

DDN

Drink and Drugs News

June 2022

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HOME TRUTHS

Homelessness is far from a single issue

SPEAKING OUT

Dan Carden MP on stigma and recovery

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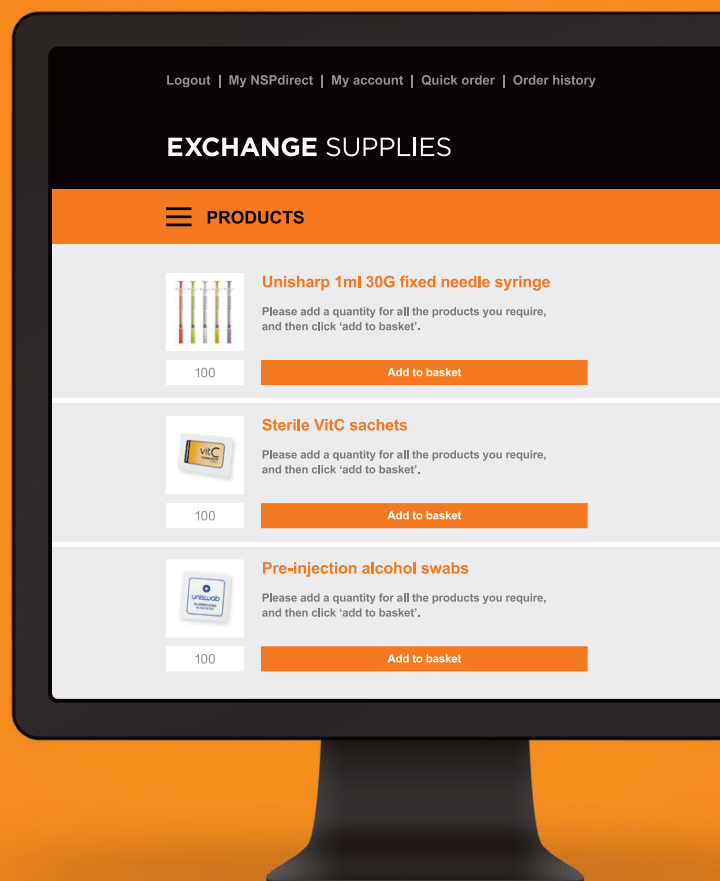
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DDN

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Profile:
Dan Carden MP

Home and dry

Is AA simply a marketing strategy?



STAYING STRONG IN PARTNERSHIP



'Volunteering at the farm addresses isolation and boredom, causes of relapse'

Peer mentors at SIG Pathways in our **Partner Updates** at www.drinkanddrugsnews.com

'It turned a difficult time into something meaningful'

'The role helped me build my self-esteem back up and I felt like I had some purpose again... It turned a very difficult time in my life into something meaningful.' In our cover story to mark Volunteers' Week (p6), contributors speak volumes about the value of being welcomed into the workplace and supported to gain new skills and career goals.

Our other main focus is housing, because as Claire McCreanor points out (p18), 'the correlation between insecure housing and substance use is sadly as strong as ever.' We look at how physical and mental health problems, adverse childhood experiences and many other complex issues feed the cycle of homelessness, leaving people to feel they are 'constantly at the wrong door' (p14).

Another key component is challenging the stigma that can so often prevent people from asking for – or even accepting – help. So we were really pleased that Dan Carden MP talked openly to us about his own 'incredibly isolating' experience of addiction (p10), which has led him to become passionate about the power of recovery communities and 'dedicated to championing visible recovery'.

You can hear Dan speak at the **DDN Conference** on 23 June – look forward to seeing you (in person) in Birmingham!

Claire Brown, editor

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



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FUTURES

CRANSTOWN
Empowering People, Empowering Change

forward

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RED ROSE
RECOVERY

Change
Grow
Live

WDP

humankind
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withyou

delphi
a calloo group service

acorn
a calloo group service

TURNING
POINT
inspired by possibility

Social
Interest
Group

Addiction
Professionals
EAST SUSSEX TRUST

ALCOHOL
FINDINGS

Release
Drug, The Law & Human Rights

DrugWise

Adfam
Families, drugs and alcohol

Choices
Rehabs
The Group in Recovery

INTNSA

ALCOHOL
CHANGE

New sanctions for drug offences on the way, says Malthouse

The government has reignited the controversy around punishments for 'middle class cocaine users' with the announcement that a forthcoming white paper will set out tough new sanctions for drugs offences. Writing in the *Telegraph*, crime and policing minister Kit Malthouse said that these would make sure 'drug users face clear, certain, swift and escalating consequences'. There would be new punishments 'for so-called "recreational" users who continue to flout the law', which would become 'increasingly painful', he wrote.

Although the launch of last year's drug strategy was accompanied by media coverage of 'cracking down on middle class drug use', many in the sector separated the politically driven need to placate parts of the press with the content of the document itself (*DDN*, February, page 8). Malthouse's announcement, however, once

again raises the prospect of people having their passports or driving licences removed, policies which many believe to be unworkable. The *Telegraph* article was also accompanied by an announcement that football fans caught with cocaine or other class A drugs at matches will now face five-year banning orders.

'We clearly have to act,' Malthouse wrote. 'Getting to grips with our nation's drug problem is a key priority for me, the prime minister and the government as a whole, and in December we published a ten-year plan to do just that. But we cannot hope to bring about the complete shift we are looking for without taking action to address so-called "middle class",



or "recreational", drug use. We cannot seriously reduce demand if we do not send a message loud and clear that people who choose to take drugs on a "casual" or "non-addicted" basis will face tough and meaningful consequences for their

'Drug users [will] face clear, certain, swift and escalating consequences'
KIT MALTHOUSE

part in the misery, violence and degradation that drugs bring.' The government intended to reduce levels of drug use over the next ten years to a 'historic 30-year low', he added. Malthouse, who heads the government's Joint Combating Drugs Unit, also told the *Independent* that he strongly opposed London mayor Sadiq Khan's recent announcement of a London Drugs Commission to look at cannabis legislation. California's legalisation of recreational use of the drug was 'widely acknowledged to be a disaster', he said.

First Home Office-licensed drug checking service launches

THE COUNTRY'S FIRST REGULAR DRUG CHECKING SERVICE to be licensed by the Home Office has opened in Bristol, provided by The Loop.

The new service will combine testing with 'personalised health advice', says the organisation, and will be delivered in partnership with Bristol City Council – who are funding the scheme – alongside Bristol Drugs Project (BDP) and local community body the People's Republic of Stokes Croft (PRSC).

The free, confidential service will be operated by The Loop's team of chemists and healthcare professionals, and is designed to build a comprehensive picture of local drug

markets as well as reducing the risks around drug use.

Last summer, one person died and 20 were hospitalised in Bristol during a single weekend as the result of a 'rogue batch' of 'Tesla'-branded ecstasy pills.

Following its launch the service will operate once a month as well as during events such as Pride or local music festivals, The Loop states. As well as providing factual, scientific, evidence-based information about drugs in circulation, the service will 'empower people to make safer, informed decisions and access drug treatment and further support', said Bristol City Council's cabinet lead for public health, Ellie King.

UK's drug prevention activity 'ineffective'

DESPITE 'REASONABLY GOOD EVIDENCE OF WHAT WORKS', the UK lacks a functioning drug prevention system, according to an ACMD report – with workforce competency 'a key failing'.

The *Drug misuse prevention review* was commissioned in the wake of the new drug strategy to look at the best ways of preventing drug use and dependency among vulnerable groups.

There is no 'silver bullet' to address vulnerability to drug use, the document states. However, the ACMD's 'strong advice' is that ineffective, fear-based campaigns – the so-called 'scared straight' approach – should not be pursued, with funding better used elsewhere. The UK should aim for a strategy where prevention is integrated across policy in a 'whole-system' approach, it says, which will require investment in workforce training. A sole focus on 'vulnerable groups' limits the reach of prevention activities and can be counter-productive, the review concludes, potentially contributing to further stigmatisation and discrimination.

