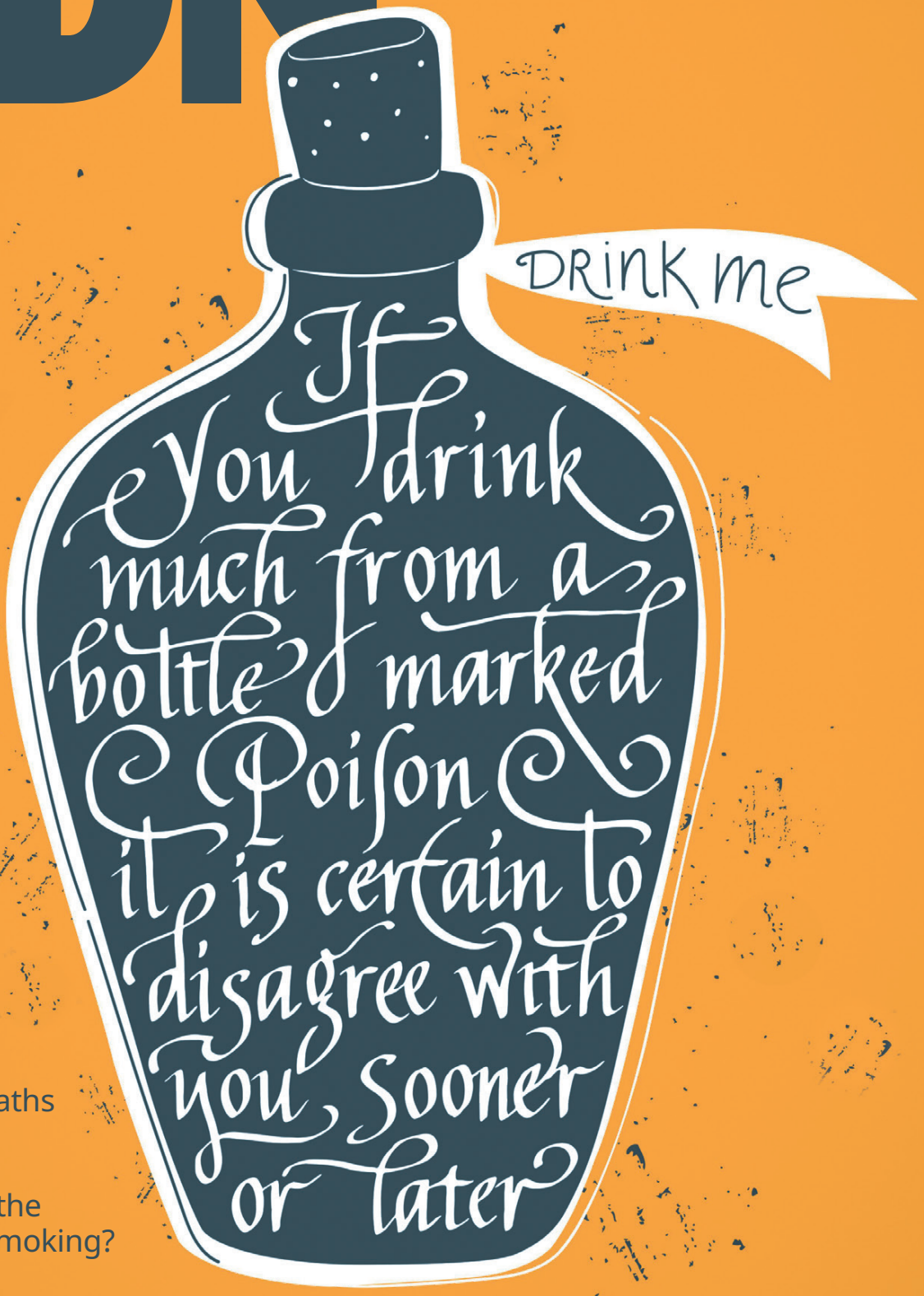
DDN

Drink and Drugs News
February 2023
ISSN 1755-6236



SAFER LIVES
The importance of partnership in reducing drug-related deaths

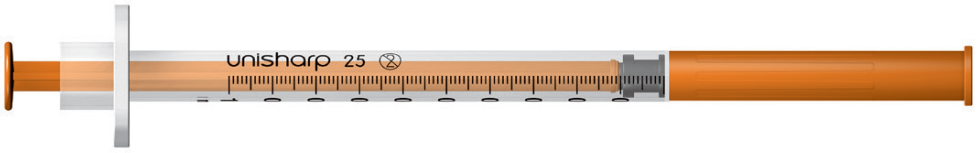
VAPE WARS
Are we missing the chance to end smoking?

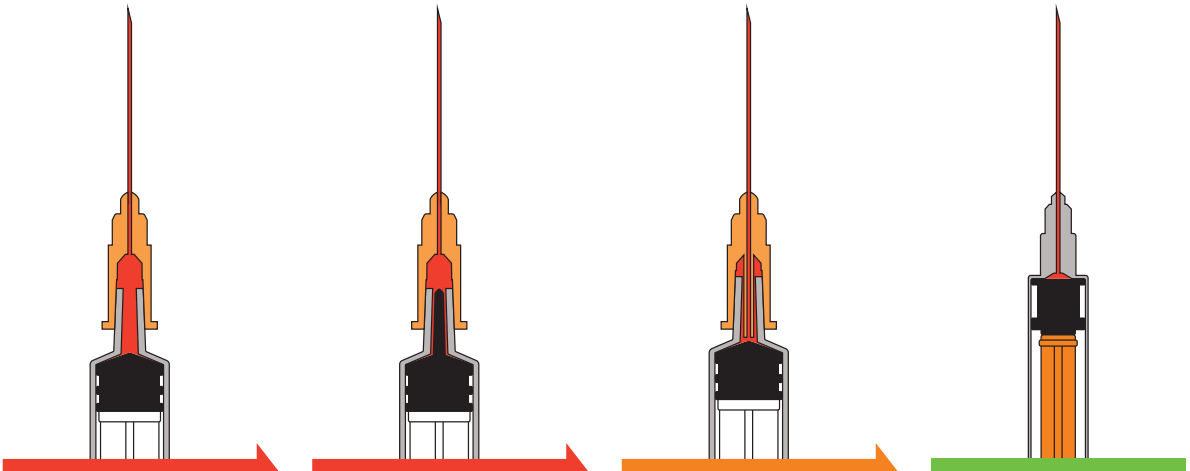
GENERATION DRINK

GETTING THE HARM REDUCTION MESSAGE TO OLDER PEOPLE

NEW!

Maximum dead space reduction for people using a 1 inch orange





High dead space	Reduced dead space	Low dead space needle	Low dead space syringe
High dead space 2 mL syringe	Modified 2 mL syringe	High dead space 2 mL syringe	1 mL syringe
High dead space needle	High dead space needle	Low dead space needle	Fixed needle
Dead space typically **92 µL**	**Dead space** typically **59 µL**	**Dead space** under **35 µL**	**Dead space** under **5 µL**

To find out more go to:
exchangesupplies.org/new

EXCHANGE SUPPLIES

20 YEARS OF MAKING INJECTING SAFER

DDN

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

Editor: Claire Brown
e: claire@cjwellings.com

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

Reporter: David Gilliver
e: david@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

website:
www.drinkanddrugsnews.com

Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by: Olga Petrakova/Alamy

CJ Wellings Ltd does not accept responsibility for the accuracy of statements made by contributors or advertisers.

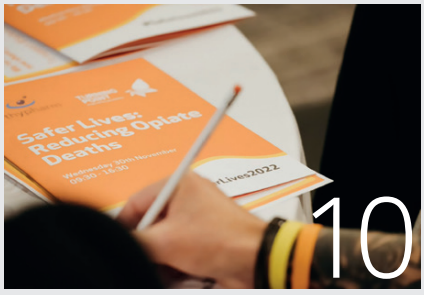
The contents of this magazine are the copyright of CJ Wellings Ltd, but do not necessarily represent its views, or those of its partner organisations.

IN THIS ISSUE

ON THE COVER – Targeted alcohol harm reduction

INSIDE

Prioritising wellbeing for better outcomes



The importance of partnership in reducing drug-related deaths

Commissioning from a criminal justice perspective

STAYING STRONG IN PARTNERSHIP

'The new year marks a fresh start for all of us – a time for change.'

Asi Panditharatna from Forward Trust gives advice on achieving employment goals – see our partner updates at **www.drinkanddrugsnews.com**

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

What's the message for older drinkers?

Dry January is firmly established as a popular campaign, with millions of people taking part. But we have a problem. As our cover story discusses (p6), a very small proportion of these were over 55 – the very age range found most likely to be drinking more than the weekly guidelines, with ingrained habits and a peer supported drinking social life. The outlook for their health is worrying – but how do we encourage them to take the risks seriously and play an active part in their own harm reduction? There's no doubt that a new alcohol strategy is well overdue – but it must go beyond a focus on young people and have absolute relevance to the self-defined 'moderate drinkers' of an older generation who are routinely consuming more than 50 units a week.

On the theme of wellbeing, we have helpful ideas throughout the issue on looking after staff while they take on board the stresses and strains of clients with many complex needs, together with strong and inspiring partnerships on projects ranging from mental health to hepatitis C.

And for a story with many plot twists, its fair share of villains and an eye-watering level of deception, read about the fight to end the reign of the killer cigarette (p16). Will the combustible cling to power – or will vaping save the day? As always, we want your views!

