a good place, and using their Red Card scheme makes it easier for it to be the right time. The scheme represents a hotline to services, meaning they can call a colleague and arrange a fast-track appointment for someone they come across who is ready for help. It opens the door to services and makes it much easier for someone to walk through it.

> The Red Card scheme represents a hotline to services, meaning a fast-track appointment for someone who is ready for help.

The team brandish naloxone kits when they're out and about – a conversation starter as well as a vital harm reduction intervention. They wear their naloxone shirts and are proud to spread the word as Medway naloxone peers. On their route down the high street they stop to talk to two young men who are willing to hear more and engage in answering some questions – 'What are the main causes of an overdose? When are the high-risk times? What are the signs and symptoms of an overdose? What should you not do in an overdose situation...?' The men carry on their way with naloxone kits and the knowledge and confidence to use them, saying they 'learned something very useful'.

But the peers' work is not just about giving out kits. 'I target anybody and everybody that'll listen to me,' says Sam. 'It's about throwing myself in the deep end, saying you might not use drugs yourself but be around someone who does. It's generally well received.'

Stepping through a modest door on the high street offers up a warm welcome at Open Road, with comfy chairs, coffee and cheerful chatter. Art adorns the walls and it's a bright and creative space. Today the Medway Hope naloxone champion steering group has assembled – peers, commissioners and colleagues from the providers, Turning Point and Open Road, who work closely together to offer drug and alcohol services and recovery support. The forum is also regularly attended by representatives from police and the local council, who link with the many services across immigration, community safety, housing and health. George Charlton – consultant, trainer and 'Naloxone Man', who has been supporting the peers – has come down from the North East and all the participants are 'buzzing' to see each other.

As they work through an agenda that covers their progress over the last few months they realise their partnership working is paying off and results are tangible – for clients and for the team members themselves. The growth and development of the peer group is an important part of this story.

From tentative beginnings and with a lot of encouragement and (justified) positive feedback, the peers have gone from strength to strength and grown in confidence. The Open Road PREMIER Award takes pride of place in the reception area and they explain that it's the first time that a project, rather than a service, has won it – all achieved in six months. 'You're leading the way, cutting your own path,' George tells them. 'People are here today because of your interventions.

Everyone seems motivated by the momentum and keen to grow the partnership. Commissioner Claire Hurcum has been a key facilitator, and says she is proud of what the team of five peers have achieved together in six months. 'I can see the growth in all of you. As commissioners we're really pleased – you should be really proud of yourselves,' she tells them. She hoped there would be further expansion of the team's work, and that it would lead to them becoming a peer-led support network. With George's encouragement, the group went on to discuss next steps and aspirations – perhaps they could become a lived

experience recovery organisation (LERO) or develop a community interest company (CIC). The team dynamic felt full of possibilities.

The steering group ran smoothly and it was full of positivity and great feedback. But it's clear that a lot of hard work has happened – at a fast pace – to create this environment, and a determination to share the vision, particularly with so many partners on board. 'We're all just people with a common goal – to move things forward,' said George after the meeting. 'You hear talk of drug users as hidden populations, but they're not – it could be providers who are hidden in buildings. Peers are the first people to see trends.'

The team had built skills around naloxone 'because of the immediacy', but a whole raft of harm reduction initiatives had followed swiftly within six months – training with needle and syringe programmes, sexual health advice and condoms, dry blood spot testing and dealing with drugs litter. 'It's really action orientated... we slice straight though,' he said, adding that much depended on 'the need to get our heads out of bureaucracy and do some straight talking, recognising the strengths of both parties. Then the provider becomes a real asset.'

Svajune Ulinskiene, service manager at Turning Point, agreed that 'we're trying to achieve the same goal' and always sought to be inclusive. Peers were a vital part of understanding the needs of the area, she said and had told them at the meeting, 'the knowledge you bring is amazing'. Doing a care plan meant working with lots of different services, not just substance misuse, to look at what recovery was about for the individual. Assessing and adjusting how services operated involved talking to the peers and then thinking about the evidence.

While Turning Point had always worked with peers, COVID had led them to work in a different way, she said: 'Before, we were risk averse, but we had to change and act quickly. It changed the clinicians' thinking.' They needed to listen, respond and work closely together to make sure help reached those who depended on it.

Jo Payne, volunteer and building recovery coordinator, has worked with Open Road since 2018 and has seen the peer support develop as the partnerships have evolved. The peer projects now reach into all areas of work – outreach, naloxone, sexual health, the hep C clinic, rough sleeper initiatives with the council, the Ladies' Night project with sex workers. With 24 peer mentors, 'it's known as a safe place to be,' she says. Furthermore, 'peer mentor support has become integral to services' and peer mentors regularly work at Turning Point, co-facilitating groups.

> A lot of hard work has happened, and at a fast pace, to create this environment, with a determination to share the vision.

It's also given the capacity to develop partnerships to integrate into communities, she explains, with relapse prevention groups, and diversionary projects such as allotments, art and mindfulness. The walls of their space at Open Road are covered in paintings and a community arts exhibition is being planned for July. 'We're known for the social side here,' she says.