Document at <https://www.gov.uk/government/publications/drug-misuse-prevention-review>

US death records show drug fatalities up by 15 per cent

The number of fatalities in America's ongoing drug-death crisis increased by 15 per cent in 2021, according to provisional figures from the Centers for Disease Control and Prevention (CDC). Last year saw 107,622 deaths, bringing the overall total since the turn of the millennium to more than 1m.

The provisional figures are based on available death records and are subject to change as they 'may not include all deaths that occurred during a given time period', says CDC. However, while the number is significantly higher than 2020's already record 93,655 deaths, the increase was half that of the 30 per cent jump between 2019 and 2020.

Almost 81,000 of 2021's deaths involved opioids, compared to just over 70,000 in 2020. There were more than 71,000 deaths involving fentanyl, as well as almost 33,000 involving methamphetamine and just over 24,500 involving cocaine – all up on the previous year – with overdose deaths increasing in every US state except Hawaii. The Biden

administration recently launched its first drug strategy, with a marked shift towards harm reduction policies in an attempt to tackle the country's 'overdose epidemic' (DDN, May, page 5).

'Once again, we are devastated by these numbers,' said Jules Netherland of the Drug Policy Alliance NGO. 'And sadly, we know the numbers will only continue to climb unless our policymakers actually do what is necessary to curb them. The United States has spent over 50 years and well over a trillion dollars on criminalisation – and this is where it has gotten us. We are grateful that the Biden administration has embraced harm reduction as part of their *National drug control strategy*, but we need to see that commitment met with Congressional funding and a massive scaling up of these health services. While it may not always be politically convenient, it's time to be guided by the evidence about what works. Overdose deaths are avoidable and a policy failure – it's time we stop recycling the same



'It's time to be guided by the evidence about what works.'

JULES NETHERLAND

policies that got us here and take the actions that are necessary to save lives.'

Provisional drug overdose death counts at www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Better overdose training needed for emergency call handlers

EMERGENCY CALL HANDLERS need better training around dealing with overdose situations, according to a Scottish Drugs Forum (SDF) report. Some call handlers have been giving advice that conflicts with that provided in naloxone training, says *Providing emergency help to someone having an overdose: your experiences*. The document is based on survey responses from 285 people who have provided emergency help to someone having an overdose, including family members, healthcare professionals, support workers, emergency service staff and members of the public.

The responses also illustrate the need for wider availability

of naloxone, says SDF, and for more people to be trained in its use. Around three-quarters of respondents had completed a training course on overdose signs and symptoms and how to use naloxone, with a 'fairly even' split between those who had been trained within the last year and those who had been trained more than a year ago. People who have intervened in an overdose situation should also be provided with support, it adds, as this can often be traumatic – particularly where family members are involved.

Meanwhile, the percentage of people assessed for drug treatment in Scotland who report that they

are currently injecting is now 9 per cent, according to the latest Public Health Scotland figures – down from almost 30 per cent in 2006-07. The figures, which are taken from the 2020-21 Scottish Drug Misuse Database statistics, also show that the number of initial assessments for specialist drug treatment fell to 7,938 from almost 11,000 the previous year, partly as a result of the impact of COVID 19 on service provision.

Emergency help document at www.sdf.org.uk; Scottish Drug Misuse Database: Overview of initial assessments for specialist drug treatment 2020/21 at <https://publichealthscotland.scot/>

Local News



FRONTLINE FUNDING

Humankind's Project Reset scheme, which helps soldiers in North Yorkshire struggling with drug, alcohol and gambling issues, has received British Army funding to continue its work for another year. 'The need across the military community has always been there,' said project manager Craig Bosomworth, with 'great potential to expand this blueprint much further'.

VILLAGE PEOPLE

Change Grow Live's Wirral Ways to Recovery Village is the subject of a two-part documentary by the BBC. The programme represented a 'great opportunity for us to shine a light on the work that is being done in Birkenhead, and the positive impact the town's recovery village partnership is having on service users', said service manager Andrew Cass. www.bbc.co.uk/iplayer/episode/p0c82r0v/addiction-addiction-the-road-to-recovery

BACK FROM THE BRINK

The UK's first dry bar, Liverpool's The Brink, has been reopened by the Forward Trust two years after having to close in the wake of the pandemic. 'COVID-19 presented many challenges for us, like so many others, so we want to celebrate the achievements of people who have overcome addiction,' said general manager Lucy McLachlan, 'and provide them with a safe space to receive support.'

SIGNING UP

Volunteers' Week, from 1 to 7 June, is a chance 'to recognise the fantastic contribution volunteers make to our communities', say the organisers. We hear what volunteering has meant to those working with some of the sector's leading organisations



'Do it! If it's an area you're considering working in, or something you care about, then it's a great space to be able to make a difference.'

role. 'The main thing I gained was getting to know the young people, having that opportunity to be there for them, knowing the service was a place where I felt comfortable, and learning about how Humankind works as a company,' says Tiggy.

When a job vacancy in the service became available, Tiggy's supervisor encouraged them to apply, but they passed on it as they didn't feel they had the confidence, knowledge, and skills for the role. Fortunately, Tiggy's supervisor kept encouraging them, and when a role came up a few months later, they got it. While it has been a big step up, they feel supported, saying: 'Everyone's got each other's backs and if there's ever anything I'm unsure about, I know I've got more than one person I can call upon.'

Tiggy still loves facilitating one-to-one sessions, peer support groups, days out and activities with the young people they support. This is when the job is most rewarding: 'Any time a young person mentions they've thought about something I've said and applied it, that they're feeling better or less alone, it's

JUST DO IT

– Tiggy

After leaving their job in hospitality due to the pandemic, Tiggy decided to volunteer with Humankind after an online employability quiz suggested they'd be suited to a career in a caring role.

Tiggy contacted Humankind's LGBT+ support service – a cause close to their heart – and landed a volunteer role facilitating peer support groups for young people and leading on student outreach for the service. Having previously worked in the hospitality industry, Tiggy had lots of soft skills like being able to communicate well with a wide range of people, and they were able to apply these in their volunteer



wonderful. It's amazing to have a direct impact that's so visible.'

Tiggy's advice to anyone thinking about volunteering? 'Do it! If it's an area you're considering working in, or something you care about, then it's a great space to be able to make a difference.'

GRAB THE OPPORTUNITY

– Anthony

After more than a decade of working hard and playing hard in my spare time, my lifestyle finally caught up with me. I burnt out in spectacular fashion, descending into addiction, and losing my job and my home in the process. Life became a matter of survival until I engaged with WDP, and was helped to gradually rebuild from the ground up. I was encouraged to attend training to become a peer mentor by my keyworker, and when the opportunity came up to help welcome new service users in the induction group I took it – even though I wasn't sure sharing my experience of recovery would be relevant to anyone else. However the positive response I got from the group members hearing from someone who had been in their position and had managed to turn things around made me realise I could have an impact.

The role helped me build my self-esteem back up and I felt like I had some purpose again. With the confidence that brought me, I decided to go back to studying and enrolled on a counselling course.

Over the three years I've been at college I've continued to volunteer at WDP in various roles, and I recently did some great experiential training with other volunteers that gave me a boost in my skills.

'I'd never have believed it if someone had told me that one day I'd be in front of a class teaching, but here I am.'

Finally, impossibly, I've come full circle and am helping train a brilliant new group of peer mentors. I'd never have believed it if someone had told me that one day I'd be in front of a class teaching, but here I am. If you're someone who's considering taking up a volunteering role, my advice is to grab the opportunity. The experience that I've had at WDP has been encouragement to challenge myself in a supportive environment. It has allowed me to build skills that have opened up options for me to get back into work and turned what was a very difficult time in my life into something meaningful.

ALL-ROUND SUPPORT

– Matteo

I've been volunteering at WDP since October 2020, starting out as a volunteer recovery practitioner. I used to work in the fashion industry, but I made the decision to change careers because I wanted to make a difference to people's lives. I feel that I can make use of what I have learnt from my own recovery journey to help others facing similar difficulties with substance misuse. Having studied psychology at the University of East London, I also wanted to

apply my psychology background to my volunteering and work.

The best thing for me about volunteering [at WDP] is the wide range of professional training that's available. I've had the opportunity to learn

A VALUABLE INVESTMENT

Change Grow Live on being awarded the UK quality standard for organisations working with volunteers

We've been awarded the Investing in Volunteers standard, which shows the value we place on volunteering. However, it's also a celebration of the volunteer experience at Change Grow Live.