Claire Brown, editor
www.drinkanddrugsnews.com and @DDNmagazine

Another increase in suspected Scottish drug deaths

There was an increase in suspected drug deaths in Scotland between October and November last year, according to the latest quarterly Rapid Action Drug Alerts and Response (RADAR) quarterly report from Public Health Scotland (PHS). There were 109 suspected drug deaths last November, compared to 89 the previous year and 93 in November 2020.

However, all other healthcare indicators of harm and service utilisation remained 'stable and below expected levels', the report says, with Scottish Ambulance Service naloxone incidents between September and November lower than in previous years and drug-related hospital admissions 'considerably lower'. PHS has been publishing quarterly updates in response to the country's ongoing drug-related deaths crisis, and the figures relate to reports by attending police officers rather than official information from death certificates and forensic pathologists.

The predominant picture of drug-related harm is still polydrug use involving benzodiazepines, opioids and stimulants, the document states, with partners 'advised to strengthen harm reduction and support measures with particular consideration for those who may have limited contact with health and social care services'. Although 2021 saw a tiny reduction in Scotland's drug-related death total, the figure had been increasing for a decade before that and the death rate remains by far the highest in Europe. RADAR has also published an alert about the increased availability of a group of high-potency synthetic opioids called nitazenes, which 'pose a substantial risk of overdose, drug-related hospitalisation and drug-related death'. Nitazenes are a new addition to Scotland's drug supply, and have been sold as 'oxycodone' pills. The RADAR alert encourages professionals to increase naloxone distribution, share harm reduction information and increase awareness around overdoses. 'We should make sure people using drugs are aware of substances and products of particular concern,' said SDF CEO Dave Liddell. 'The need for the provision of drug checking services for people who use drugs is becoming more urgent.'

www.sdf.org.uk

> 'The need for the provision of drug checking services for people who use drugs is becoming more urgent.'
> DAVE LIDDELL

Number of people in alcohol treatment up by 10 per cent

THE NUMBER OF PEOPLE being treated solely for alcohol issues was almost 85,000 in 2021-22, up by 10 per cent from the previous year, according to the latest OHID figures. However, the figure is still less than the peak of more than 91,600 in 2013-14. People being treated for alcohol alone made up 29 per cent of all adults in treatment, second only to those in treatment for opiate use at 49 per cent. The number of people in treatment for opiates fell slightly from 140,863 to 140,558, and overall there were 289,215 adults in contact with drug and alcohol services in 2021-22 – up from 275,896 the previous year. The number of adults entering treatment was 133,704, which was relatively unchanged from the previous two years.

The number of people starting treatment for powder cocaine was up by 11 per cent to 21,298 – slightly below 2019-20's peak figure of 21,396 – while the number entering treatment for crack was at its lowest level since 2015-16. A sixth of all people entering treatment – and a third of those entering treatment for opiates – reported having a housing problem, while 70 per cent of all adults starting treatment stated that they had a mental health treatment need. There were 3,742 recorded deaths of people in treatment in 2021-22, although OHID points out that these 'might not be alcohol or drug-related'.

BDP founder Maggie Telfer dies aged 63

THE CEO AND FOUNDER OF BRISTOL DRUGS PROJECT (BDP), Maggie Telfer, has died aged 63, the charity has announced. Telfer founded the organisation with a group of probation officers in 1986, in response to the lack of support for people who used drugs in Bristol. She was also instrumental in establishing the first sub-Saharan needle exchange, Kenya's Omari Project, and was awarded the OBE in 2007.

@BDProads

'We are all devastated by the loss of a much-loved colleague,' said BDP's chair of trustees, John Long. 'She has led the charity from strength to strength, across five decades. Maggie's leadership, compassion and indomitable spirit inspired all around her. Our sadness will be matched by the sorrow of many people and their families whose lives were improved and transformed by her work. The city of Bristol has lost one of its truest champions.'

British Columbia relaxes laws on opioids and cocaine

The Canadian province of British Columbia (BC) has decriminalised the use of drugs including opioids, cocaine, methamphetamine and MDMA. People found in possession of up to 2.5g of drugs will no longer be arrested or charged, the province states, nor will they have the drugs seized by police.

The move is a 'critical step to end the shame and stigma that prevents people with substance use challenges from reaching out for life-saving help,' the province's government states, although some campaigners have argued that the 2.5g limit is too low to reflect the quantities of drugs people are likely to carry. Health Canada, the national government's health department, has granted BC an exemption under the country's Controlled Drugs and Substances Act to decriminalise personal possession and use, with police instead offering information on local treatment and recovery options. The province has been working with the police to develop training resources and guidance for more than 9,000 frontline officers, as well as 'building new pathways' into health services, it says.

Health authority staff members work at a supervised injection site in Surrey, British Colombia. Supervised injection sites have been operating legally in BC since 2003. Credit: Xinhua/Alamy

BC has stressed that the drugs themselves remain illegal, and possession will still be illegal on school grounds or at childcare facilities. The local and national government will work together to evaluate the exemption and ensure there are no unintended consequences. Canada became the first G7 country to legalise and regulate recreational cannabis in 2018 and recently made international headlines when it revised down its recommended drinking guidelines to just 'one to two' alcoholic drinks per week (www.drinkanddrugsnews.com/canada-revises-low-risk-drinking-guidelines-to-one-to-two-drinks-per-week)

'We know criminalisation drives people to use alone,' said BC's minister of mental health and addictions, Jennifer Whiteside. 'Given the increasingly toxic drug supply, using alone can be fatal. Decriminalising people who use drugs breaks down the fear and shame associated with substance use and ensures they feel safer reaching out for life-saving supports. This is a vital step to get more people connected to the services and supports as the province continues to add them at an unprecedented rate.'

Drinking habits should be better recorded

PEOPLE ASKED ABOUT THEIR DRINKING by GPs and other professionals should have the information 'added to a validated questionnaire' to identify if they need help, according to a new draft quality standard from NICE. Thousands of people each year are potentially missing out on brief interventions or referrals to treatment services, it says.

Of more than 600,000 dependent drinkers in 2018-19, less than 30 per cent were receiving treatment, according to OHID figures. Information on people's alcohol consumption should be 'correctly and appropriately stored', the NICE guidance says, which would also help to avoid people being repeatedly asked about their drinking.

Alongside GPs, NICE is urging secondary and social care services, criminal justice agencies and community and voluntary services to make sure that systems are in place for the use of validated questionnaires when asking people about their drinking.

'Many of us are asked about our alcohol use when we interact with health services, but if an appropriate questionnaire is not used, people with alcohol problems could be slipping through the net and may not be receiving the support they need,' said director of the Centre for Guidelines at NICE, Dr Paul Chrisp.

'We know a large number of people who are dependent of alcohol are not receiving treatment and this could be for a variety of reasons, but as part of a health and care system that continually learns from data, we do know that using a validated questionnaire provides commissioners with the information they need to organise appropriate services.'

Local News

https://humankindcharity.org.uk

NEW VISION
A new partnership led by Humankind, in association with local partners Project 6, The Bridge Project and Create Strength Group, will provide a range of treatment and recovery services in Bradford from April onwards. New Vision Bradford aims to better meet the needs of the area's diverse communities.

OPEN INNOVATION
The Forward Trust has been awarded the contract to deliver substance services in Medway in partnership with Open Road. This will include extensive outreach as well as innovations such as virtual reality, digital programmes and a 'recovery village' with access to different agencies. 'We're excited about this new way of working,' said CEO Mike Trace.

SKILLING UP
WDP has been successful in its bid to deliver an IPS service to people in Islington with substance misuse needs. A dedicated team will help build people's skills through training and work experience, allowing them to 'realise their ambitions and aspirations', said executive director of services Craig Middleton.

DRINKING AGE

This year marks the tenth anniversary of Dry January. But are those who are least likely to take part – older people – the ones who would most benefit? **DDN** reports

According to research published by Alcohol Change UK at the end of December, around 8.8m people – roughly one in seven UK adults – were planning to take part in Dry January this year (www.drinkanddrugsnews.com/one-in-seven-planning-to-do-dry-january). How many actually made it to the end of the month without a drink is of course a different matter, but the figure shows how firmly established the campaign – now in its tenth year – has become.

It comes as alcohol-related deaths and hospital admissions continue their upward trajectory. There were 280,000 alcohol-specific hospital admissions in England in 2019-20, while the broader measure that includes a secondary diagnosis linked to alcohol saw almost 980,000 – one in 20 of all admissions (www.drinkanddrugsnews.com/alcohol-specific-admissions-hit-280000).

According to the latest ONS figures, meanwhile, 2021 saw alcohol-specific deaths across the UK reach their highest-ever level at more than 9,600 (www.drinkanddrugsnews.com/alcohol-specific-deaths-in-the-uk-reach-highest-ever-level) – a 7 per cent increase on 2020 and almost 30 per cent higher than 2019. Again it's worth remembering that these figures only include deaths that are the result of conditions 'wholly attributable' to alcohol – primarily alcoholic liver disease – and according to ONS are therefore likely to account for only a third of all deaths that could be considered alcohol-related.

As usual, the alcohol-related death rate for men was far higher than for women, but what has changed in recent years is the age of those likely to be drinking the most. While the popular perception of 'binge drinkers' still tends to be of groups of people in their teens and twenties stumbling around town and city centres, according to the latest *Health survey for England* the people most likely to drink more than the weekly guidelines are now men aged between 55 and 74 and women aged 45 to 64 (www.drinkanddrugsnews.com/ecstasy-use-halved-during-pandemic).