Leaving the building with a group of peers proves the point, as Brian advances on the group, all hugs and smiles. His desperate years of alcohol, fighting and prison are behind him, he says. Through embarking on college courses he was put in touch with Open Road, and his life changed. He found the support he needed, discovered love and happiness, and 'never looked back'. 'It's nice to be on the giving end,' he says, heading into the service to play his part. And so the network keeps growing and flourishing, stronger for the experience of every member. **DDN**

UNFULFILLED POTENTIAL

Third sector organisations could play a vital role in addressing the desperate shortage of training places for addiction psychiatrists, says **Dr David Bremner**

Specialist doctors are essential to the delivery of a safe substance misuse sector, yet the absence of training places risks a whole generation of addiction psychiatrists being lost. As the incoming vice chair of the Royal College of Psychiatrists Addictions Executive, I plan to address that.

The new ten-year drug strategy is clear in its ambition to grow the treatment offer and the important role clinical staff have to play in it. But without the necessary efforts of all, we will lose our ability to provide the specialist psychiatry support our patients need.

With a disparity of funding by Health Education England (HEE) between NHS and third sector providers and the reticence of the NHS to work in partnership to develop solutions, it's a crisis of the sector's making. Particularly when solutions exist.

Across Leicester, Leicestershire and Rutland, Turning Point has successfully set up an addiction psychiatry training post – the only one I'm aware of in the third sector. Through collaboration between HEE, the NHS and us (helped by trainees lobbying for places to be made available), we have put in place a secondment agreement with the trust with whom Turning Point share the costs of employing, contracting and training an ST4-6 grade doctor. The approach is mutually beneficial to Turning Point and the NHS and most importantly, those accessing substance misuse support.

Our experience demonstrates that large third sector organisations can provide high quality training opportunities and should play a bigger role in averting the crisis we face. We cannot do it alone.

LET'S GET TO WORK

New investment means that now is the time to get the sector's workforce in shape for the future, says **Nat Travis**

For a decade now substance misuse services have been largely underfunded and overlooked. This has unfortunately led to many people either being made redundant due to reducing budgets or choosing to leave the sector.

As someone told me recently, what was once the prime destination became a stepping stone – a sector where the squeezing of contracts and a mantra of 'more for less' has meant less opportunity for development and specialism. It's meant that many people have instead moved onto jobs in domestic abuse services, the criminal justice system or mental health provision.

This wasn't always the case. When I graduated I applied for jobs in the substance misuse sector, but without experience I didn't stand a chance. Competition was fierce. Instead, I first worked as a support worker in mental health services to gain experience and then moved across.

Now the new drug strategy is putting focus and money back into the sector in a way we haven't seen in over a decade, and a key part of the strategy is its ambition for the substance misuse workforce. Leaders in the sector have been tasked with strengthening the skills and professionalism of the workforce, improving integration, employment opportunities and treatment outcomes. At Turning Point, we see our staff as our greatest asset, so we welcome this opportunity to refocus, reinvest and re-specialise our workforce.

What was once a prime destination has become a stepping stone – a sector where the squeezing of contracts and a mantra of 'more for less' has meant less opportunity for development and specialism.

If the expectation is for world

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- ***WE NEED** HEE to recognise that it should work with and fund third sector providers as well as NHS providers to establish and maintain training posts.*
- ***WE NEED** commissioning to acknowledge and protect training posts.*
- ***WE NEED** greater recognition from the royal college that posts within the third sector are entirely comparable with those from the NHS.*

I am honoured to have been appointed the new vice chair of the RCPsych Addictions Executive, serving with Dr Emily Finch as chair. One of our priorities is to focus on training and getting it up to speed. The new psychiatry curriculum provides a step forward, ensuring all trainees have at least some exposure to addiction work, but it's not enough.

The third sector is the leading provider of addiction services and has been for over a decade now. HEE and the NHS must utilise the expertise in Turning Point and organisations like it if we're to have a psychiatry workforce fit for the future.

Dr David Bremner is group medical director at Turning Point.

FALLING NUMBERS

Over the last decade, psychiatry training as a whole has been under huge pressure but we have seen a particular reduction in training places for addiction psychiatrists.

Despite a very strong response from students, GP trainees and scholars wanting to gain addiction experience a void remains. This is largely because of:

- *Ever-reducing margins, meaning commissioners aren't protecting training places*
- *The relatively short tenure of service contracts not aligning with the length of time it takes to set up meaningful training*
- *The ongoing reluctance of the training schemes and Health Education England (HEE) to reflect the realities of well-established third sector delivery and support for training.*

class services, we need a world class workforce at every level, including our peer mentors, paid lived-experience roles, recovery workers, managers and clinicians.

I am immensely proud of our workforce – they are passionate, hardworking and make a huge difference to people's lives. The chance to now invest more in them, to develop new roles and to grow our teams is something we've wanted to do for a long time.

When the sector suddenly had an injection of £80m to spend before April 2021, it was a great opportunity to make that investment in our current teams, but difficult to realise that the new and returning workforce we hoped was there, wasn't.

I don't know a single substance misuse organisation that isn't recruiting right now, and we've all had to think about how we make working in substance misuse the destination again.

Over the last few years, we've been developing a framework for qualifications and training to ensure our teams continue to be the best they can be.

We are currently piloting a new recovery worker journey from trainee to worker to advanced practitioner roles, for those who are excellent but not interested in management. This will enable specialisation, renewed focus on interventions, aftercare and early intervention, and recognise expertise and skills in a new way.

For our peer mentors we are continuing to invest in a credible route to volunteering and paid employment. We're learning from the mental health sector where opportunities aren't based on their lived experience but build on it. Meanwhile our clinical leads are looking at ways to develop training and new routes in for clinical staff.