'We have a strong history of volunteers who make an enormous contribution to our services and the lives of those that use our service around the UK,' says Chris Benfield, our head of volunteering and accredited learning.

'Achieving Investing in Volunteers is a ringing endorsement of the efforts of staff across Change Grow Live in making it a safe and rewarding place to volunteer. The report has also identified several areas of outstanding practice. I couldn't be happier.'

This is the first time that our approach to volunteering has been externally assessed, and it showed excellence in all areas of our work. More than 50 volunteers and 16 staff from across 20 services – including our chief executive officer, Mark Moody – took part in the assessment, with a further 145 volunteers participating in a related survey.

Here's a short selection of the insights shared by our volunteers in the assessment:

'Volunteering has brought me on in my life and growth so much. I can't thank everyone enough. The growth we've been given and the support to go for employment within Change Grow Live has been amazing.'

'Volunteering is inclusive – there are no restrictions. Equality and diversity is definitely there. You meet people from all walks of life and different types of volunteers.'

'They look for things that will suit you. You're not just asked to do things – they put you in places where you will thrive.'

'The support is absolutely amazing. There are regular check-ins and they are very accommodating. There are regular one-to-ones. I'm blown away by the support.'





and develop by shadowing some very knowledgeable mentors and by attending many courses. I was also able to gain valuable experience working with services users by co-facilitating health trainings and non-dependent groups.

As well as helping service users with their drug and alcohol issues, I've also been able to help them with other areas of their life. Some of our service users don't have access to the internet and they struggle to fill in online forms, which can make it difficult for them to access essential services like benefits and housing support. I've helped people access benefits and food vouchers by supporting them with form filling and contacting agencies. My volunteering experience has also helped in my own personal life as I've developed transferable life skills such as boundary setting, SMART goals, and office etiquette.

Volunteering has boosted my self-confidence and sense of achievement, and has helped me achieve my career goal to work in the drug and alcohol field. I will soon be starting a full-time paid position at WDP as a navigator practitioner. Don't be afraid to try new things – volunteering is a life-changing experience.

MAKING THE CONNECTION

– Dan

I was in treatment at Derbyshire Recovery Partnership when my key worker first introduced me to Recovery through Nature (RtN), run by Phoenix Futures. I connected with the programme

straight away – I thought it was a brilliant opportunity not only to connect with nature but also to people with similar experiences as me in a safe environment. After two years of being on the programme, I finished treatment and became a volunteer. This was just as the country went into the first lockdown, but fortunately I was able to keep volunteering as the gardens still needed to be maintained. I'm not sure what I would have done without RtN at this time.

'I wanted to give something back and volunteering has been a great way for me to do this.'

I had to leave my job when I came into treatment. It was so linked to my using that I didn't feel I could go back into that same kind of environment, but volunteering has opened up opportunities for me to get back into employment. Soon I will be starting to do some paid sessional work for Phoenix.

As a volunteer it's really important that you can talk to and connect with a wide range of people. I think that's definitely one skill I've developed, and having lived experience helps with that. I just wanted to help people, like people helped me. I wanted to give something back and volunteering has been a great way for me to do this.

Some names have been changed at volunteers' request

BUDDYING UP

Cranstoun's new overdose prevention app is looking for volunteers, says project lead **Peter Krykant**

At Cranstoun, we're always looking for new ways to support people who use drugs and bringing innovations from across the globe to improve what we can offer to communities in the UK and Ireland. We've been thinking for some time about what we can do more of to support some of the people at higher risk of drug-related harm, especially those who use drugs alone and are maybe at higher risk of overdose.

That's why we've developed BuddyUp – a new app which will work across the country, no matter who the local drug and alcohol support provider is. We're going to be launching imminently and we're currently on the search for volunteers. It's a simple premise – people can download the app and have access to a Cranstoun volunteer at the other end of a free phone line. That volunteer would be able to activate an emergency plan that they had setup with the app user so that they could access physical support.

This could be accessing their location to send help from an emergency contact, which could be a friend, family member or the ambulance service – it's always on their terms. The app user can work with our volunteers to easily set up their own emergency plan which can be triggered should they become unresponsive. A similar app was developed by the Brave Co-op in Canada, who we've been working closely with in producing our new piece of technology.

We're well underway in looking for volunteers to be supporters and life savers by being on standby to help prevent overdose and potentially death. Initially we're looking for volunteers based on four hours spent logged into the app per week, with full training, equipment and aftercare offered. This would be a really great opportunity for anybody wanting to play a part in saving lives and preventing drug-related deaths. We also anticipate it would stand our volunteers in good stead for careers in our sector and others.

More on the BuddyUp app at cranstoun.org/buddyup



'Initially we're looking for volunteers based on four hours spent logged into the app per week, with full training, equipment and aftercare offered.'



**Change
Grow
Live**

Chemsex

What is it and how can you support those who engage with it? Our new resources can help.

Supporting someone who is using chemsex drugs should begin with an open, honest conversation. That's why we've recently updated the information on our website for people who engage with it, as well as those who may be new to the subject of chemsex.

Our new pages cover what chemsex is, harm reduction advice about the drugs usually involved, and information specifically for professionals.

Visit **changegrowlive.org/chemsexinfo** for more information, support, and advice on how to stay safe.



Last year, Dan Carden MP took the brave step of discussing his struggles with alcohol in a House of Commons speech. Since then, as he tells **DDN**, he's become a passionate campaigner for better alcohol treatment, an end to stigma and the power of recovery communities

VISIBLE RECOVERY

I hope my openness today can help challenge the stigma that stops so many people asking for help,' Dan Carden told the Commons in an emotional and widely shared speech in July 2021. 'Nothing would mean more to me than turning the pain I've been through, that I've put my family and loved ones through, into meaningful change.'

'I'm amazed, really, by the response I've had,' the MP for Liverpool, Walton tells *DDN*. 'I still get emails every week from people who've just seen it, or the speech has been shared in their AA WhatsApp groups or other recovery places. The number of people who've reached out and told me their stories and what they've been through has been wonderful.'

His alcohol use had been the result of 'desperate isolation' and 'shutting down' his personal life, he said in the Pride Month speech, as he had not come out as gay until he was in his 20s. He later stated that suppressing who he was had left a trauma, and he's learned from being in recovery that 'you've got to do the work to uncover what it is that's driving these behaviours', he says now.

PERSISTENT STIGMA

'I think everyone accepts that there's stigma around addiction, and it took me a long time to decide to speak about it in the way I did,' he says – he was already in his third year of recovery when he made the speech. 'I wasn't really expecting to do it but I saw a debate come up on Pride and I thought, "if there's ever going

to be a time to do it, this is the speech I want to do it in".'

He'd long been aware of the impact alcohol was having on him, and had been giving up drinking for 'a couple of months at a time, really out of necessity,' before entering treatment. 'I knew the damage it was doing to my body, my brain, my relationships – you might give up booze for a month or two, but you're not actually treating the addiction.'

FIRST STEPS

His first real attempt at seeking help came after a 'particularly bad episode', when his brother took him to an AA meeting in London. As an MP, that must have been a very stressful experience? 'I'll tell anyone about AA and recovery and all the rest of it these days, but going to that first meeting was terrifying,' he says. 'I've met so many people who are regular AA attendees since, and everyone goes through that fear – you can be from any profession or community, people are so fearful of the stigma. Because we don't treat it as an illness, we treat it as a character flaw.'

It was that fear of walking into an AA meeting in the community as an MP – along with working in an institution famous for its drinking culture – that's led him and some colleagues to set up a weekly Parliamentary estate AA meeting as a 'safe space' for anyone struggling with alcohol. 'I understand that AA isn't everyone, but this is the first step towards achieving a long-term goal – that anyone who works on the Parliamentary estate who needs support, has it', he says.