GENERATIONAL SHIFT

One key reason for this generational shift in drinking patterns is that these are people who grew up at a time when excessive drinking was seen as the norm, with habits long-since becoming ingrained – especially as most of their friends are likely to drink at similar levels. 'It's those influences that the baby boomer generation had – that whole alcogenic environment,' consultant old-age psychiatrist and visiting research fellow at South London and Maudsley NHS Foundation Trust, Dr Tony Rao, tells *DDN*. 'It's a combination of peer pressure, habit and lifestyle, and if you put all those into the mix you've got a generation that's not ready to look at anything beyond that.'

COVID IMPACT

COVID has also had a significant impact on drinking patterns, with research from a range of organisations coming to essentially the same conclusion – that while many moderate drinkers reduced their consumption during lockdowns and the pandemic as a whole, many of those who were already drinking too much began drinking even more. Researchers have warned that this is likely to cast a 'long shadow' on health, with a report from the University of Sheffield stating that it could lead to 25,000 additional deaths and almost 1m hospital admissions over the next 20 years (www.drinkanddrugsnews.com/pandemic-drinking-patterns-will-cast-long-shadow-on-health-say-two-studies). And again, it's often older people who are most

Panther Media GmbH / Alamy

affected. 'During that period of lockdown, the percentage change in people drinking over 50 units a week was consistently higher among 65 to 74-year-olds, which is very surprising,' says Rao.

While public health campaigners consistently urge the government to tighten up what are seen as the toothless regulations around alcohol marketing, most proposals to do so tend to focus on young people – as is reflected in the consultation being carried out by the Scottish Government at the moment, with its plans to tackle sports and events sponsorship and statement that marketing is 'associated with an increased likelihood that children and young people will start to drink alcohol' (www.drinkanddrugsnews.com/scots-consult-on-alcohol-marketing-curbs). Given this ongoing generational shift in drinking patterns, are they maybe barking up the wrong tree?

'Definitely,' Rao states. 'We had the Drink Wise, Age Well project that lasted for seven years, but what I think we urgently need now is a nationwide public health campaign to show older people not only the extent of the problem but also how they can play a part in their own harm reduction.'

While Dry January is very much based around people who are already health-aware, what's needed with older people is something to raise that awareness of harm, he stresses. 'I think older people still see this kind of mind shift among younger people as very woke, very nanny state, because they don't appreciate the true extent [of the harm] – "It's not my problem, it's someone else's problem." There's all this ONS data and the media stories around it saying that younger people are drinking less – and that's all well and good – but what they're not saying is that older people are drinking far more compared to the same generation 50 years ago.'

It's an issue that has to be tackled on two fronts, he believes. 'We need a public health campaign on alcohol-related harm, but we also need to develop clinical services so there's better screening and brief intervention. Not just because it would help to catch things early, but it would help to give addiction services a better understanding of the extent of the problem.' And within those services there needs to be a multi-disciplinary approach, he adds. 'You need the medical side to look at mental health disorders, the nursing and psychology side to engage people in reducing stigma and opening up about their drink problem, and then you need the social focus on community integration and recovery. It can take decades to achieve that kind of thing.'

> Approximately one in seven of all adults in the UK said they planned to take part in Dry January. This dropped to one in ten for the over 55s.

DOES DRY JANUARY WORK?

So does Dry January itself work, or is it just a way for people to think 'I've done that, now I can go back to bingeing on 1 February?' 'There's always this misconception with alcohol, because it's such a stigmatising subject, that either you drink or you're abstinent,' he states. 'But I think the longer-term impact for a large number of people is that it's given them the chance to reflect on having healthier lifestyles and really looking at the part that alcohol plays in their lives.' Alcohol Change UK, however, found that just 10 per cent of over-55s were planning to take part, a missed opportunity given they've often 'been quite hedonistic, and are quite health-naïve', he says.

While there's obviously still large numbers of young people who drink heavily, it's looking as though this overall shift in drinking patterns may well turn out to be permanent. One factor may be something as simple as alcohol not being seen as cool anymore among a growing proportion of younger people – for a generation whose every action is scrutinised on social media, getting drunk and losing control perhaps isn't something particularly attractive. 'I think there are three components,' says Rao. 'There's seeing parents and grandparents who've suffered from alcohol problems, there's the health aspect – they're a much more health-aware population – and then there's the cost of living. They can't afford to – they're probably more likely to go and have a craft beer every month than drink every week.'

LOUD AND CONSISTENT

In terms of where alcohol health campaigns should now be turning their focus, it doesn't help of course that there's been no alcohol strategy for a decade. And when one does finally come it's highly likely to focus on young people, Rao points out. 'So we need louder and more consistent voices for the older population, who are suffering. I really don't think that at a political level, or a clinical level or a public health level, it's really been taken seriously enough. I think the other reason is that there's probably an attitude – not just among older people that they don't want to change their habits – but among society as a whole of "why shouldn't older people be allowed to enjoy themselves?"' But what we know from definitive and robust reviews is that older people tend to do much better in terms of treatment and recovery than younger people. So it's never too late.' **DDN**

DR TONY RAO is consultant old-age psychiatrist and visiting research fellow at South London and Maudsley NHS Foundation Trust. For over 20 years he has published widely on the subject of alcohol misuse in older people.

He has acted as specialist advisor to the All Party Parliamentary Group on Alcohol Misuse, the Institute of Alcohol Studies and Alcohol Change UK. He also chaired the Substance Misuse in Older People Working Group at the Royal College of Psychiatrists from 2012-2017, and currently chairs the South London and Maudsley NHS Foundation Trust Dual Diagnosis Group for the Psychological Medicine and Older Adults Clinical Academic Group.

maudsleylearning.com

'My overall aim has always been to ensure that older people can live healthy lifestyles in their own homes. Living healthily with alcohol and free from drug-related harm requires a better understanding of the relationship between substance use and health.'

'The data is overwhelming – in our town, we need to do things differently.'

LEADING LIGHT

Blackpool's new Lighthouse service is leading the town's response to worrying levels of alcohol-related harm, says **Tom High**

When you think of Blackpool, I imagine your mind's eye creates images of donkey rides across golden sands, a world-renowned tower imposing itself into every selfie and beautiful, unbroken sunshine (it never rains here!). Not far behind all those glorious seaside images will no doubt come some sort of experience involving alcohol.

As a seaside town, with its economy firmly rooted in tourism, people flock to Blackpool to enjoy the party lifestyle. But, like so many of the people we all meet as service providers, Blackpool has a hidden alcohol problem – and it's not alone.

In 2021, there were 9,641 deaths from alcohol-specific causes registered in the UK, the highest number on record – and Blackpool's rate of alcohol-specific deaths is more than twice the England average, with alcoholic liver disease the cause of the vast majority. Blackpool's rate of alcohol-specific hospital admissions for residents is also more than twice the England average. The data is overwhelming – in our town, we need to do things differently.

SPECIALIST SERVICE

During the latter part of 2021 and in early 2022, Blackpool Council's public health team sought feedback from stakeholders on the commissioned alcohol treatment service, provided by Delphi Medical under the 'Horizon' service. The feedback suggested a number of improvements including shorter waiting times, more accessible treatment options and better partnerships – nothing new or revolutionary here, but useful nonetheless. What came through loud and clear, however, was that our population wanted a service that was specifically designed with alcohol users in mind. A dedicated, separate, specialist alcohol service for Blackpool.

For the rest of 2022, Delphi as lead service providers worked with commissioners, colleagues across The Calico Group and our clients to create a new brand. Following a naming competition, voting suggested a clear winner – 'The Lighthouse'.

Launched last month, The Lighthouse will provide specialist alcohol support to the population of Blackpool, with same-day assessment and satellite clinics across the town, including GP surgeries and community spaces. Work is ongoing with partners in acute services to improve the transition from ward to community treatment and support. Later in 2023, we will also be launching our digital self-assessment tool, allowing clients to complete the mandatory information prior to their first face-to-face interaction. This will mean that support can begin more quickly, and allow a more trauma-informed approach to gathering essential information.

ENCOURAGING RESULTS

Our alcohol service has effectively been operating as a separate service – and from a separate building – to the opiate/non-opiate service since April 2022, and has already seen some encouraging results. Our numbers in structured treatment increased by more than 30 per cent in the third quarter of last year, and we expect this to increase following our media launch campaign.

A large part of that campaign is around highlighting who our service is set up to cater for – we seem to find that our referrals come from those who are already dependant drinkers, or concerned others, who are referring out of desperation. However, in wanting to operate a more prevention-focused offer – supporting people who are concerned about their drinking and who might just want a few helpful tips or strategies to reduce their intake and maybe prevent dependence further down the line – we need to market ourselves to people in new ways.

ACTING ON THE DATA

Separating alcohol and opiate/non-opiate services is not a new idea by any means, nor is it one that isn't already operating up and down the UK. But taking responsibility and acting upon the data, listening to your client base and backing them with real enthusiasm and genuine action, is vital for a truly successful service and client relationship. While numbers and data are vital, we must never lose sight of the fact that, in our line of work, each of those numbers are the tip of a substantial 'treatment needs' iceberg. Our services also need to cater for the ripples that flow from each of those people who access our service and this will be another focus area in the coming months.

We've achieved a lot in a short space of time. There's still an awful long way to go, but I hope that now, when some people think of Blackpool, they'll also think of its Lighthouse, established 2023.