With more than £500m being invested in the sector over the next three years we have everything to play for. This is our time to step up and invest in our services and workforce in the right way, for the long-term.

DISPELLING THE MYTHS

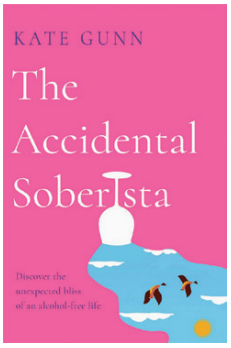
When recruiting we run into many preconceptions. It's important that we put these myths behind us:

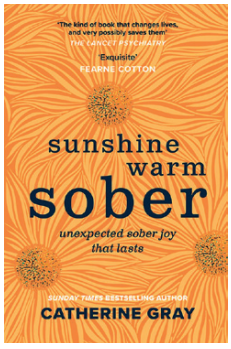
- *The substance misuse sector is respected. It now has the support and investment we deserve and it's allowing us to develop our services and teams in new and exciting ways.*
- *Your values are more important than experience. At Turning Point, we are values-led, so it's important for those thinking about a job in the sector not to be put off because it's your first job or you're changing career. Much of the job can be learned, so it's your approach that is most important to us.*
- *There are progression routes for those who seek them. There are training and promotion opportunities, whether that's specialising in working with certain client groups, types of service or management and leadership roles.*
- *It's not all paperwork. At Turning Point, we know most want to work in the sector for the clients. The new strategy supports a rebalancing of reporting needs and face-to face work. With smaller caseloads comes less administrative work.*

Nat Travis is national head of service – public health and substance misuse at Turning Point

SOBER JOURNEYS

Mark Reid reviews *The Accidental Soberista* by Kate Gunn and *Sunshine Warm Sober* by Catherine Gray





The Accidental Soberista is published by Gill Books; Sunshine Warm Sober is published by Aster.

Gunn and Gray tell us how they moved from sober-curious to heartfelt abstinence. They strongly agree on a central point: you don't have to consider yourself an alcoholic to stop drinking. Some understand alcoholism as leaving you down-and-out through drink, and don't see themselves as that bad. So they just carry on and drink too much anyway. There is an 'us', of drinkers who are still functioning well enough, says Gunn, and a 'them' – 'controlled' by alcohol, with 'ruined' lives.

Both writers believe that it's not character flaws that account for harmful drinking, it's the addictive nature of alcohol and a lack of information about what it does to us. Then there's the din of marketing which insists that, without a drink, we are 'missing life' says Gray.

They want to keep the best of their previous social lives. Four years into sobriety, Gray has dropped only one in five of her old friends. Gunn ticks off her event experiences without alcohol and, 'with sober dancing accomplished, I was ready for anything'. There is great emphasis on personal skills and passions as ways to wellbeing. These individual choices are enjoyed in the long term, so theirs is not a one-day-at-a-time philosophy. Gray tells someone in recovery: 'If you've done five years, you're more than capable of forever; you don't have to gawk at the cliff daily, hourly'.

Sunshine warm (not stone cold) *sober* follows the science, complete with sources. There could be more care here though. Gray says a 2018 study shows self-management (including SMART) is 'as effective' as 12-step AA. But the full source only 'tentatively suggests' this – due to the small number of people studied, and the lack of similar research. And of course those who head for AA are more likely to want to stop, rather than be sober curious. The course of action set out in these books may appeal to people whose recovery was established in AA but want to bring in a less programmed approach. It could be liberating.

Over time', says Gray, the ratio of 'discomfort to comfort, has tipped overwhelmingly, ridiculously, towards comfort'. Now she feels 'safe'. Gunn looks back on her former self as 'scattered'. Now she feels 'calm'. There'd been a niggling thought that there was 'a better version of me available'. And so it has clearly proved.

LET'S TALK ABOUT LEGISLATION

I welcome the views expressed in Nick Goldstein's article, 'We need to talk about attitudes', (*DDN*, March, p20) and I think it represents the thinking needed to take the issue of drugs legislation forward. I will defend anyone's right to challenge hypocrisy whenever it is part of government decision-making, but I suspect that any new-found fervent libertarianism was probably founded on self-serving opinions rather than a desire to come to the aid of the public.

In the same way that Nick calls out those who want to turn policy making into the pick and mix counter of democracy, I think we also have to reflect on the complexity of drug dependency and society's attitudes towards it. I have no doubt that there is a cogent case for redrafting the outdated drug laws, but if the current interest in pandemic-related public health policy teaches us anything, it seems that whilst everyone seems to know one or two good answers, nobody knows them all.

> 'If anyone thinks that making life easier for the police is a valid reason to legislate then we have truly lost the plot...'

If we reflect on how we ended up with an approach that enshrines prohibition, we have to consider that there were probably a lot of self interest groups around that table in Geneva all those years ago – not least the tobacco industry – but there were possibly others more knowledgeable and impartial than us who reluctantly agreed that prohibition was the least-worst option at the time. Of course it was ultimately unenforceable, but if anyone thinks that making life easier for the police is a valid reason to legislate then we have truly lost the plot. Pause for a moment to consider that those responsible for the convention may have seen prohibition merely as a brake on the worst outcomes, rather than a solution.

The issue is about finding a way to give public health primacy without criminalising users and still being able to prosecute those that profit from the trade. Prohibition may not be the answer in the 21st century, but that doesn't determine a path to legalisation either. The instincts of many of these new-found campaigners for civil liberty lie firmly in free market profiteering and somewhere, somebody will be getting rich on the backs of other people's misery.