TREATMENT VACUUM

He's described the 'vacuum' of treatment when it comes to alcohol, and believes it remains the poor relation compared to drugs. While drug deaths are at an all-time high, they're also accompanied by record increases in alcohol deaths (www.drinkanddrugsnews.com/alcohol-specific-deaths-up-almost-20-per-cent). 'But you've got action being taken on drugs, the Dame Carol Black review, the additional funding, all of which I absolutely welcome,' he says. 'You've also got the gambling review and new legislation coming forward on that, and more action being taken on smoking. And *nothing* on alcohol.'

The new drug strategy, of course, was shaped by the recommendations of the *Independent review of drugs*. This is why he'd 'love to see a full Dame Carol Black-style independent review on alcohol', to inform the long-awaited alcohol strategy that will one day replace the decade-old current version.

'Because you've got to look at everything from the industry to advertising to recovery and treatment,' he states. And, of course, it's such a part of our culture. I don't want to stop people drinking, but I think we have to be honest about the very powerful role that the alcohol industry plays – that's something that hasn't really been looked at.'

MINIMUM UNIT PRICING

He's previously tabled an amendment to the Health and Social Care Bill calling for minimum unit pricing to be implemented in England because 'it's crazy that we're being left behind on this',

'We cannot simply arrest our way out of the country's addiction crisis, we cannot punish the already marginalised into recovery, and we cannot end the pointless cycle of harm without evidence-based policy.'

he says. 'We know that the most harmful alcohol products are often the cheapest, and we know that alcohol does the most damage in the most deprived communities. There isn't one thing that can be done to solve this problem, but I think proper pricing, and taxation, is a first step.'

One obstacle to reform, alongside the industry's lobbying power, has been the way MUP is often misrepresented in sections of the media, and he's been energetic in his efforts to put the record straight. 'I receive a lot of correspondence from constituents concerned about the impact taxation and minimum pricing will have on the hospitality industry, and I use that as an opportunity to write back and explain that it's



'Addiction is incredibly isolating, and one of the best ways to deal with that is to provide a community to someone who's suffering... I've seen it work, I meet people and speak to people every week who owe their lives to recovery communities...'

not the case. Minimum unit pricing wouldn't even touch a drink in a pub, it's entirely focused on the most harmful forms of alcohol that you get in the off-trade. I support local pubs, I support responsible drinking, and I think the tax changes that Rishi Sunak has brought in are at least taking us in the right direction – so that the tax actually follows the strength of alcohol in the drink.'

FULLY FUNDED

Last year he wrote a joint letter with the Forward Trust calling for the recommendations in the Dame Carol Black review to be fully funded. While the government went a long way towards doing that with its announcement of substantial new investment late last year, a number of people have warned that unless the sector can show real results in terms of reducing deaths and crime it may well be the case that the Treasury halts the funding after the first three years (DDN, February, page 8; March, page 9). Does he think this is a real risk?

'Honestly, I'd be amazed if the funding was removed after three years,' he says. 'I've already been to see some of the projects – like in Liverpool, with We Are With You – where the funding has come forward this year, and they've

already got statistics to show that crime is down. We've had ten years of cuts, the highest drug deaths on record, and a criminal justice system that's overflowing with people who've committed crimes in relation to their own drug use.'

What's needed is a health response, he states, and he's supportive of community sentences and some of the diversionary schemes being implemented by police and crime commissioners, which were encouraged in the Black report and endorsed by the drug strategy. 'The criminal justice system is on its knees at the moment in terms of backlogs and prison places and all the rest of it, so this the evidence-based response that we need. "Tough on drugs" has failed as a strategy.'

EQUALITY ACT

So, aside from funding, what could be done to improve access to alcohol treatment? 'One thing I'm fighting for now is a change to the Equality Act, which covers other mental health conditions, because currently addiction is excluded,' he says. The act legally protects people from discrimination and 'if we could make that change – so that the presumption is that if someone is suffering with addiction it can be understood to be an illness and

something that support should be provided for – it would go a long way to changing the culture and making sure the proper support is delivered.'

Stigma, shame, and fear clearly remain significant barriers to treatment, however. 'When we're at a low point it's hard to accept that what we're suffering with is a chronic health condition,' he says, which is where education and nationwide anti-stigma campaigns could help people feel less alone and 'safe to seek help'. Early intervention is also key, he believes, which means improving GP screening, combined with a 'no-wrong-door policy' – wherever you turn up for help, you should receive the care you need, regardless of if you have history of substance use disorders'.

Obviously the places with the highest rates of drug- and alcohol-related deaths and harm, such as the North East, are also the most deprived, and he believes that improving treatment needs to be

a central part of any 'levelling up' agenda. 'I witness the alarming levels of unmet need and the devastating impact untreated addiction has on families and community,' he says. 'We cannot simply arrest our way out of the country's addiction crisis, we cannot punish the already marginalised into recovery, and we cannot end the pointless cycle of harm without evidence-based policy.'

PERSON CENTRED

When it comes to recovery, people have long argued over what it really means – how would he define it? 'It's different for everyone and I wouldn't try to prescribe my own routes to anyone else, but I think you've got to have a balance of abstinence and harm reduction. I think it's got to be understanding this is an illness, and trying to provide the right support to the person so that it's person-centred.'

Having come from a position where he didn't know what recovery 'even looked like,' he says, he's become passionate about the power of recovery communities. 'They're proof that change is possible, they're role models to us all. The more we celebrate and support recovery communities, the more people who are still suffering will ask for help. Since sharing about my own struggles, I'm dedicated to championing visible recovery.'

'Addiction is incredibly isolating, and one of the best ways to deal with that is to provide a community to someone who's suffering,' he states. 'I've seen it work, I meet people and speak to people every week who owe their lives to recovery communities in all different forms. We live in a society where there is more and more isolation, and people face incredible struggles. Finding ways in which we can support recovery communities is the one thing that must never be left out. Ensuring that they get the support and recognition in all of this is vitally important.' **DDN**

Dan Carden will be speaking at the DDN conference in Birmingham on 23 June.

BOOK YOUR PLACE AT
www.drinkanddrugsnews.com



2022 RECOVERY STREET FILM FESTIVAL

OPEN FOR ENTRIES

SUBMIT A FILM

We are inviting anyone who is directly or indirectly affected by drug and alcohol use to submit a film of between one to three minutes in length, themed around the question:

WHO AM I? We want to know how your identity and place in the world has shaped your recovery, or the recovery of those in your life.

HOST A SCREENING

Film has the power to bring people together to create a shared understanding. Making connections through real life experiences and creative story telling is a powerful means of reducing stigma. That is why we encourage as many people as possible to hold screenings of the festival in services, community centres, cafés, restaurants, events, workplaces or even homes up and down the country throughout September



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Extending our REACH



Homelessness is not a single issue say REACH team members **Dr Stephen Donaldson, Ben Sweeting, Richard Croall, Emily Crowe, Hanna Powers, Sandra Rees, Luke Jarvis and Claire Robinson**

When COVID-19 hit it was clear that we had vastly underestimated the number of people who were homeless, and at its peak several measures were put in place to ensure that those experiencing homelessness were temporarily housed.

It has been well established that homelessness is not a single issue, with many people experiencing a variety of complex needs – including mental health, substance misuse, physical health, adverse childhood experiences, neurological difficulties and self-harm, all of which impact on a person's stability, health and wellbeing. It has been well established that these complex needs, if not addressed, have the overall impact of reducing life expectancy, which is lower among the homeless population compared to other clinical populations. One of the reasons for this is that those with complex needs often sit within the

gaps of statutory services, which leads to limited engagement and treatment access. The result is a person left feeling unable to be helped, living day by day, and feeling that they are constantly at the 'wrong door'.

Substance misuse and mental health issues are prevalent within the homeless community, and have been shown to both increase the risk of – as well as maintain the cycle of – homelessness. While the issue of causality is complex, the reality is that those experiencing complex mental health and substance misuse issues can be harder to house, can find it hard to maintain their tenancy, are more open to abuse and exploitation and – from our experience locally – are more likely to continue a cycle of fluctuating between a tenancy and the streets.

To address the needs of those experiencing homelessness locally in Scarborough and Whitby, Scarborough Borough Council, alongside partners in health and

social care, took an innovative approach in early 2021 and decided to develop a multi-agency partnership team where the identification, assessment, housing and care needs of people who were experiencing homelessness could be addressed. The team is informed by a Housing First approach to support stability and help people move out of homelessness and into recovery.