Tom High is Horizon service manager

Jpsdk | Dreamstime.com

NEW OAKWOOD LODGE

A NEW CQC REGISTERED RESIDENTIAL SERVICE BASED IN OAKWOOD, DERBY, OPENING AUTUMN 2022

BUILDING ON PHOENIX'S EXPERIENCE OF MORE THAN 50 YEARS

New Oakwood Lodge offers Community Members the opportunity to be part of an Enhanced Therapeutic Community supported by our highly experienced team of staff.

The service offers a structured model of care in a psychologically informed environment where social relationships, daily structures and a variety of activities are all deliberately designed to support health and well-being.

COMBINED MENTAL HEALTH AND SUBSTANCE USE CARE

Enhanced individualised care is offered for those with co-existing mental health alongside problematic substance use, the programme will be led by a team of counsellors and further supported by our on-site registered nurse and therapeutic team. Gender specific treatment and trauma informed care will feature through the programme

A HOME FOR RECOVERY

The Lodge boasts 38 single occupancy rooms with en-suite bathrooms, spacious and well-appointed areas for groups and one-to-one counselling and keywork sessions, comfortable recreational areas, an open courtyard dining space and a fully-equipped gym. The grounds of the lodge offer beautiful mature gardens which will provide a serene space for residents, and a wonderful setting for Recovery through Nature activities.

NOW ACCEPTING REFERRALS SCAN THE QR CODE OR CONTACT DERBY.RESIDENTIAL@PHOENIXFUTURES.ORG.UK FOR MORE DETAILS

PHOENIX FUTURES

LIKE SHARE & FOLLOW

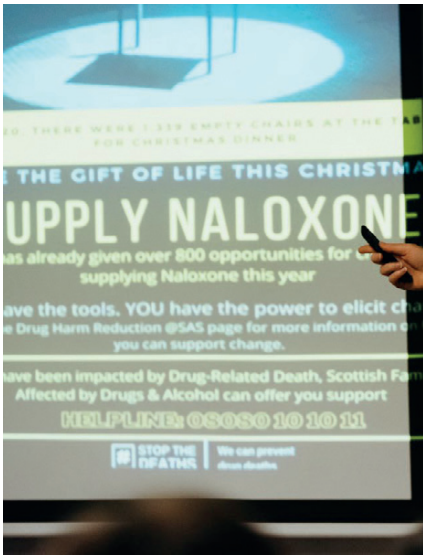
Help us speak out against stigma by liking, sharing and following us

PHOENIXFUTURES1 PHOENIXFUTURES PHOENIX_FUTURES

Phoenix Futures is a registered charity in England and Wales (No 284880) and in Scotland (No SCO39008); Company Limited by Guarantee Number 1626869; Registered Provider of Social Housing with Homes England (H3795).

DOING IT TOGETHER

Turning Point's recent Safer Lives conference reinforced the importance of partnership in reducing drug-related deaths, says **Deb Hussey**



Despite the best efforts of the sector, we are all aware that deaths from drug poisoning have reached record levels in England and Wales, with 4,859 deaths registered in 2021. This is the highest number since records began, and almost 50 per cent of those deaths involved an opiate. Without the harm reduction interventions of providers like Turning Point, the situation would be significantly worse, but we see that there is still a long way to go and that we need to work differently.

On 30 November last year Turning Point hosted its first Safer Lives conference, supported with an education grant from Ethypharm. Held in Birmingham, our aim was to bring together commissioners, public health officials, third-sector organisations and our partners in the sector to join in making a commitment to addressing the drug death crisis.

We welcomed around 100 delegates from third sector and NHS treatment providers, local authority public health teams, the police, ambulance services and organisations working with people who are homeless. From across the drug and alcohol sector colleagues from CGL, With You, Humankind and Cranstoun were in attendance, and it was inspiring to see so many people from different organisations coming together for a common goal.

In my role as Turning Point's national safer lives lead, I co-chaired the conference with our clinical director Dr David Bremner. After working in harm reduction for many years I joined Turning Point in 2020 as harm reduction manager for our Somerset service, and when I was offered the opportunity to expand this harm reduction work as national safer lives lead I jumped at the chance. The role allows me to support Turning Point in our increased focus on harm reduction while working across our services to increase naloxone awareness, distribution, and carriage. I plan to put lived experience at the centre of what I do and one of my first aims is to expand our peer-led naloxone distribution programme.

I often hear that there is too much focus on naloxone, that we need to look at benzos, people using alone, and the case for overdose prevention sites. And of course we do. But making sure naloxone is in the hands of everyone who may need to use it is vital. Professionally I've administered naloxone multiple times, but for me this is personal. I wouldn't be here if it wasn't for naloxone. I have lost friends who might still be here if naloxone had been more widely available. That's why, at the start of the conference, I asked everyone in attendance to get trained and pick up a naloxone kit if they didn't already have one. Turning Point staff provided this training throughout the conference and by the end of the day had issued more than 60 kits.

Speakers on the day included Professor Dame Carol Black, independent advisor to the government, Dr Ed Day, national recovery champion, and Pete Burkinshaw, alcohol and drug treatment and recovery lead at the Office for Health Improvement and Disparities (OHID). The conference gave us the opportunity to reflect on where we are as a sector, and what the future may hold, and listen to examples of innovative practice in naloxone distribution from colleagues.

Professor Dame Carol Black reflected on the progress made since she published her report on the sector. She reminded us that the current economic uncertainty means we need to be 'bold, determined and innovative.'

The most moving presentation of the day came from Abigail Kearley, Turning Point's national service user involvement lead. She spoke on behalf of Julie Rose,

‘I plan to put lived experience at the centre of what I do and one of my first aims is to expand our peer-led naloxone distribution programme.’

a mother who tragically lost her son to a heroin overdose. On a day when we were presented with a lot of statistical information this was a powerful reminder of the real people those numbers represent.

Julie McCartney and Lauren Sloey from the Scottish Ambulance Service discussed their role in widening the provision of naloxone (40 per cent of those receiving a kit were not in treatment) and George Charlton spoke about his own experiences of childhood trauma and drug use, the stigma experienced by people who use drugs, and how this led to his development of multiple peer naloxone programmes.

For the final session of the day, I joined the workshop presenters for a panel Q&A session. Delegates used this opportunity to ask the panel for practical tips on extending the availability of naloxone, and questions included how to engage the whole drug service team in the supply of naloxone, how to get more pharmacies on board, and why it isn’t mandatory across England, Wales and Northern Ireland for all police officers to carry naloxone.

Our aim for the day had been achieved. We had come together and shared learning and innovation, and I hope all left with ideas and inspiration to carry forward in our work. Two clear messages stood out from the day – the importance of collaboration and the sharing of knowledge, and the need to collaborate with those who are best placed to get naloxone to people furthest from treatment services. Whether that be the ambulance service, A&E departments, the police or those with lived and living experience, we need to work in partnership if we want to reduce these tragic and avoidable drug deaths.

All the presenters’ slides are available here: https://online.flippingbook.com/view/387366279/23/

Deb Hussey is national safer lives lead at Turning Point

NALOXONE AND THE POLICE

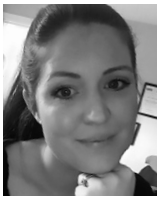
Chief inspector Jason Meacham from Durham Police gave a presentation on the introduction of naloxone in police custody suites. Asked about opposition in some forces to officers carrying naloxone, he said he felt these concerns were unfounded but that he would be happy to contact any officers to discuss their objections. Having recently implemented a police naloxone pilot for Turning Point in Somerset, I was able to share my experience of the challenges we faced and how we overcame barriers to go on to train and issue naloxone to almost 150 officers. It was such a positive end to the conference and made me optimistic that there would be very real outcomes from the day.

USING INSIGHT FROM PEOPLE WHO USE DRUGS TO INCREASE CARRIAGE RATES

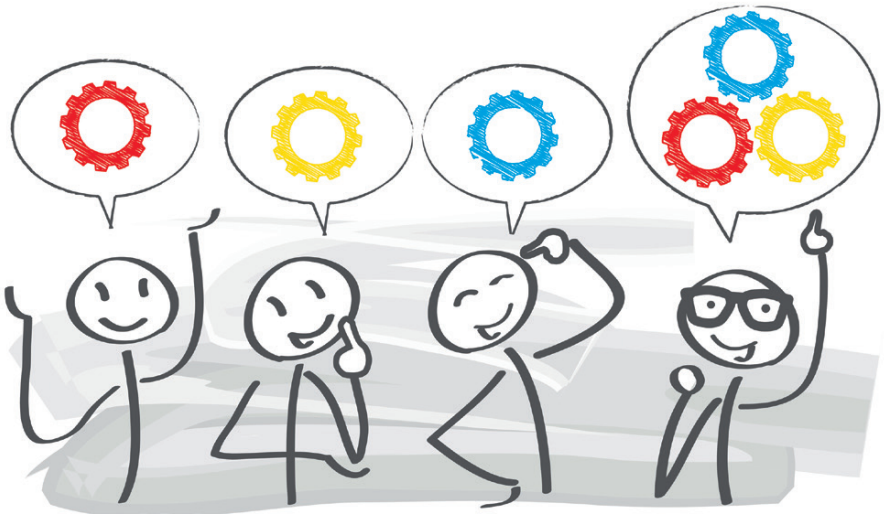
Dr Jenny Scott, a researcher from Bristol University who also works for Turning Point as a non-medical prescriber, spoke about a project that aims to identify barriers to carrying naloxone and develop solutions to overcome them. In Somerset a group of Turning Point service users worked with staff and university researchers to look at barriers to naloxone carriage.