So I agree with Nick Goldstein – let's hold these charlatans up to inspection. But in doing so let us make them think far more deeply about the subject and avoid the trap represented by big money pouring into the legalisation debate at the moment. They aren't investing in the betterment of society, they are dicing with others' dependency.

Allan Brown (45 years in law enforcement), by email

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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NEW OPPORTUNITIES TO REACH YOUR FULL POTENTIAL

Take the next step on your career journey with Humankind, says director of people **Kathryn Summerfield**

Humankind is one of England's largest drug and alcohol treatment charities, supporting more than 85,000 people each year, and we're looking for new people to join our team.

As our name suggests, people are at the heart of everything we do at Humankind. Whether it be supporting a new mum to stop using drugs, providing housing for a young person who was previously experiencing homelessness, or offering someone the training opportunities they need to secure a job, we are focused on helping people build better futures – and we have the same ethos when it comes to progressing our people.

We employ more than 1,500 people across the country at dozens of different services and in a wide variety of roles, but the one thing they all have in common is the opportunity to learn new skills and grow their career. We are passionate about the development of our team and firmly believe in developing everyone to be the best they can be.

When you join Humankind, your career progression starts from day one with a personalised induction programme and a development plan geared to your individual needs and to help you to thrive in your role. We have an outstanding development offer with career pathways focusing on growing your personal, behavioural and technical skills on the job, as well as opportunities to study for external qualifications and gain experience to help you progress.

One of our new recovery coordinators recently reported back on her first three months working for us and said, 'There's a really good support system and different training available. I'd never done this job before but I've never felt stuck on something, there's always extra support there and you learn a lot while you're working', which was great to hear.

That support system runs throughout our charity, with another employee recently commenting: 'I think Humankind is a great employer with a supportive culture, the managers are visible and are encouraging of all to develop and learn in their roles. I really cannot praise my manager enough for her support over the last year, I have been able to grow in my role with encouragement from management.'

Supporting people to achieve their full potential is what drives us and nurturing that environment for our people has a direct effect on our work to make positive changes in many different communities. As another employee aptly put it, 'I enjoy working for Humankind because the staff genuinely care about the people they work with.'

The health and happiness of our employees is paramount, and our work in this area is validated by an Investors in People (IIP) Gold Award and a Better Health at Work Award (BHAWA).

We offer career pathways that include management and leadership development programmes, or if your ambition is to become the best you can be within your role then we provide continuous learning opportunities to help you develop your expertise and provide a high standard of support to the people who use our services. Across our workforce, we are committed to being a real Living Wage employer, offering competitive pay ranges which give plenty of scope for advancement throughout your Humankind career.

Humankind has grown rapidly over the last two years and, as a result of new government funding, we're looking to recruit many more team members across the country. We are on the lookout for people who share our values and are passionate about helping others and making a difference. It doesn't matter if you don't have experience working in our sector, we believe that extraordinary people can make an extraordinary difference, so if you have the enthusiasm, we can provide the training and development.

We run services such as Forward Leeds, Insight Young People's Service, Barnsley Recovery Steps and Staffordshire Treatment and Recovery Service and have roles across the country including in the North East, North West, Yorkshire, London and the South West.

To find out more or to apply for a role visit www.humankindcharity.org.uk/careers

In addition to strong career development opportunities, we offer a wide range of benefits to all staff including:

- **Generous annual leave allowance that starts at 27 days plus bank holidays and increases to 32 days after a year's service – we also offer an annual leave purchase scheme**
- **A company pension plan with enhanced employer contribution**
- **Flexible and family-friendly policies to support work-life balance**
- **Recognition schemes – gifts and financial incentives to reward our people for making a real difference**
- **Enhanced occupational sick pay**
- **Wellbeing and employee support programmes**
- **A commitment to competitive remuneration**

Roles that we have available include:

- **Recovery coordinators**
- **Children, young people and families workers**
- **Criminal justice coordinators**
- **Nurses and other clinical positions**
- **Individual placement support managers**
- **Corporate services roles in our HR, IT and finance teams**
- **Entry-level volunteering opportunities (for which we hold an Investing in Volunteers Award)**

The time was long overdue for looking at alternatives to a criminal justice-based approach to drugs, heard delegates at the Royal College of GPs and Addiction Professionals online conference

ROUGH JUSTICE

'We'd all much prefer to be wise before the event,' chair of the Independent Advisory Panel on Deaths in Custody (IAPDC), Juliet Lyon, told the *Managing drug and alcohol problems in primary care* conference. When it came to reducing drug-related deaths in custody settings there 'could be a much greater use of harm reduction initiatives, and a much better dissemination of recommendations' following a death – 'to learn what could have been done and apply that'.

Her panel – which advises the Home Office, DHSC and the Ministry of Justice – had recently produced a report concluding that it was vital to take a whole-systems approach to deaths in custody (www.drinkanddrugsnews.com/whole-system-approach-needed-to-tackle-prison-drug-deaths). There needed to be a better database for understanding the extent of the problem, as well as improved court-based liaison and diversion services when it came to sentencing.

While community sentences with treatment requirements had been on the statute book for decades they remained 'spectacularly under-used', she said. There was a problem in terms of both magistrates' confidence around them and availability. Magistrates 'would say these things aren't available in our area or we simply don't have enough information. It's a terrifically wasted opportunity.'