Housing First is an evidence-based approach that aims to provide housing stability to those who have complex and repeat experiences of homelessness. For many of those experiencing homelessness, a psychologically safe place where they can address these needs can feel unrealistic and extremely challenging. The result, sadly, is that people often share with us that they experience a vicious circle which is hard to thrive and survive in. The aim of a Housing First approach is therefore to support people to access housing and have the help they need to maintain their tenancy,

while also offering an intense and personalised care approach alongside their accommodation needs. The hope is to ensure that homelessness is addressed alongside the wider health and social care needs people are facing.

REACH stands for reducing exclusion for adults with complex housing needs, and the team consists of housing, mental health and substance misuse practitioners. By having a multi-agency, multi-professional approach the hope is that stability can be achieved – both physical stability in terms of housing, as well as psychosocial stability through consistent tenancy support, social engagement, substance misuse and mental health interventions. As the person's needs are being assessed, formulated, and addressed by a multi-agency team, therapeutic attachment with the team supports a therapeutically consistent, collective and psychologically safe approach to the person's care.

As a team we hope to help as many people as we can to transition from homelessness into housing and recovery. This is not without its challenges, but by holding a collective partnership approach with the person, as a team and within a wider multi-agency approach, we are more likely to make this possible. In essence, togetherness offers the hope that while the road of change can be bumpy, stability, safety and recovery can be a possibility.

Dr Stephen Donaldson is consultant psychologist, Ben Sweeting is advance nurse practitioner and Richard Croall is dual diagnosis nurse at Tees, Esk and Wear Valleys NHS Foundation Trust

Emily Crowe is rough sleeping co-ordinator, Hanna Powers is housing support officer and Sandra Rees is community safety and safeguarding manager at Scarborough Borough Council

Luke Jarvis is holistic support advisor at Beyond Housing

Claire Robinson is health improvement manager at North Yorkshire County Council

CHEMICAL COCKTAIL

The pandemic had meant people experiencing homelessness in Manchester were turning from poor quality heroin to bingeing on a cocktail of substances, often counterfeit and potentially deadly. **DDN** reports

Manchester had the most comprehensive local intelligence system in the UK when it came to drug use, and also carried out annual trend studies, professor of criminology and social policy at Manchester Metropolitan University, Robert Ralphs, told the *Current substance use trends among homeless and street-based populations* session at the RCGP and Addiction Professionals conference.

People had been reporting significant changes to the heroin market in Manchester, with the pandemic leading to poorer quality drugs and smaller-sized deals, which had in turn been driving increased poly-drug use. There was far more reported use of 'Spice', pregabalin and benzos – usually diazepam, he said. 'This really buoyant street market for prescription drugs was leading to binge use of these substances, and increasing concerns and reports of overdoses and drug-related deaths.'

EVERYBODY'S USING BENZOS

Lockdowns had meant people experiencing homelessness had fewer chances to obtain money from begging. Not only were most people working from home or furloughed, but advice to move to card-based transactions meant that even those people who were around were far less likely to be carrying cash. There were also fewer opportunities to shoplift or steal from houses, pushing people towards more affordable alternatives to the heroin or crack they might normally use. 'People were talking about £10 for 0.1

gram of really poor-quality heroin – for the same money they could get a quarter of an ounce of Spice,' he said. Researchers had found heroin with purity as low as 2 per cent, often adulterated with more than 50 per cent caffeine and up to 30 per cent paracetamol, with interviewees saying that 'everybody' was using benzos and pregabalin as the 'gear is shit'.

The government's Everyone In scheme meant services were coming into contact with people who'd never engaged with services – or not for a long time – and many were using pregabalin on top of methadone or poor-quality heroin as it helped sleep. The variable quality of street benzos didn't deter use, he stressed. 'People would talk about taking whole strips at a time, with 15 in a strip, and they talked about taking 30 or 40 benzos at a time.' One user also reported taking 70 pregabalin in a single session.

RECIPE FOR DISASTER

Testing had found the content of drugs varied wildly, with some street-based counterfeit drugs containing no active ingredient whatsoever. 'So the concern is if someone's using 20 diazepam sold as 10mg but it's only 2mg, or they're taking 20 pregabs which are supposed to be 300mg but are actually only 100mg, what happens the next time they buy someone's diverted script and it's actually the proper amount?' he said. People taking benzos, pregabalin and Spice on top of a methadone script, crack and heroin had been 'a recipe for disaster', reported one service manager at a homelessness charity where several clients had already died.

'So there's been a marked shift from heroin use to much wider poly-substance use, which brings many more unknowns in terms of contents, effects and interactions, especially as much of it is counterfeit,' said Ralphs. 'All of that combined increases the risk of fatal overdose,' with serious concerns about how effective naloxone could be under those circumstances.

NATIONAL PICTURE

The national picture was similar, he said, with PHE in 2020 reporting significant increases in availability, use and harm associated with 'street' benzodiazepines, particularly among 'entrenched' drug users in hostels and people sleeping rough. Street benzos in Scotland – particularly etizolam – were involved in almost 900 deaths in 2020, up from less than 60 in 2015.

'As someone who works with homeless people, it just makes your heart break that it's still so difficult for people to get into treatment,' said session chair Dr Stephen Willott, a Nottingham-based GP. 'We just need to make it easier for those who are changing their phones so frequently and have no address to get same-day access if possible.'

Manchester had developed a street engagement hub, said Ralphs, with all the services together in one place, including rapid prescribing. 'That's proved really popular, and with the repeal of the Vagrancy Act lots of other local authorities and police forces will be looking at that type of model.' Many people were

Street benzos in Scotland – particularly etizolam – were involved in almost 900 deaths in 2020.

understandably self-medicating because of the situation they found themselves in, so it was less a question of what could motivate them into treatment than simply getting them accommodation, he said. 'The additional support with Everyone In really helped a lot of people.'

Ultimately, people were mostly fully aware of the risks of such extreme poly-drug use, but were fatalistic, he stated. 'They'll say "my friend died from this" or "these are killing people", but they're still taking them in huge quantities. 'Poly-substance use' doesn't even begin to do these amounts justice.' **DDN**



ARE WE READY?



While the new drug strategy and investment are welcome they also come with challenges, say **Chris Lee, Ben Hughes and Niamh Cullen**

We probably need to kick off with a big sigh and a smile acknowledging that we do now, at last, seem to be seeing some new focus and investment in the drug and alcohol treatment and recovery agenda. Following years of cuts and de-prioritisation, things seem to be looking up.

The new funding announced nationally in the wake of the Dame Carol Black work offers local partnerships great opportunities to invest and rebuild local treatment systems. In line with the national drug strategy, national commissioning quality standards, national and local outcome frameworks and new partnership guidance from the Joint Combating Drugs Unit, the foundation stones are being laid for the next ten years.

Local commissioning leads will shoulder a significant burden of the new development work involved, supported by colleagues in the English Substance Use Commissioners' Group (ESUCG), established in spring 2020. Whilst the ESUCG welcomes the new developments in the sector, we feel this is an ideal time to raise some challenges that wider partners may be able to support.

The capacity and capability to develop balanced and effective treatment systems to respond to local need has, over the years, been significantly reduced. Through the various grants that are being provided it is strongly suggested that local areas can and should strengthen their capacity to help drive and deliver the outcomes that our local populations demand. While we implore colleagues to take these steps, we are also clear

that the workforce is not waiting in the wings. It will take time to develop and train new staff to support this work, when we are at our most stretched.

The way in which the money is being made available, the processes by which the various grants are being administered and the seemingly disconnected nature of the allocations and associated planning processes also mean there is a danger that we will see these processes driving an industry created to monitor and manage grants rather than develop integrated, effective treatment and recovery systems. So, while capacity is going to be required, we also need to ensure whatever function is driving the work locally is 'right-sized' and commensurate with the need to commission effectively.

A significant proportion of the new funding will necessarily be invested in staffing across the sector to reduce caseloads and develop the treatment capacity required to increase access. Again, as with commissioning capacity, the workforce waiting to be recruited is limited, with many local areas reporting difficulties filling vacancies. Provider agencies will need real local connection and innovation to not only find, but successfully recruit, train and retain this new workforce without destabilising other sectors such as homeless units, domestic abuse services and wider third sector partners. The time it takes to build a competent and skilled workforce means expanding the capacity of the system will take longer, or risk service users getting a second-class service.