They identified three key areas. One was the practical issue of carrying a kit that some felt was bulky, with a possible solution widening the availability of naloxone nasal spray. Another was the risk of being identified as someone who uses drugs – they felt a campaign to widen naloxone accessibility and acceptability to the general public would go some way to address this. The third issue was availability – not everyone lives near a local provider, particularly in rural areas, and not everyone knows other places they can get a kit.

BETTER TOGETHER



Working together is creating a fruitful partnership approach to dual diagnosis training, say **Dolly Cook**, **Dr Stephen Donaldson** and **Kate McLaven**



In North Yorkshire and York we've been building a practitioner network of multi-agency and multi-professional partners to support the sharing of dual diagnosis skills and knowledge across the region. As part of this work, we shared with *DDN* readers our joint pledge for working better together to promote collaborative service execution (*DDN*, February 2022, page 20), and we've been developing shared training opportunities with the hope of building collective confidence and competency in this area.

It's been wonderful to see the partnership between specialist substance misuse and mental health services grow and develop through regular forums, events, training, and open communication across the locality. We still have high aspirations about what we can achieve in North Yorkshire and York, and this work is our pledge going forward.

As part of this we identified that, while the process of collective learning in dual diagnosis is a priority, there is a continuing need for colleagues from different services to have shared spaces to talk, connect and learn together. The hope is that joint and collaborative working comes from not just service-level agreements and policy, but through relational connection and understanding of each other's roles, culture, and values.

The Dual Diagnosis Network offers a shared space to support collaborative thinking and reflection from multi-agency partners such as mental health, drug and alcohol services, police, probation, third sector providers, housing, social care, advocacy providers and education. However, there's an identified need for shared, focused learning events to support skills development across the region.

Training and supporting professionals to learn and develop their skills is essential and ensures individuals feel competent in what they do, which in turn supports improved clinical outcomes for service users. The implementation of any training strategy is, however, often fraught with complexity – as there are challenges around consistency, cost, application of learning and the return on investment. While tackling all these complexities and challenges is outside the work we've done, our approach to shared learning has supported people to learn and develop, fulfilling our overarching aim of helping clinicians from different services to come together and learn together to build better relationships. The aim is to model and support collaborative working on a clinician-to-clinician level.

As an example of the learning together approach, for the last few years we've held an annual dual diagnosis conference. This has been hosted online and is open to all in the region, with a focus on developing understanding and knowledge for those both experienced and less experienced in working with service users with co-existing needs. One of the main aims of the Dual Diagnosis Network and conference is to engage people from mental health and drug and alcohol services in a way of working and learning that will benefit the people we work with.

The dual diagnosis webinar focused on several clinical areas including developments in prescribing, lived experience perspectives on dual diagnosis and recovery and trauma-informed care, as well as break-out room discussions on partnership working for better outcomes and how we can develop a greater sense of collaborative connectedness for services and service users.

Using live engagement software, we were able to collect data throughout the conference about who was in the room, their insights and their feedback. The data revealed that we had a varied mix of professionals, from more than 25 organisations and services. Results on the day showed us that, overall, attendees came away having learnt a lot about the shared topics, with individuals sharing service pathways with each other as well as concerns with commissioners and senior staff that they might otherwise have found hard to express.

The Dual Diagnosis Network, and more specifically the annual conference, has allowed for spaces where passionate people working in the mental health sector, drug and alcohol support and wider services come together to interrogate and co-create shared ways of learning. What has also developed, however, is a process of better service connection. This way of connecting and its growth has supported us all to begin creating a shared professional movement to facilitate change in a steady and meaningful way. By being more systemically connected we support our service users together – and better.

Dolly Cook is area manager and co-chair of the Dual Diagnosis Network, Changing Lives.

Dr Stephen Donaldson is clinical psychologist and co-chair of the Dual Diagnosis Network – Tees, Esk and Wear Valleys NHS Foundation Trust.

Kate McLaven is digital inclusion coordinator at Changing Lives, York Drug & Alcohol Service

Trueffelpix | Dreamstime.com

THE RIGHT BLEND

A blended approach for effective substance use and mental health provision is the way forward for services, says **Gabrielle Epstein**

People experiencing co-existing mental ill health and substance use may struggle to access mental health treatment because of their substance use, and struggle to access substance use treatment because of their mental health. They can become stuck, unable to get the help they need where they live.

A residential placement, with appropriate detox, could be an answer as it enables people's care to be coordinated in one location, but many rehabs lack the mental health treatment capability. They're not set up to coordinate care across mental health and substance use needs, nor do they provide a range of specific mental wellbeing activities. This means that people with a co-existing interdependent need can face a huge health inequality.

Accessing residential treatment requires a high level of organisation, support, and resilience. There are multiple assessments and appointments to attend, which can be difficult for people who struggle to express themselves, and find talking about traumatic life experiences triggering. We see people too easily labelled as 'non-compliant' or 'unengaged' when in fact a history of trauma may act as a barrier to sharing openly, or anxiety may result in non-attendance at assessment sessions. People who lack support and confidence are disadvantaged. If people can get access to rehab, then the unfamiliarity of the place, having to be with so many new people and talk about feelings so openly, can be too much.

Phoenix Futures' New Oakwood Lodge is a new CQC-registered therapeutic community in Derby that provides coordinated mental health and substance use care in one location. It's a place where the skills needed to support people excluded from other forms of support have been brought together in a multi-disciplinary team. Essentially, we've made accessing multiple forms of treatment – which can be incredibly complicated for some people to access – simple for everyone by delivering it in one place in a single treatment episode.

The environment, protocols and treatment offering are designed to provide the necessary support and interventions on an individual basis to maximise community members' engagement in treatment. The programme is based on the therapeutic community approach – people live together and learn from each other. The community helps individuals emotionally, and supports the development of behaviours, attitudes, and values of healthy living. The structured group programme enables people to share and learn together in groups facilitated by expert staff.

Treatment incorporates one-to-one counselling, using CBT to support with mental health and substance use. Our 'Recovery through Nature' programme enables people to come together with a common purpose to complete conservation tasks – being with others, exercising together and working to create a positive environmental impact is proven to aid mental wellbeing. We bring together these core interventions, and other specialist interventions, so that they fit together in a blended approach to care.

The team at New Oakwood Lodge is made up of a psychologist, counsellors, registered nurse and therapeutic workers in a multidisciplinary team supported by our clinical governance committee and headed up by a senior consultant psychiatrist. They work together across different disciplines of care to create an environment and milieu to deliver coordinated and personalised care bolstered by peer support.

The length of treatment will typically be longer than usual due to an extended assessment and welcome/induction process at the start of treatment, and we also expect the discharge period to be longer and more comprehensive. We're currently working toward the Enabling Environments accreditation from the Royal College of Psychiatrist and we're a member of the Enabling Environment network.

At New Oakwood Lodge we take a modern approach to mental health, meaning that we treat people – not just conditions. We enable people to be themselves in the safe, open, and caring setting of the therapeutic community. We provide mental health care coordinated with drug treatment, and vice versa. Mental health interventions are specific to individual needs and equip and empower people to feel included, safe, and able to receive and offer support to others. They exist in a reciprocal loop with drug treatment, so that one-to-one behavioural interventions for depression, for example, focus on helping people engage with their peers in groups and activities that make up the everyday routine of residential treatment. Similarly, the safe and caring community of the service is an ideal environment for people to practise what they learn from one-to-one CBT interventions for anxiety.

There are a number of targeted outcomes that we aim to achieve with our blended approach – for example, improvement in peoples' mental wellbeing and health, including treating anxiety and depression, reductions in mental health crises and suicide/self-harm attempts. Alongside these, there's improved retention, reduction in the number of early leavers, and a potential reduction in psychiatric medication.

Gabrielle Epstein is head of clinical intervention at Phoenix Futures

Trueffelpix | Dreamstime.com

ALL BEING WELL

Organisations that prioritise the wellbeing of their own staff are likely to have better outcomes when it comes to the wellbeing of clients, says **Lisa Ogilvie**

The wellbeing of people who suffer from a substance use disorder is compromised in many ways. Their physical health is affected by the chaotic lifestyle that often accompanies it – this commonly includes poor nutrition, lack of exercise, and irregular sleeping patterns. There are also the secondary complications linked to substance use, such as high blood pressure, cancer and liver disease, in addition to injuries that can be sustained from reckless behaviour.

Mental health is severely affected too, and there is an abundance of research evidencing the link between addiction, anxiety, depression, and suicide. Cognitive function is impaired through having a maladaptive reward system, where value is placed on securing access to drink and drugs, irrespective of the consequences. Beyond this, the fallout – such as broken relationships, loss of earnings, and even loss of freedom – all significantly impair wellbeing.

Wellbeing is defined as 'the state of being comfortable, healthy or happy'. What can be assumed is that in reaching recovery, an individual has implemented a series of important changes that move them beyond reliance on drink and drugs – these changes, while often challenging, inherently improve wellbeing by abating the enduring consequences of active addiction.

In the longer term, wellbeing continues to improve as an individual finds new meaning and purpose, develops healthier ways of behaving, and establishes positive relationships that are conducive to recovery. From this it's reasonable to conclude that improvements can be experienced from the point an individual decides to change.

Addiction treatment services can leverage this to make the transition from addiction to recovery a more optimistic experience – one where positive engagement can help motivate an individual to apply themselves in the process of change and growth. It also gives insight into what a life beyond addiction can offer.