CONTEXT

A letter from a prisoner had pointed out that any attempt to tackle alcohol and drug-related deaths in custody would need to address 'many aspects' of prison life. 'It's the overall context in which people are living, and of course this has been exacerbated massively by COVID. The kind of desperation we've been seeing, the crushing boredom, living 23 hours a day in a six-by-nine cell often shared with a stranger.' It was clear why people would turn to 'any substance' to try to block this out, she said. Unless someone had gone through it they could 'never comprehend' it, the letter had stressed.

'We haven't yet created a safe environment, that's responsive to the often very vulnerable people who live within it,' she said. 'If we focus too narrowly then we'll miss something that's hugely important and we won't reach our aim of reducing the level of deaths in custody.'

MORE THAN TREATMENT

'It's much wider than just a treatment need,' agreed chair of the RCGP's secure environments group, Caroline Watson. 'It's that holistic health, housing and employment need that will stop the cycle of people coming in and out of custody related to their substance misuse.' Short sentences for drug-related acquisitive crime meant there was very little time for meaningful rehabilitation work, and in the prison where she worked prisoners were released into a number of counties, she said. 'Multiple locations, multiple services, short times in prison, a transient population and multiple providers.'

Coordinated communication between services was vital, she stressed. 'We need to build trust and connections not only between people in treatment and providers, but also between the staff of different providers.' Group work had been badly affected by a prison regime that had locked down for far longer than the wider community, and lack of meaningful activity remained a key driver of prison drug use. Pilots of long-acting buprenorphine – either weekly or monthly injections – were helping to give people an opportunity to connect with community services on release and lessening the risk of dropping out.

When it came to reducing demand, many prisons had enhanced airport-like security and trained drug dogs, partly to address the issue of staff bringing in drugs. 'But people are ingenious and prisons are being targeted as institutions where serious money can be made,' said Lyon. 'The x-ray scanners have proved useful but engaging people in something that provides a bit of hope and sense of future is much more important. I think too often people think that because you've got someone detained it's a brilliant treatment opportunity, and it can be. But the

Cemile Bingol / iStock

mistake is when the courts see it as a potential treatment centre.'

This was 'frankly disastrous', she said, given the pressures on the prison service, very low levels of staffing, overcrowding and extension of remand. 'It's the last place one would see as a treatment centre, either for substance misuse or mental health. It's really important that the courts get a sense that there are real options in the community that work very much better for people who are just getting pulled into the criminal justice system.'

PUBLIC HEALTH APPROACH

Although the Scottish Drugs Deaths Taskforce's role was to focus on the recommendations it could make within the current law, said Dr Catriona Matheson, its chair and professor of substance use at the University of Stirling, it was clear that 'we need to move towards a public health approach and away from this crime and punishment angle'. That would 'allow us to treat people with dignity and respect and help them to thrive. We need to talk about changing the culture around the law and asking the fundamental question – why are we criminalising people with complex needs who experience serious disadvantage?'

NO DETERRENT

The arguments for decriminalisation were based on looking at the failings of criminalisation, senior policy analyst at Transform, Steve Rolles, told the conference. 'The concept of the deterrent sits at the heart of UK policy, but criminalisation is not an effective deterrent. The evidence is simply not there.' Criminalisation was, however, actively harmful, with the burden falling most on marginalised and vulnerable communities. It could also increase health harms as people were reluctant to approach treatment or emergency services, and it pushed drug use into higher risk, unhygienic environments.

POLICING FAILURE

'We've issued 3m criminal records since the Misuse of Drugs Act was brought into force in 1971,' said Release executive director, Niamh Eastwood. 'Criminalisation undermines health, creates further harms and contributes to further inequalities.' Those targeted by drug law enforcement were mainly young people, people of colour – particularly black people – and those living on the margins, such as people who were street homeless and didn't have private spaces to use drugs. 'So while drug use is ubiquitous, drug law enforcement is not. This really matters when it comes to policing,' with the vast majority of stop and searches carried out on the street related to drugs – primarily possession offences for personal use.

The stigma linked to criminalisation was also hugely powerful. More than half of people who died a drug-related death in England and Wales hadn't been in contact with treatment services for the last five years, she said. 'You have to ask why. When you are first and foremost seen as a criminal you are less likely to access the treatment services you may need.'

In the past five years, almost 6,500 people in England and Wales had been sent to prison for possession of a controlled drug, with nearly 80 per cent never convicted of drug possession before. When decriminalisation models were done well, with investment in treatment and harm reduction, then 'we can see really positive outcomes. An environment where you don't treat people like criminals means it's much more likely they'll access the support they need.'

DRUG DIVERSION

Drug diversion schemes were now in place in some form across around 12 police authorities in the UK, however, said Rolles. 'It's in the new drug strategy, it's one of the Ds in the government's flagship ADDER scheme, it was recommended in the Carol Black review. The government doesn't particularly like to talk about it, certainly as a form of decriminalisation, but it does seem to be edging towards becoming national policy, and the better schemes can be seen as a form of de facto decriminalisation. The good ones are largely indistinguishable from the experience you'd have if you were caught in possession in Portugal.'

So what were the obstacles to wider change? 'Why are we only limping towards decriminalisation when so many other countries support it?' he said. Simplistic drug war narratives were still persuasive in the public domain and needed to be challenged, and there was also lack of engagement from key professional groups. 'Doctors, GPs, medical professionals have an authority in the public and political debate. Unlike politicians or journalists, they're trusted voices, and when they speak out for change people listen.'