We are, quite rightly, seeing a drive to develop effective and balanced treatment offers/systems

It's an exciting time and we really do have a chance to make a significant difference to people's lives. We just need to make sure we do this properly.

and priorities being identified for investment such as residential and in-patient. While wholly appropriate there is a clear risk that demand will far outstrip supply in the short term. We have already seen evidence that waiting times for in-patient provision may be increasing due to the sudden investment and there is a clear concern that if there is further, sudden increased investment across the country we will simply overwhelm provision as it stands. To prepare for this there needs to be some reality about how systems are being driven, how targets are being set and how expectations are managed.

The new grants come with significant aims to expand the

system. However, working against the grain is a significant cost of living crisis and rising inflation which are eroding the value of existing investment and putting huge pressure on delivery costs. There is a real risk of the new investment merely enabling the current system to hold steady rather than significantly expand. Finally, the erosion of salaries in the sector will undoubtedly be felt. The question of investment in pay is yet to be addressed nationally and will require long term sustained investment if the workforce of tomorrow is really expected to deliver the ambitious aims we all have.

There are a number of other issues to face up to, including the impact of the new provider selection and the price of prescribed medications, and we hope to explore some of the details in future editions of *DDN*.

It's an exciting time and we really do have a chance to make a significant difference to people's lives. We just need to make sure we do this properly.

Chris Lee is a public health specialist at Lancashire County Council and chair of ESUCG.

Ben Hughes is head of wellbeing and public health at Essex County Council

Niamh Cullen is a public health manager in Halifax

SO... TO SUM UP:

- Yippee, new money!
- We need to build the capacity and capability across the workforce
- We need to manage expectations effectively – government and local communities
- We need careful, joined-up, forward planning.

ASPINDEN CARE HOME



ASPINDEN CARE HOME is a specialised residential service supporting those individuals that are living with the effects of long-term alcohol misuse and/or addiction, are resistant to change, and exhibiting behaviours that challenge other services.

We have a team of personal health and wellbeing practitioners, recovery coordinators, in-house nurses, and senior management. The service provides accommodation and care with fluid and nutrition management through our own commercial kitchen.

Our work is person-centred to support individuals who have chosen to continue to drink alcohol by helping them live and thrive within a harm minimisation model, using a managed alcohol programme approach.

The service is based in Southwark, it consists of a purpose-built, 25 bed, mixed-gender facility providing 24-hour care with regular nursing and GP input to support residents' physical and mental health needs.

“Staff are around 24 hours a day. Anything you need to know or want, just ask the staff. They are always here.”
Michael, resident

WE PROVIDE AN ENVIRONMENT THAT ENABLES OUR RESIDENTS TO:

- Manage their alcohol intake
- Better manage their safety, health and wellbeing
- Build and develop personal resilience
- Develop positive social relationships
- Spend time with their families and important others
- Prepare for independent living or move on, if that is their goal
- Benefit from long-term care and support where they are living with Korsakoff syndrome
- Benefit from short-stay respite and refresher stays



TO MAKE A REFERRAL:

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🌐 www.socialinterestgroup.org.uk 📍 1 Aspinden Road, London, SE16 2DR

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HOME ADVANTAGE



It's time to take a holistic approach to housing, says
Claire McCreanor

With the latest statistics showing that 17 per cent of people who seek treatment for drugs and alcohol are experiencing housing issues, the correlation between insecure housing and substance use is sadly as strong as ever. The evidence consistently shows that people in treatment with access to safe and affordable accommodation, and appropriate support to help them remain in their home, stand a far greater chance of recovering from substance use.

As one of the largest drug and alcohol treatment providers in the UK, Humankind is primarily known for its work in substance use but we've also been working in the housing sector for more than 20 years. For decades, we've been using our experience of delivering commissioned services to develop a range of programmes and projects that help get people in a variety of situations into suitable housing, build a secure life and

stay in their home.

NOWHERE TO GO

In December 2021, Shelter estimated that 274,000 people were experiencing homelessness and of those approximately 2,700 were sleeping rough. Humankind believes that no one should be without a roof over their head, and we're proud to be part of initiatives such as No Second Night Out in Bradford which aims to provide short-term emergency accommodation for people who are sleeping rough and connect them to longer-term options. Split across two sites near the city centre, No Second Night Out provides beds for up to 32 people who have nowhere else to go.

The programme, which Humankind delivers on behalf of Bradford City Council, started in 2015 at a site called Discovery House which has 20 beds that anyone who is experiencing homelessness or at risk of becoming homeless can access. Following the success at that location, Humankind was

commissioned last year to open another ten-bed facility offering private rooms, including space for couples. At a time when suitable properties were hard to come by, we took the innovative approach of turning an old pub into a new centre called Endeavour House.

Unlike many shelter spaces which operate on a night-by-night basis, people are able to stay at both Endeavour and Discovery for up to a month. This allows staff time to build relationships with the guests and help connect them to services such as Change Grow Live's substance use hub New Directions, work and skills training and longer-term housing options, therefore increasing the chance of people building sustainable lives once they move on. In addition to these year-round spaces, we also offer cold weather provision which includes emergency beds that are available in particularly inclement conditions. Since 2015, Bradford No Second Night Out has accommodated more than a thousand people, including MC.

MC'S STORY

MC had substance use and physical health issues and started sleeping rough after being discharged from hospital. MC was connected to the Bradford homeless outreach team by the hospital and they found

him accommodation at Endeavour House. While staying at the service, Humankind staff worked closely with the New Directions team to help MC successfully access support to overcome his substance use issues and improve his general wellbeing and within two weeks they secured long term supported housing for him.

Last month, Humankind celebrated our tenth anniversary as a registered provider of social housing and in that time we've provided homes for almost 500 people. In addition to operating housing, over the last 20 years we've helped approximately 2,500 people to live independently through our housing related support services programme. To date, we've refurbished 85 dilapidated properties and turned them into specialist supported housing including hostels, shared houses, one-bed flats and family homes. Many of the residents who move into our properties face issues such as unemployment, substance use, domestic violence, mental health concerns, physical disabilities, anti-social behaviour, or are leaving care.

Private landlords are often reluctant to let properties to people experiencing challenges such as these and the situation is worsening, with recent government





Left to right: The garden at The Greens, a Humankind-owned housing development in Sheffield; Endeavour House in Bradford; the kitchen at Endeavour House.

figures indicating there's been a 17 per cent increase in those at risk of homelessness as a result of no-fault evictions from the private rented sector. Even social housing providers turn away people who have a history of rent arrears or anti-social behaviour, which is why Humankind focuses on supporting people who may have no other options available to them. As well as homes, we offer independent living services that help people set up and maintain a home, maximise their income and pay rent, develop their confidence and look after their health and wellbeing. On average, 90 per cent of the people we support go on to move into permanent housing, and every year hundreds manage to secure employment, participate in training and improve their mental and physical health while working with us.

COLLEEN'S STORY

'I first came to Humankind in need of housing after a rough time in my life and straight from a detox. The team there not only made me feel welcome, they ironed out all my "teething" problems concerning my new house and they were prompt, polite and punctual... I have lived with Humankind for six years now and am grateful for the team who have supported me without judgement. I now have the chance to continue life with greater ease and not having to worry about my housing in any way.'

As a sector, we know that connected services and shared

Private landlords are often reluctant to let properties to people experiencing challenges... Even social housing providers turn away people who have a history of rent arrears or anti-social behaviour.

expertise are integral to providing effective recovery services. Humankind is proud to work with a wide range of partners and bring our experience and knowledge to a variety of initiatives, including the Greater Manchester Housing First (GMHF) pilot. We are one of several organisations involved in the project, which is part of a nationwide initiative that takes an evidence-based approach of using housing as springboard to enable individuals with multiple and complex needs to begin recovery and move away from homelessness.