There are many ways in which services can promote and improve wellbeing, ranging from innovative therapeutic interventions to providing a varied and enriched treatment schedule where time is dedicated to wellbeing activities that accommodate individual capabilities and preferences. There are boundless examples of activities that this can include – playing sport, visiting an animal sanctuary, painting or meditation, to name a few.

Furthermore, fun and light-hearted activities can help connect an individual to a less troubled version of themselves, where they are able to appreciate the benefits of being in the moment. Offering a range of different wellbeing opportunities means service users not only have choice but also the opportunity to branch out and positively experience things in ways

There are many ways in which services can promote and enrich wellbeing, ranging from innovative therapeutic interventions to providing a varied and enriched treatment schedule where time is dedicated to wellbeing activities...

that are new to them.

Beyond this there are also the intrinsic values of an organisation and the people within it. If an organisation values the wellbeing of its staff, and proactively seeks to improve and uphold it, then service users are more likely to experience a holistic wellbeing experience. A healthy staff group is better positioned to conduct themselves in a way that cultivates wellbeing.

As an example, speaking to someone who recently completed treatment having arrived with no more than the clothes they were wearing, they recalled a member of staff kindly bringing in a spare pair of trainers on their first day. While this might seem relatively inconsequential when viewed against the overall treatment received, it was transformational for the individual, as they saw the potential in a caring and positive relationship.

When reflecting back on this moment, they identified it as instrumental in opening their mind to connecting with others and accepting support. Moments such as these demonstrate that even a small change in wellbeing can have a positive effect on treatment outcome.

At Acorn Recovery Projects a unique programme of work known as positive addiction recovery therapy is offered to service users. This is designed to strengthen recovery, improve wellbeing, and set the foundation for people to flourish in recovery. The programme uses the G-CHIME model of addiction recovery, and delivers interventions based on personal growth, connectedness, hope, identity, meaning in life and empowerment. Those who have completed the programme have reported a notable improvement in all listed wellbeing domains, as well as an increase in their recovery capital.

Staff at Acorn receive specific training to enrich the treatment experience of their service users, for example therapists have recently been trained to deliver drum therapy, adding to the catalogue of experiential interventions and therapies that are already delivered. Beyond this staff are encouraged to take time out of their working day to organise and participate in wellbeing activities that they enjoy and that will benefit service users, for example, hill walking, playing with pets, gardening projects, jam sessions, baking, dancing, and playing games.

Lisa Ogilvie is a counsellor at Acorn Recovery Projects, and a doctoral student at the University of Bolton specialising in addiction recovery and wellbeing

THROUGH A TRAUMA LENS

A trauma-informed approach is vital to promoting wellbeing, says **Sarah Thornley**

Delphi and Horizon employees provide support for clients with severe and enduring multiple complex needs, who have a dependence upon substance and alcohol misuse as a maladaptive coping strategy for their distress. As a result, trauma-informed training has been provided to empower safe practices, promote trust and collaboration, and inspire staff through peer support and choice within the workplace. This supports health and wellbeing when working with clients who experience multiple complex needs.

Staff support clients from a trauma-informed perspective that recognises triggers from high levels of adversity and trauma that are expressed through 'fight/flight' responses to threat and danger. Staff use a trauma lens to support clients who have experienced homelessness, incarceration, neglect, poverty, and social inequality – we encourage staff to create safe and trusting relationships for our complex clients, but this in turn has the potential to cause vicarious and secondary trauma in the workplace.

Staff can be negatively affected over the long term as a result of their empathic and emotional engagements with clients, and the potential side effects of emotional exhaustion and depersonalisation can cause 'burnout'. At an organisational level we recognise the importance of staff wellbeing, and the impact vicarious trauma can have on mental health and staff morale. We promote safety and security using a strengths-based approach to foster an ethical and compassionate workplace. This approach helps to create change in power dynamics and encourage safe, healthy, reciprocal relationships, as well as build confidence, reduce staff sickness and disassociation, and maladaptive coping strategies.

Health and wellbeing is promoted through meaningful engagements and self-care, such as group supervisions in the form of weekly talking circles, and tea and toast mornings where all staff have a safe therapeutic space to explore their vicarious trauma through peer-led and one-to-one support. Personal development and growth is encouraged to promote autonomy and belonging through 'my time', where staff are given a safe space for self-awareness and reflection.

Training opportunities are encouraged to support mental health through mindfulness and grounding techniques, alongside fun activities to create bonding experiences. These include pool and rounders competitions, and cinema and theatre nights. Annual team building days also help to develop a spirit of collaboration and empowerment.

These interventions have helped improve staff motivation and service delivery, which has had a positive impact on client engagement as staff are able to meet clients where they are at. This in turn has reduced the power-threat dynamics that can be experienced when working with multi-complex needs.

Sarah Thornley is a senior therapeutic practitioner within Delphi and Horizon substance misuse services.

Disruptive force

The genie's out of the bottle – embracing tobacco harm reduction could end smoking within a generation, says Knowledge Action Change. **DDN** reports

Smoking causes at least 8m deaths every year – more than from HIV/AIDS, tuberculosis and malaria combined. Despite this global public health crisis, the number of smokers worldwide has remained static at 1.1bn over the past two decades.

In *The right side of history*, Knowledge Action Change (KAC)'s third report in a series on the global state of tobacco harm reduction, Harry Shapiro looks at past, present and future. Why have there been so many false starts to find safer ways to use nicotine? How have consumers themselves influenced the development of tobacco harm reduction? What's been the response of public health and tobacco control organisations? What role has the tobacco industry played in all of this? And the key question: 'Are we now going to see the opportunity to end smoking slip away – leaving the tobacco industry to continue profiting from the sale of combustible cigarettes?'

The report is a fascinating and disturbing read. It's a story of innovation, but equally a story of ignorance, greed, corruption, neglect, inertia and privilege as we see the emergence of much safer products being regulated and dismissed to further confirm deadly combustible cigarettes as the number one choice. As we read about the burden of tobacco-related death and disease falling disproportionately on people who are poor, vulnerable and disadvantaged, we are reminded of tobacco companies' sham promotion of 'safer' cigarettes (for which they were penalised in the 1990s) with a filter that was nothing more than a PR exercise. Their products remained deadly, and they knew it.

BREAKTHROUGH

The twist in this story is that the breakthrough in tobacco harm reduction was consumer driven and not the result of public health policy dealt from on high. Individual innovators began experimenting for a safer vaping product, motivated by their desire to quit smoking. An American man came close, but China gave their candidate the backing and a new industry was born. Developing an export market quickly, China offered the world the opportunity to try vaping instead of smoking.

Harry Shapiro, the report's author, explains how interest and excitement spread through internet forums, chat rooms and websites – 'what's all this e-cig stuff that I keep reading about in the newspapers? Is it going to help me? Are they safe? Where can I get them? How much do they cost?'

Politicians, regulators and law-makers were all completely caught off guard, he says. 'They had absolutely no idea what to do with these products – is it tobacco? Should we make them medical products?' And in the absence of knowledge, they took some bad advice from otherwise credible sources like the World Health Organization (WHO). 'And of course, if you're going to develop policies on the back of bad advice, what you finish up with is bad policy – and this is what has happened in many countries.'

Just as health and regulatory authorities moved towards restricting the products, consumers – the thousands who had benefited from vaping – began to advocate for their right to use them and this had a direct influence on policy.

But there was still a massive obstacle: the tobacco control establishment had spent millions of dollars over decades to fight the tobacco war – and it was a war against nicotine, not just cigarettes.

SIMPLE LIFE

Life was much simpler before vaping arrived on the scene, explains Shapiro. 'You had evil nasty tobacco companies over

See U in History / Alamy

there, and their legal products were the devils. The angels were over here – the doctors, the clinicians, the public health people and so on. And there was clear blue water between them. But then the waters got extremely swirled up and muddy.'

Despite all the evidence on the efficacy and safety of the new products, many of the tobacco control organisations could not entertain the idea that safer nicotine products could play a part in reducing death and disease, and resorted to perpetuating 'fear, uncertainty and doubt'. Perhaps rooted in moral and ideological objections, there was a complete unwillingness to consider that people could use nicotine recreationally outside the context of nicotine replacement therapies.

Their negativity had a serious impact, sowing doubt among health professionals. People coming forward looking to switch from smoking were likely to be met with 'junk science'. Instead of being reassured that vaping was a safer option, they were more likely to be encouraged to go 'cold turkey' instead, which felt impossible for most. As Shapiro points out, 'this plays straight back into the arms of the tobacco companies who are still making millions of dollars a year selling cigarettes.'

A STORY OF SMOKE AND SEDUCTION...

B Christopher / Alamy

The story of tobacco began with Christopher Columbus and crew encountering people putting rolled up leaves in their mouths, setting fire to them and inhaling the smoke. This was in 1492 in what is now known as The Bahamas, and as it spread throughout Europe it became used in the form of tobacco powder (snuff), chew, pipes, hookahs and cigars.

James I of England wanted to ban tobacco, but his short-lived prohibition turned into taxing it heavily instead to fund a round of expensive wars, triggering a thriving trade in tobacco smuggling.

The soldiers of the Crimean War and American Civil War took to hand-rolling cigarettes to get a quick nicotine hit. Then came three crucial developments – the development of flue-cured tobacco (milder, sweeter, with a relatively high nicotine content); production of the first safety matches; and the invention of the mechanical cigarette-rolling machine, which could turn out 70,000 cigarettes a day.