They needed to use their voice to advocate for change, he urged, and while some of the royal colleges supported decriminalisation, other organisations had no public position on it. 'It's just not good enough. If you don't have a position on decriminalisation by default you tacitly support criminalisation of a key vulnerable population.' **DDN**

Community sentences with treatment requirements remain spectacularly under-used.
JULIET LYON

There is a holistic health, housing and employment need.
CAROLINE WATSON

Why are we criminalising people with complex needs?
DR CATRIONA MATHESON

Why are we only limping towards decriminalisation?
STEVE ROLLES

Criminalisation undermines health, creates further harms and contributes to further inequalities.
NIAMH EASTWOOD

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Phoenix's *Making rehab work* report looked at the state of residential treatment provision in England. **Liam Ward** explores the benefits residential can offer to people with experience of the criminal justice system

DOING THEM JUSTICE

The experiences of people involved with substances, crime and the justice system are complicated. Drug offences accounted for 16 per cent of all prison sentences in the UK in 2021, and this figure does not account for the number of violent or acquisitive crimes where substances were involved. There is also growing concern for people exposed to substances during a custodial sentence, with UK government statistics showing that between 2014 and 2019 the proportion of people who developed a drug problem while in custody doubled from 8 per cent to 15 per cent.

At Phoenix Futures our residential treatment services welcome residents directly from prison and many more who have had lived experience of the justice system in their past. To even talk about crime can feed into a stigmatising narrative that some people in society use against our residents, and so some of our current residents were kind enough to share their personal experiences to help us explore these complex issues.

CHELSEA

Chelsea began taking drugs at 15, and by age 19 had received her first prison sentence. The following 20 years she described as a 'revolving door', only staying out of prison for a few months at a time before returning. She spoke of the complicated relationship she had with prison. 'Sometimes it was a relief to go back,' she said. 'Because I couldn't get to rehab, I treated prison like a rehab. I knew I could get drugs in there if I wanted to, but I never chased it. I was actually clean when I was in there, I did well. Whenever I came out, my life was chaos.'

I asked whether prison had helped prepare Chelsea for rehab in any way, but she was keen to emphasise the vast difference between the two settings. 'I thrived on the structure, the routine, the discipline in jail, but in there nothing is expected of you. It's not like being in rehab, where from the moment you wake up you have to think about how you feel and how you act. In jail you have to put up a front and not let your guard down in order to protect yourself.'

KELLY

Kelly had a similar experience, using heroin at 14 and continuing until the day her son was born. Her first prison sentence came at age 17, and a further thirteen periods of imprisonment followed. 'In prison I had walls and defences up. I wouldn't stop and think,' she said. 'In there you're surrounded by people who don't want to change. I wasn't happy in that life, but you end up just accepting it.'

Drug offences accounted for 16 per cent of all prison sentences in the UK in 2021, and this figure does not account for the number of violent or acquisitive crimes where substances were involved.

Many of the behaviours Kelly had adopted in prison were carried into her life after release, and despite her desire to access rehab with her son, it took some time for her to adjust. 'When I first came to rehab, I would kick off straight away if I didn't like the answers from staff, I couldn't keep my mouth shut,' she said. 'But once you've built the trust, it is massive. In here you're encouraged to change and challenge your behaviours, and you don't realise the change until it's done. Without my son I'd still be on the same path, using and going in and out of prison, Time is big, you don't realise it's running out. If I could do it over again, I would have surrounded myself with people who were better for me.'

ANDY

Andy had spent several years in prison prior to coming to rehab. 'By age 40, I'd spent 20 years of my life in prison,' he told me. 'There were times when I got out and I wanted to be back inside. I found the outside world alien and hostile. In prison there was a sense of belonging because people thought like me and had a similar lifestyle.'

Andy explained how his childhood experiences contributed to the intertwining of drugs and prison in his life. 'I lost my mum to a heroin overdose. The year after that I went into the care system,' he said. 'I didn't use drugs up to being 15, but there was a situation where I smoked heroin with an older friend. Addiction set in straight away, then I got my first prison sentence for stealing.'

Andy's life from this point onwards was a repetition of the same cycle of drug use, crime and prison time. 'When I was clean, I felt like I couldn't cope. I had no skills to be a productive member of society. I had no responsibility. Prison was my parent in a way.'

Andy spoke at length about the circumstances that led to his final prison sentence before coming to rehab. He lost someone close to him, and through an ill-fated error of judgement became involved in a murder enquiry after helping an acquaintance avoid the police. 'I went to prison, but I was found not guilty during the trial. Whilst awaiting the trial I started working with a drugs worker in prison. For the first time in my life, I became honest. I would always tell lies, cheat, steal, but something changed within me. When I got to rehab, I was determined. I adhered myself to the programme. I put 100 per cent in. I wasn't going back to that life. I couldn't say I wanted my life back. I never had a life. I wanted to start again.'

As our conversations drew to a close, I asked what next for the three of them. 'I just want to be a mum to my little boy. I want to do the school run, take him to his hobbies, enjoy life,' said Chelsea. 'I hate the word normal, but I want a bit of normality. I want to be a mummy.'

Kelly too echoed that same word. 'I want a normal life. Go on holidays, make a business, hold my head up high as I walk down the street. I feel free. '

'I always say I'm one of the lucky ones. I really mean that,' said Andy. 'Now I have goals, I have aspirations, a belief system, integrity, morals.