The pilot acknowledges that while many factors affect

a person's ability to remain stably housed, they are all more effectively addressed when a person is housed. Alongside organisations with expertise in mental and physical health, criminal justice, housing and other areas, we support people who are facing multiple disadvantages to ensure they have the best possible chance of building stable lives. Since the pilot launched in January 2021, the multi-agency partnership has helped house more than 320 people and the programme was recently named as the best initiative for tackling homelessness at the Northern Housing Awards.

NT'S STORY

NT came to Housing First with a difficult and traumatic history. After joining the army at a young age and being involved in active combat, NT was diagnosed with PTSD and other mental health issues and his life entered a cycle of instability including substance use, homelessness, anti-social behaviour and offending. When he was not in custody, NT lived a chaotic life and struggled to work with support services or maintain his accommodation. After a year of work by the multi-agency team, Housing First managed to secure housing for NT and helped him move in and furnish his property. The collective determination and commitment by his support team has helped NT realise that he has choices and control over his future.

Diverse approaches such as these have the ability to make a

significant difference to the lives of thousands, including many people who use substances – but the work of third sector organisations such as ours can only be part of the solution. For everyone to have access to safe and stable housing, there needs to be sustained investment and policies that focus on increasing social and supported housing. As part of the new drug strategy, the government has committed to invest £53m over the next three years to fund a range of housing support options which will improve the recovery outcomes for people in treatment and reduce the number of people experiencing homelessness. It's vital that this funding is invested in the communities that need it most and that an integrated approach is taken to addressing housing and substance use in tandem.

AFFORDABLE HOUSING

In 2019, the government committed to building 300,000 new homes each year but only a small proportion of these will be affordable and, while the pace of construction has increased, this target is yet to be met. To truly make a difference to the lives of many of the people Humankind supports, the government must ensure that the homes which are being constructed are affordable for people on average and lower incomes. We therefore support Shelter in their call for the construction of more social housing and we urge the government to continue investing in initiatives such as Housing First which are proving successful nationwide and to deliver on their commitment to end no-fault evictions. It is only through the delivery of policies such as this – and continued investment in programmes such as those our sector delivers – that people who use substances will be able to receive the cohesive services that make a real difference.

Claire McCreanor is director of housing at Humankind



Is Alcoholics Anonymous a multi-level marketing organisation, asks **Brendan Georgeson**

ANOTHER

LEVEL

Multi-level marketing (MLM) companies do not sell their products/ services via retailers, but through a workforce of self-employed people sometimes called their 'distributors'. This strategy can also be labelled network marketing. Examples of these companies include Herbalife, Amway, ACN, Younique, LuLaRoe, Arbonne, doTerra, Mary Kay and Nu Skin, many of which have been subject to a great deal of backlash.

They use a pitch of motivational speaking, of 'love bombing', promises of dreams come true, of miracles and life-changing experiences. The opportunity they present to you is the next step of drawing you in – you must invest in the business to make business. You're recruited and once you've invested you're encouraged to recruit. You're expected to attend regular seminars and to get rid of the people in your life who are 'negative' and telling you that it's a cult or a scam. You're encouraged to reach out to as many people

you know who could be good for this business as you can. Recruit, recruit, recruit.

Your new life is going to cost you your old one. But when your efforts at recruiting don't seem to be working, hope and the constant reinforcement of the organisation's seminars keep you convinced that other people are the problem, not the company. You work harder, stay positive, reach out further – you need recruits to stay onboard the company dream. You find that you're faking it to make it and your friendship group has changed to comprise mainly other distributors. You're told you need to work harder and if you fail you haven't worked hard enough, it's your fault. You're failing, not the organisation.

PYRAMID SCHEME?

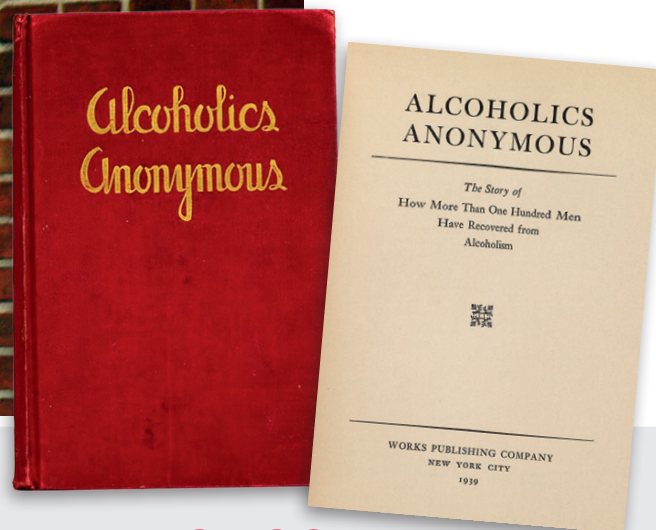
The membership of MLMs resemble a pyramid. So does the membership of Alcoholics Anonymous (AA), with the majority of attendees in their first few years of recovery and the numbers dropping off greatly after that until there are just one or two old timers in the group with 20-plus years of sobriety. We've probably all heard of pyramid schemes and how

only those at the top make money. They target vulnerable people and use shame to motivate them. These vulnerable people typically have low emotional resilience. But an MLM is not a pyramid scheme, because for everyone to make money in a pyramid scheme you need constant new people – pyramid schemes are mathematically designed to collapse.

MLMs and AA haven't collapsed and aren't about to. Also, MLMs are not cults. Cults are designed to influence who you are with techniques like unquestioning loyalty to the leader, a pseudo-spirituality and an us vs them mentality. Anyone who leaves the group is shunned, criticism of the group gets you shut down or banned, and you're isolated from friends and family. You're turned into a drone. MLMs are not a cult. Some individual AA meetings may be a cult, but the organisation isn't.

MLMs don't have employees to sell a product – they have distributors, and distributors make a commission. Another reason an MLM is not a pyramid scheme or cult is because to survive in an MLM you don't have to recruit.

'You find that you're faking it to make it and your friendship group has changed to comprise mainly other distributors. You're told you need to work harder and if you fail you haven't worked hard enough, it's your fault. You're failing, not the organisation.'



THE BIG BOOK

Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism, also known as 'The Big Book' because of the thickness of its pages, was written by William G 'Bill W' Wilson, one of the founders of AA.

The Big Book is one of the best-selling books of all time, having sold an estimated 30m copies. *Time* magazine placed the book on its list of the 100 best and most influential books written in English since 1923. In 2012, the US Library of Congress designated it as one of 88 'books that shaped America'.

If you don't you won't climb the hierarchy, but you can still be a member of a MLM without succumbing to the brainwashing, whereas in a cult you would have to leave. In AA you don't have to sponsor to remain a member, but those who do increase their status within the group hierarchy, the more people they sponsor.

SURVIVORSHIP BIAS

There is a survivorship bias in MLMs that means the old timers are held up as the examples. You're indoctrinated with self-help, stay-positive messages because if anything bad happens to you it's your own fault because you didn't work hard enough. There is virtually no barrier to entry to the MLM except to buy the product. As the MLM gets bigger and bigger then recruitment becomes harder, but you can still be a member as long as you continue to buy the product.

Substitute the word 'distributor' for 'sponsor' and '12 steps' for 'product'. Does this sound familiar? MLM members are very much controlled through the techniques of the New Thought movement, which emerged in the US in the

19th century and is centred around the belief that we are all divine and that we can shape the world around us with our thoughts. In fact, we can cure our illnesses through the power of thought alone. It emphasises personal experience over objective evidence, and when you're vulnerable and desperate your critical thinking is overtaken by emotion and desperation.

Napoleon Hill took this into the realm of wealth creation through the power of thought. In 1937 he published the best-selling book *Think and Grow Rich*, which sold more than 15m copies. The book promoted personal development and self-improvement, and while its title and much of the writing obviously concerns increasing income, the author proclaims that his philosophy can help people succeed in any line of work – to do and be anything they can imagine. A similar book from the time is the 1939 *Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism*, known as 'The Big Book' and written by William G 'Bill W' Wilson, one of the founders of AA.

13 STEPS TO RICHES

Think and Grow Rich describes the '13 steps to riches'. At the beginning of the book, in the section 'What do you want most?', it includes a doctor's opinion on the validity of the steps and this paragraph: 'the author discovered through personally analysing hundreds of successful men, that all of them followed the habit of exchanging ideas through what is commonly called conferences. When they had problems to be solved, they sat down together and talked freely until they discovered, from their joint contribution of ideas, a plan that would serve their purpose'.