Cigarette advertising proved effective propaganda as smoking became a symbol of success, emancipation, and even robust good health, with smoking doctors appearing in adverts. By the end of the Second World War, nearly half of Americans aged 18 and over were smoking at least a pack a day.

During the 1950s evidence of the link between smoking and (previously very rare) lung cancer began to emerge, and by the mid-1960s there was strong enough evidence to show that smoking caused cancer.

A range of safer nicotine products have established both an evidence base for reduced harm in comparison to smoking cigarettes and consumer popularity... But divisions within both the public health and political worlds are blocking progress.

SLOW PROGRESS

As a public health social scientist as well as KAC's director of research and policy, Professor Gerry Stimson is extremely frustrated by the slow progress and unwillingness to act on evidence.

'Here was an opportunity to massively reduce the burden of premature death and ill health caused by cigarettes – the potential of vaping products and snus was obvious and exciting to us,' he says. The consumer interest and activism around vaping seemed as if it could consign a massive global health issue to the history books, and at virtually no cost to governments. 'So we started our work on tobacco harm reduction with some cautious optimism.' His colleagues were used to difficult issues – they worked in drugs harm reduction, HIV and AIDS, the criminal justice system, homelessness, mental health – but they hadn't estimated the extreme challenges of working in the area of tobacco control and reduction.

FAILURE TO LEAD

Realising the overnight revolution wasn't going to happen, they prepared for a long uphill struggle. 'My enthusiasm as a public health scientist wasn't matched by the enthusiasm of my public health colleagues,' says Stimson. Making matters worse, philanthropists who believed nicotine in all its forms was bad, were actually throwing money at preventing safer nicotine products from reaching their target market. It's resulted in 'a pretty dismal lack of progress' over 20 years in reducing the statistic of 1.1bn smokers.

While realistic that it takes time to change consumer behaviour and patience for governments to work through regulations, he also understands the equation for tobacco companies. Why would they rush a transformation to new products while they continue to profit so handsomely from selling combustibles? His anger as a public health expert is directed at WHO and their failure to lead on this. Why are they not using their role – and the evidence – to shift people away from smoking? He says there needs to be an urgent review of WHO leadership in tobacco control.

Despite the challenges he is determined to remain optimistic about good products and consumer demand, demonstrated by an estimated 80m vapers globally. 'This is a major disruptive force,' he says. 'For me it's not whether safer nicotine products will predominate over combustibles, but when.' **DDN**

Read the three reports on the global state of harm reduction, including The right side of history at: https://gsthr.org/resources/thr-reports/

KEEP ON MOVING

The Forward Trust has had another challenging and successful year supporting people to make a new life for themselves, says **Flora Laney-Hubbard**

In November 2022, The Forward Trust completed our fifth Social Impact Report for work conducted in 2021-22. The biggest and most comprehensive yet, it reflected our growing reach and expanding range of support.

More service delivery was possible than in the previous two years, but the impact of COVID-19 is still being acutely felt by many of our staff and clients and is affecting our services – especially in prisons. We're now reaching many more people – in prison, in the community and in residential settings – helping them to move on from their past and build positive lifestyles and relationships.

We run more than 70 separate service delivery projects, with more than 20,000 clients per year supported by 700 staff and 150 volunteers. We 'remotely' supported 3,729 people through our Reach Out online chat service, which was developed during lockdown and is continuing to supply a lifeline for many in need of support.

The full report takes a closer look at each of our service areas, which expanded following our recent merger with Action on Addiction and a series of contract wins. These service areas include substance misuse and mental health services in prison and community, our new recovery division, employment services, community rehabilitation services, housing and family and young people.

As well as detailed breakdowns of each service area, you can read about a rich variety of special projects and initiatives including:

- *The Opportunity Escalator, supporting service users into training and employment*
- *Our range of abstinence-based recovery programmes, delivered in prisons, residential settings and the community, both online and face-to-face*
- *Forward Connect, our network of recovery communities facilitating mutual aid and peer support*
- *Our M-PACT programme for families affected by addiction*
- *Enterprise clubs, offering self-employment support and start-up funding*
- *The Worth programme for vulnerable women at risk of violence*

Our Forward Connect community in East Kent currently has 261 members and is embedded within the delivery of the East Kent community substance misuse service which supports more than 3,000 people every year. Since then, the recovery community in East Kent has gradually grown and was incorporated as a Forward Connect community at the start of 2020.

Forward Connect is our network of peer-led communities for people who are making progress in their recovery and who want to meet and stay in touch with others for mutual aid and support on an ongoing basis. Forward Connect is open to anyone regardless of the recovery pathway they've chosen (be it SMART, 12-step or another). It's also open to people for whom addiction has not been a challenge but have made progress through other Forward service pathways, such as employment or housing.

As members of a Forward Connect community, participants:

- *Access peer-based support and motivational materials – face-to-face and online (through the Kaizala messaging app and Fuse social learning platform)*
- *Develop skills and employability – gaining valuable experience and qualifications such as peer mentoring and recovery coaching*
- *'Give back' – volunteering with local organisations or with our Reach Out online chat service*
- *Co-design services – driving new provision, contributing to quality management meetings and helping drive strategy*
- *Speak up – sharing their experiences and recovery stories to motivate others to step forward for support and to promote the message that recovery is possible.*

In the last two years, members in East Kent have been involved in more than 400 hours of meaningful activity including:

- *More than 300 mutual aid meetings*
- *155 members have used Kaizala to send more than 75,000 messages of peer support*
- *Eight peer supporters and mentors have been trained, working towards professional qualifications*
- *Two have become full-time employees of Forward in East Kent*
- *More than 500 hours of volunteering activity*

As we expand and diversify the ways we help people, we're determined to remain focused on our founding concept – inspiring and supporting people's potential to change. Emerging from the pressures of the pandemic, The Forward Trust is reviving and restating our vision and purpose. We know how important it is to keep our beliefs and mission in focus as we expand our work, respond to the growing need in society, and pursue our ambition to help more people to turn their lives around in the coming year.

We hope you enjoy reading the report and, if you don't already work with us, are inspired to get in touch to either find out more or explore how we can collaborate in the future.

To get in touch, please email communications@forwardtrust.org.uk.

Flora Laney-Hubbard is communications officer at The Forward Trust

Mikila is a Forward Connect East Kent member, former trainee practitioner and now full-time recovery support worker: 'Being a part of Forward Connect was a complete life changer for me... Unlike any other group I've experienced it celebrates all ways to sustain recovery, no "musts", "should" or "do it this way" to succeed, which enabled me to bolster my recovery. I gained the self-belief to fulfil my present and future plans that I had not even dared to dream before.'

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:

020 7237 0331 enquiries.ach@equinoxcare.org.uk
www.socialinterestgroup.org.uk 1 Aspinden Road, London, SE16 2DR

equinox

Social Interest Group

JUSTICE SERVED

In a follow-up to our recent three-part commissioning series, **Tony Margetts** looks at commissioning drug and alcohol services from a criminal justice perspective

Britain has long used criminal law and criminal justice agencies as a key part of its response to drug use. While alcohol and tobacco have been regulated and licensed, other drugs fall under the venerable Misuse of Dugs Act 1971 or the more recent Psychoactive Substances Act 2016.

While this approach has been the subject of much debate – with critics suggesting a more tolerant and health-based approach may serve the nation better – this article looks at the response of criminal justice agencies to the national drug strategy, and the challenge of commissioning in a complex and fragmented landscape.

Dame Carol Black said in her first report, 'More than a third [of the 82,000+ people in prison] are there due to crimes relating to drug use (mostly acquisitive crime). These prisoners tend to serve very short sentences, have limited time in prison treatment and poor hand-offs back into the community. They are highly likely to reoffend.' This finding influenced much in the 2021 drug strategy and this article considers the implications of this.

These agencies, with overlapping but not identical interests, will be commissioning in a complex landscape. The government, in its guidance to local partners, has asked areas to set up Combatting Drugs Partnerships to coordinate a local response to the national drug strategy.

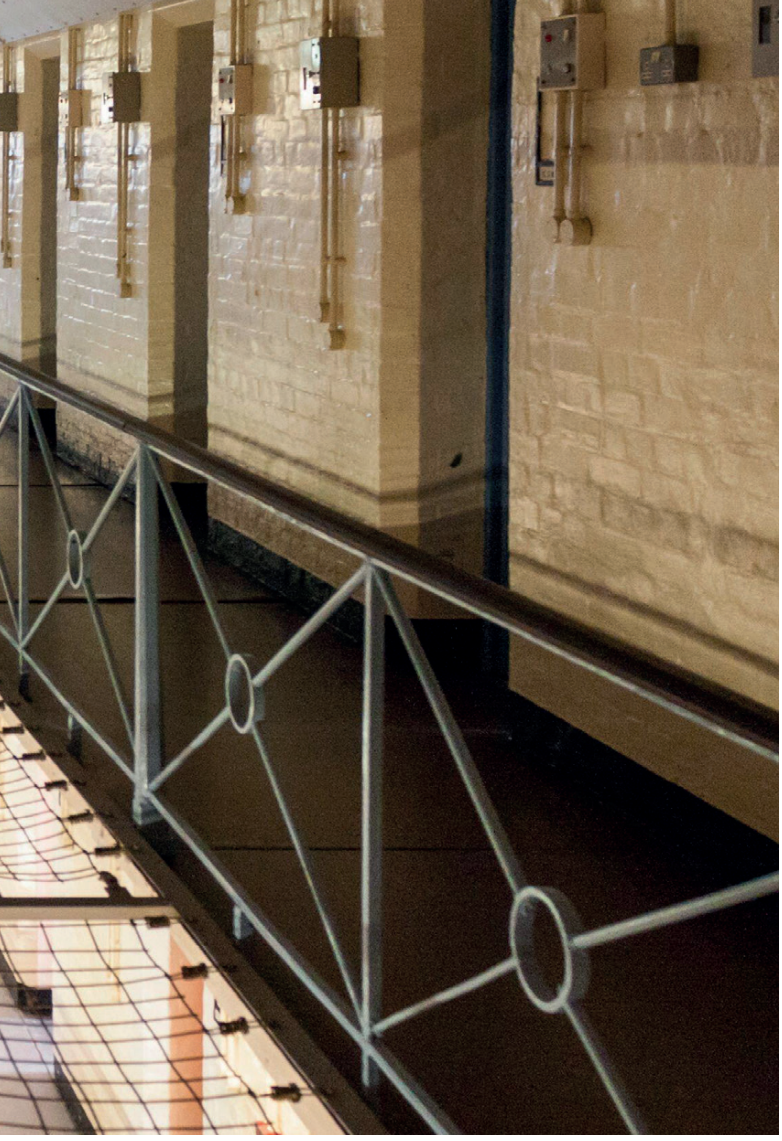
These are mostly working on a local authority level and are chaired by directors of public health, making the involvement of prisons – which operate across local authority areas – challenging. The partnerships will also have to implement the 'three strikes' response to drug testing currently being contemplated by the Home Office as part of the controversial *Swift, certain, tough* white paper.