'I look at my story and what I've been through emotionally, mentally and physically and my goals now are to help people who suffer with addiction,' he said. 'I want to have a beautiful family, earn my own money. I want to use my experience, my story to help people.'

Liam Ward is residential marketing and engagement manager at Phoenix Futures

CLERO

PEER POWER

Lived experience can help us change the narrative on stigma, says **Sarah Vaile**

Over the years we've had countless conversations about the stigma faced by people who use or experience problems with substances. The same extends to their families. It's as if we all know it, detest it, want to change it – but it's felt to be too big, too ingrained, too embedded. We're busy on the ground, we're small, we're 'just' one organisation, 'just' one person. Or, for myself, it's something greater minds than my own should be doing something about!

Why is it important? Social, institutional, self-stigma or the fear of stigma embed the shame and guilt many of us feel. It prevents us from seeking support, prevents families getting help early enough, it contributes to problems escalating, trauma going unhealed, it means people keep their recovery quiet... and so the cycle continues. We're not junkies, we're people. The language needs to change.

Having been involved in the start of the recovery movement in the UK over a decade ago, the September recovery month walks felt like the start of something. Since then, there have been amazing efforts from all the home nations. We've kept stigma on the agenda. But at the same time, it's also felt like those 'countless conversations' have continued. Our members and their families tell us stigma is still real, damaging and unjust.

However, change is once again on the breeze. It feels like 2022 is the year of challenging stigma. Campaigns by lived experience recovery organisations (LEROs) like Recovery Cymru (shameless plug there!), CLERO, Addiction Providers Alliance, Adfam, Alcohol Change UK, Collective Voice, Welsh Coalition on Stigma (and many others I'm sure) are raising the agenda.

Why will this time be different? Because people with lived, living and familial experience can drive it. 'Done with, not to'. The role of peer programmes and LEROs are increasingly recognised across the UK. 'You can't build a community around a service, you build a service for the community'. We, as a collective and as individuals are starting to recognise our strengths, citizenship and worth. 'Addiction is born in shame and at the heart of it, recovery is a diversity issue.'

We are more than our problems and our stories have power. I don't have rose tinted glasses – there's work to be done for parity, respect, funding, appropriate quality standards and longevity – but we're on the right road.

So, whether you're an individual, family member, provider, LERO or commissioner, let's work together to make sure this isn't just a hot topic for 2022 but the start of long-lasting change. Let's bring lived experience out of the shadows and change the narrative around substance use. It starts with us... we have to believe it.

We'd love to hear what you're up to: info@recoverycymru.org.uk.

Sarah Vaile is founder and director of Recovery Cymru, writing as a member of the College of Lived Experience Recovery Organisations (CLERO). All quotes are from CLERO members.

HIGH IMPACT

Critics of diamorphine-assisted treatment were missing the point, Daniel Ahmed told the Royal College of GPs and Addiction Professionals' online conferences

'One of the questions I often get asked is why Middlesbrough, and why now?' said Daniel Ahmed,clinical partner at specialist GP practice Foundations and who runs England's only diamorphine treatment programme in Middlesbrough (*DDN*, December 2020/January 2021, page 4). 'We've got a perfect storm.' Not only was Middlesbrough the most deprived local authority in England, it also had the country's highest number of heroin users per head of population and high rates of drug-related deaths.

The average age of patients at Foundations was 38, he said, 'so a relatively young group of people. But their prevalence of significant health conditions is staggeringly increased compared to the national average. We're looking at medieval levels of life expectancy within this patient population, which is why we need to be exploring all the available treatment options to support the complex needs of this group.'

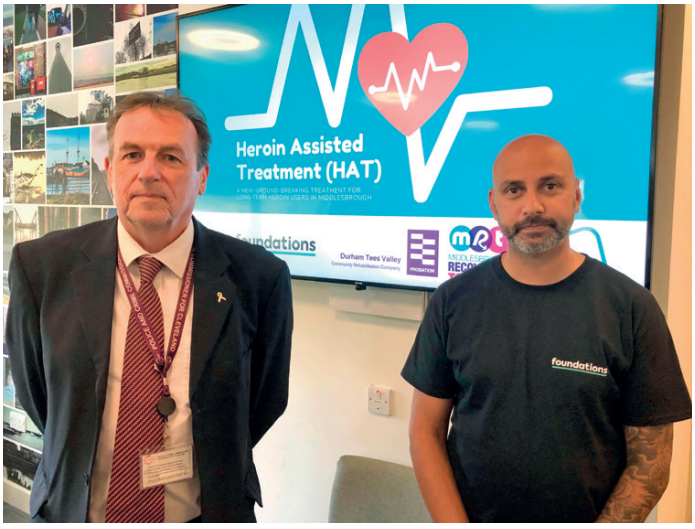
In preparation for the diamorphine-assisted treatment programme, he and his colleagues had looked at around 20 people who had been 'caught in a cycle of failure to benefit from treatment', sometimes for decades. Managing the group through the criminal justice system alone cost around £2m, he said – a cost that 'wasn't improving the outcomes of anyone involved'.

All of this meant there was an argument for addressing their needs in a different way, and there was strong evidence that supervised diamorphine as a second-line medication for people failing to benefit from treatment was highly effective. The principle was the same as in any other area of medicine, he said. 'If you're treating someone with an antibiotic and it fails to benefit, you might change it for one that's a bit stronger and more targeted.'