'The Big Book' also contains a doctor's opinion at the start of the book, and the first sentence of the foreword to the first edition says: 'We of Alcoholics Anonymous are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and body'. Later it reads: 'it became customary to set apart one night a week for a meeting to be attended by anyone and everyone interested in a spiritual way of life. Aside from fellowship and sociability, the prime

objective was to provide a time and place where new people might bring their problems'. It's not hard to imagine that the entrepreneur and salesman Bill Wilson had read the best-selling *Think and Grow Rich*, published only two years earlier than his own book and during a phase of his life when he was actively looking for methods. He must at least have had knowledge of it.

SHAME AND COERCION

One of the characteristics of the positive thinking philosophy is that it is 'unfalsifiable' because we can't measure thoughts and feelings, and whether a person has generated the necessary amount of correct thoughts and feelings for the positive thinking to manifest their desires. It is objectively unverifiable, which leaves the creators of these groups unblameable. The blame always falls on the victim for not thinking or feeling hard enough, which leads to shame being used as a form of coercion. There is also the 'just-world fallacy' which assumes that positive actions will lead to positive consequences – for example, curing yourself of cancer by positive thinking or spiritual meditations. When it works you've proven that positive thinking worked, and if you die you also prove it works because you obviously didn't try hard enough. It's an unwinnable argument.

In answer to the question – Is AA a multi-level marketing organisation? – I would say yes. As an MLM should AA be recommended or discouraged? My belief, and evidence suggests, that it does work for some people. People who are isolated or in an environment where there is a lot of pressure to drink need a recovery community. Dr David Best in his book *Pathways to recovery and desistance* (2019) describes the importance of peer support and recovery communities to facilitate the social contagion of hope. Also, some people with issues underlying their alcoholism can benefit from stabilising in an AA community that welcomes what they term 'problems other than alcoholism'.

Brendan Georgeson is an ex service user with lived experience of addiction and recovery, latterly an ex service provider and now a professional researcher

360b / Alamy



MOVING FORWARD



The Forward Trust is helping people to make a new life for themselves in challenging times, says **Carwyn Gravell**

The pandemic and subsequent lockdowns meant that, like many organisations, Forward was severely restricted in what we were able to deliver during 2020-21. The vast majority of our clients, both in prison and the community, were not able to access in-person, one-to-one support from our staff, nor our intensive programmes that help people to achieve transformational change.

This lack of access has been acutely felt in particular by people who are in recovery from drug, alcohol or gambling addiction – approximately 90 per cent of our service users. However, these challenges have also resulted in innovation and new ways of working, teaching lessons that we will apply in the post-pandemic world.

Lockdowns presented our resettlement housing team and the people we support with significant risks and challenges. For example, with an increased risk of street homelessness – in particular for prison leavers – people were no longer able to ‘sofa surf’ with friends.

We continued to deliver our innovative housing models to support clients on our recovery pathways as well as vulnerable clients referred to us by local authorities and partner charities. Support offered by Forward comprises two strands of work:

- *Recovery Housing – shared houses where groups of four to five people in recovery live together providing mutual support.*
- *Vision Housing – access to private rented accommodation, with mentoring support to sustain tenancies.*

SUSTAINED TENANCIES

For our Vision Housing team – who are based in London and source private rented sector accommodation for clients as well as providing a tenancy sustainment service – one of the greatest challenges in responding to this demand was not being able to view potential properties in person as a result of social distancing rules. We quickly adapted our assessment and viewing processes, organising online viewings with landlords and providing pictures and videos for clients.

Once in their tenancy we maintained remote support for clients every day of the week, including weekends, through telephone and video contact. This included providing smartphones and ‘move-in’ packs for those who needed them, with our efforts supported by volunteers. We’re proud to report that, despite the challenges of the pandemic, 98 per cent of clients sustained their tenancy for at least 12 months.

Between 2020 and 2021, our housing and resettlement team achieved some impressive outcomes:

- 238 clients referred for housing support
- 79 clients placed in a Vision Housing tenancy, as well as nine people in one of our Recovery Houses (including our new Women’s Recovery House in Ashford)
- Our network of private landlords in 16 local authority areas now offers access to more than 500 clean and safe properties

ENTERPRISE STRATEGY

Enterprise and self-employment are a powerful means of giving people in recovery and ex-offenders the chance to unleash their talents and shape their own futures. That’s why Forward launched our first enterprise strategy in 2018. Part of our wider work to support people from disadvantaged backgrounds into meaningful and rewarding employment, the strategy focused on providing intensive enterprise coaching for clients who wanted to become self-employed or set up their own businesses.

Until March 2021 the strategy was supported by the Forward Enterprise Fund, which, in partnership with Social Investment Business, invested £400,000 into

‘Accommodation and care received from Forward has been over and above what I would have expected. I’m very grateful. Thank you.’
ABDOL

eight established social enterprises to help them with their growth ambitions.

In 2020 we identified an additional need to provide funding to start-ups who were at the early stages of setting up their business but would not qualify for money through other mainstream funding opportunities – for example, prison leavers who struggled to access help due their histories, leaving relatively few sources of support to get their business ideas off the ground.

In response to this, we launched a micro-grant pilot providing up to £1,000 in business grants to individuals to help them start or grow their business. This has proved to be a great success, and we are now able to offer more of these grants to clients. Through

this approach in 2020-21:

- We supported 250 people to develop their own enterprise
- Seven entrepreneurs received Crowdfunder match funding totalling £30,000
- 30 per cent of entrepreneurs successfully grew their businesses

PERSONAL WELLBEING

We’re always keen to expand our service provision and since June 2021 have been delivering two new services for clients referred for specialist support from the Probation Service, having won the competition through the Dynamic Framework to deliver them. The personal wellbeing service provides one-to-one and group support for prison leavers and probation clients on community sentences, supporting their relationships with family and significant others, emotional wellbeing (including mental health), social inclusion, positive lifestyles and associates.

We work in/with:

- Seven areas as lead provider – Bedfordshire, Cambridgeshire, Essex, Lincolnshire, Norfolk, Sussex and Surrey
- Two further areas, Kent and Cheshire, as a subcontractor to Seetec, providing family support
- An estimated 10,000 service users per year within the next three years

ONE-TO-ONE SUPPORT

The accommodation service, meanwhile, provides one-to-one support for prison leavers and probation clients on community sentences, providing information, advice and guidance on accommodation options and enabling them to access this support.

We deliver the service in three probation areas in Wales (Dyfed-Powys, South Wales and Gwent), working in partnership with Kaleidoscope. The service is called Camau, which means ‘steps’ in Welsh. It includes work in four Welsh prisons, a new area for Forward, and will be reaching an estimated 1,750 clients per year in Wales within the next three years.

Carwyn Gravell is executive director of business development at the Forward Trust.



Andrew Harvey is a psychotherapeutic counsellor for AddictionsCounselling.net

My day is a mix of seeing clients in person in Nottingham, as well as online. I deliver 50-minute therapy sessions, and my clients are a mix of self-funded, employer/organisier-funded and insurance-funded, some of whom are struggling with processes and/or substance addictions.

Being in private practice and working for myself means I have admin and other business-related tasks, like

marketing, correspondence and accounting. I also occasionally deliver workshops related to understanding addiction, recovery, and other related topics.

I like the mix of addiction and non-addiction clients, and the part of my job I find the most rewarding is definitely the client work – seeing people move into a better way of living, in their recovery.

If there’s one thing I’d like to change it’s public awareness around a compassionate and intelligent understanding of addiction – something that would, I feel, go a long way to addressing some of the stigma. Better-tailored treatment, that seeks to offer choice, is what’s needed, rather than the ‘one size fits all’ model which, in fact, seems a poor fit for many.

To anyone thinking of a similar career I’d say the important thing is to get as much experience as you can, work alongside others in the field, and keep an open mind to the richness of possibility that’s available in terms of learning and different perspectives.

‘If there’s one thing I’d like to change it’s public awareness around a compassionate and intelligent understanding of addiction.’

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