The team began a programme of engagement with the public and media to share the evidence and explain why the intervention was needed. 'It was relatively successful, although the *Daily Mail* approached a number of our neighbours and suggested we were giving away free heroin.' In fact, a key early mistake had been use of the word 'heroin', he said. 'It has connotations for the public, other professionals and patients, so we've moved to "diamorphine-assisted treatment".'

Funding was initially secured to treat 20 people, with the programme going live in October 2019. People turn up twice a day, seven days a week, requiring a huge level of commitment, he said, and the service was currently funded for ten people. 'Their drug use is stable, and their treatment concordance is excellent.' However, the clinic was still in discussions around what level of funding it would receive to continue the work. 'This is where we're coming across some interesting attitudes in senior public health figures. I think there are some really ingrained negative perceptions about the programme, and the argument that all treatment interventions need to be targeted at a large population.'

The programme was under constant independent evaluation, he said, 'and we have no problem with that because it just adds to the body of evidence.' Research by Teesside University found that some people were stabilising more quickly than expected and soon asking to be moved from two to one dose a day, with some successfully finishing treatment. 'They're completely drug-free and looking at being an ambassador for the wider treatment system.'



Daniel Ahmed (right) and the Cleveland police and crime commissioner Barry Coppinger launched the UK's first heroin assisted treatment pilot in Middleborough, in 2019. Credit: PA Images.

Chrisp543 | Dreamstime.com

> 'We're looking at medieval levels of life expectancy within this patient population, which is why we need to be exploring all the available treatment options to support the complex needs of this group.'
> DANIEL AHMED

There had been no drug-related deaths among anyone engaged in the programme, with the majority now abstinent from street heroin. 'Some individuals may slip up, but in terms of their overall level of heroin use it's a dramatic reduction, and there's been significant reduction in harm.' People who had been regularly visiting hospital for wounds and infections were no longer attending, and clients had reduced their overall consumption of other substances. There was also 100 per cent engagement in non-mandatory psychosocial interventions by month ten.

'There's been a dramatic improvement in physical and psychological health, and a real increase in everybody's social stability,' he said. People who were street homeless had managed to get into secure housing, with those in supported accommodation able to move to independent living. There was also a 60 per cent reduction in both criminal behaviour and its severity, he said. 'But we're pushing for research into savings to the wider economy because we think they're far greater.'

In terms of other areas launching similar programmes, 'I think the appetite is there,' he said. 'I know services that want to get involved.' There was resistance, however, mainly from the public health argument that only a small number of people were impacted. 'But that forgets that by targeting a particular group it's been shown to be cost-effective. I think it's about us as a sector shouting that this is an evidence-based intervention. We're talking about world-class treatment, so why haven't we got this available for anybody who needs it?' **DDN**

A DELICATE **BALANCE**

While the will to offer diamorphine is there, a crisis in supply makes for difficult choices says **Dr David Bremner**

The diamorphine shortage is not a conspiracy but a very real concern, with patients increasingly unable to get their prescriptions filled as and when they are needed.

Despite what some advocates, pharmacies, manufacturers and distributors might say about supposed stock levels, prescribing processes dictate that promises of plenty do not always result in medication in hand. And when prescriptions can't be filled, patients face undue risks, something my team and I always aim to avoid.

As an organisation, Turning Point are quick to use depot buprenorphine injections – cost does not dictate. The limited numbers of people on diamorphine is not a significant cost burden to my organisation, which has never challenged me or my formulary for including it. But supply is unreliable.

It is hard to swap out diamorphine in an emergency and therefore getting harder and harder to justify prescribing it. As many of the recipients tell me, not having prescribed diamorphine is a strong push back to ever more toxic street heroin.

Supply disruption is well documented – medicines supply notifications, supply disruption permanent actions, clear legislation around use of split dosing and finally, the cessation of production of 500mg ampoules. There are few 5mg and 10mg ampoules, over utilised 30mg and 100mg ampoules and no more 500mg ampoules.

Advice to swap to something more readily available has been met with 'I will take my chances' from most recipients, but what are we letting people take their chances with?

The second shortage of 2021 was sudden, hours before a bank holiday, making re-titration onto alternatives tricky and slow. Some swapped medications, getting a generic methadone conversion that holidays and pharmacy opening hours permitted, some went without. Travel plans and family occasions were impacted. We managed but this should have been done electively and in a planned way.

What is the clinician's role in this? Should we keep prescribing a drug that faces multiple shortages a year when the emergency provision for an alternative has proven to be so inadequate and the consequences, as foretold by the patient, are threatened to be fatal? Or do we not allow people to 'take their chances' and undergo a safer elective swap in medication while trampling on patient choice?

This is our sometime rock and hard place, the constant balance of patient safety and patient choice.

Dr David Bremner is group medical director at Turning Point

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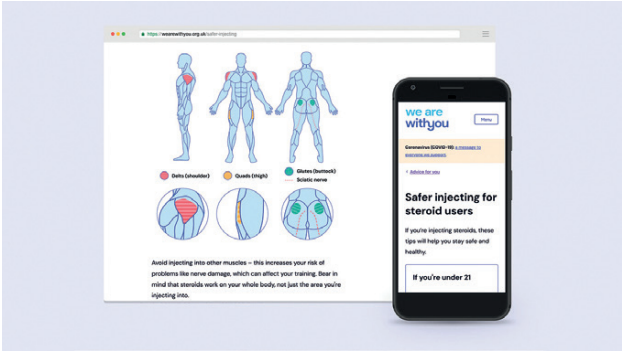

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