The last ten years have seen a considerable loss of experienced staff from prison and probation services, and both drug and alcohol knowledge and commissioning experience has been lost. Clinks, in a series of reports on the work of the voluntary sector within criminal justice, has highlighted the inflexibilities of Ministry of Justice (MoJ) as a partner. The services are also working under considerable staffing pressures, making the day job hard enough.

So, what are the priorities for commissioning in the criminal justice system? Here are a few suggestions:

EDUCATION

Improving the knowledge levels around drug and alcohol treatment within the staff of criminal justice services so that they can contribute to joint commissioning appropriately. This means both a better knowledge of the evidence base for drug treatment and better commissioning skills. One



D Callcut / Alamy

of the objectives of criminal justice services is reducing reoffending and this requires good, accessible treatment services.

IMPROVED OFFERS
Improving the preventative and diversionary offer within the criminal justice system for people whose offending is related to drug use. This is an area that has been a focus for some police, fire and crime commissioners (PFCCs), including the West Midlands, but should be developed further and linked to the liaison and diversion services.

BARRIERS TO TREATMENT
Working not just to increase the numbers in treatment but also looking at the barriers to treatment for people with multiple problems. This is a key part of the Project ADDER pilots but needs to be a concern among all commissioners. Many of the people with drug and alcohol problems within criminal justice services are not in treatment.

JOINT WORKING
Better joint working between the staff of criminal justice agencies and treatment providers – informing sentencing recommendations and appropriate enforcement of community sentences and licences for released prisoners

CONTINUITY OF CARE
Ensuring continuity of care between prison and the community and drug treatment, informing the supervision and enforcement of prison license conditions. At present there appears to be a prison/probation pathway relating to post release license and another between prison healthcare and community services with limited joint working to support prisoners after their release. This is a key role for the newly created health and justice partnership coordinators within the Probation Service.

Tony Margetts is a drug and alcohol treatment commissioning consultant

THE CRIMINAL JUSTICE SYSTEM IS A BROAD TERM – KEY COMMISSIONERS ARE:

HM PRISON AND PROBATION SERVICE (HMPPS)
Part-privatised in 2014, The National Probation Service is now part of the civil service and sits with prisons in HM Prison and Probation Service (HMPPS). Drug treatment was the subject of a 'disappointing' thematic inspection in 2021 which included a raft of recommendations for the new model probation service. The probation service is working to improve the offer for drug and alcohol-related offending, including the commissioning of drug and rehabilitation services and increasing the use of community sentences requiring treatment for drug and alcohol problems.

The National Probation Service also commissions services, including some for offenders with drug and alcohol problems, and works with a number of third sector organisations who are also providers of local authority and prison commissioned services and who are represented by an umbrella organisation, Clinks.

The prison service has a strategy from 2019 which will need an update to bring it in line with the 2021 drug strategy. The direction of this can be judged from a white paper prepared under Dominic Raab in 2021 – now back at the MoJ – which looked at increasing the use of testing, making treatment, including abstinence-based treatment available to prisoners, and expanding 'incentivised substance-free living units', which sound like a sort of rehab unit in prison.

POLICE AND PFCCS
PFCCs have considerable discretion in what – if any – drug and alcohol services they commission, with approaches ranging from the recently discontinued heroin assisted treatment in Middlesbrough to calls to reschedule cannabis as a class A drug.

LOCAL AUTHORITY PUBLIC HEALTH COMMISSIONERS
Commissioners are responsible for commissioning community drug and alcohol treatment services, including the treatment elements of drug rehabilitation orders and alcohol treatment requirements, which are imposed by courts and can be breached by failing to comply with treatment. Some areas are piloting government schemes to address the needs of people with multiple problems, particularly Project ADDER, which looks at improving access to treatment for offenders and Changing Futures, which looks at people with multiple problems including offending, homelessness, mental health, and domestic abuse.

NHS ENGLAND
Often overlooked as a commissioner of drug treatment, NHS England is responsible for healthcare in prisons, including drug and alcohol treatment and liaison and diversion services designed to assess the health and social care needs of people arrested by the police. It also commissions the Reconnect service, which is currently being rolled out nationally and which is designed to improve continuity of care between prison and community drug treatment services.

A MAN OF VISION

Tireless campaigner for prison reform and chair of the APPG on Alcohol, Drugs and Criminal Justice – David Ramsbotham, 6 November 1934 –13 December 2022

General David Ramsbotham (Baron Ramsbotham GCB, CBE) was born on 6 November 1934, the son of a clergyman who went on to become the Bishop of Wakefield. He joined the army through national service in 1953, then took a history degree at Cambridge before re-joining to rise through the ranks. He had received many honours by the time he retired as a general in 1993.

He served as HM chief inspector of prisons for England and Wales from 1995 to 2001, during which time he wrote hard-hitting reports to the Home Office, challenging home secretary Michael Howard and then Jack Straw. He was highly critical of worse-than-Dickensian conditions in badly overcrowded prisons and did much to draw attention to the imbalance between punishment and rehabilitation. Writing his book *Prisongate: The shocking state of Britain's prisons and the need for visionary change*, in 2003, he made a clear case for reform.

Entering the Lords as a cross bencher in 2005 gave him the chance to keep campaigning for prison and probation reform. In 2009 he told *DDN* about a broken system with demoralised staff (*DDN*, 27 July, p12). 'The three things that are most likely to prevent reoffending are a home, a job and a stable relationship, all of which are put at risk by imprisonment,' he said.

He was also highly critical that in too many cases support services – accommodation, benefits, treatment – arrived too late for someone leaving prison: 'There's an awful lot of talk about it, but they haven't got it organised and they don't actually do a great deal of work with a lot of the offenders until they're virtually released,' he said. 'It's too late by then – you've had them with you for a long time, and you really ought to have done more. Leaving it as late as that is, frankly, barmy.'

It was a theme he would return to many times as chair of the APPG on Alcohol, Drugs and Criminal Justice, a role he fulfilled energetically until recently. He engaged vigorously in debate and his views helped to inform the work and progress of the group.

He will be missed greatly, and we extend our sympathies to his family.

HOW CAN I LEARN ABOUT TRAUMA?

I picked up a copy of your magazine at my family service and was very interested to read about trauma ('A question of trust', Jan, p10). It made me realise that there have been things in my childhood that have affected me, my daughters and my grandchild.

It's a good thing that staff are becoming more trauma informed, but could they be doing more to help the whole family? There are things that I can't even bear to acknowledge to myself, and which I have never been able to talk to my family about. Yet these things were the reason I turned to drink and drugs. When my daughters were having a hard time as teenagers, I used to give them alcohol and pills to make them feel better. I am not proud of that. They both got involved with drink and drugs and have broken up with their partners. Sometimes I feel so guilty I am overwhelmed.

I only picked up *DDN* by chance and I had never heard of a trauma-informed approach. How can people like me who are not professionals learn more?

Name and address supplied

'There are things that I can't even bear to acknowledge to myself, and which I have never been able to talk to my family about. Yet these things were the reason I turned to drink and drugs.'

GUIDANCE AND SUPPORT – NOT HYSTERIA

I have been a long-time reader of *DDN* and appreciate the wide range of subjects that the magazine covers and that you don't shy away from carrying opinions that may be controversial and challenge an orthodox viewpoint.

With this in mind, I wanted to say how much I enjoyed last issue's article by Nick Goldstein and found his opinion on spiking interesting and thought provoking (*DDN*, Jan, p24). If you read some national newspapers you would believe that there is scarcely an uncontaminated drink in some nightclubs and we should bring our own special straws to drink from sealed bottles if we want to remain safe. Nick's sensible well-argued piece was a timely reminder that this is not necessarily the case.

Before continuing I want to stress that we need to be incredibly careful around this subject and at all costs avoid victim blaming.

Many years ago a colleague working in a forensic laboratory told me that in all the samples tested they had not found a single instance of one of the so called 'date rape' drugs. Their explanation was that the primary drug used to 'spike' someone in a club or bar was alcohol. As they explained it is far easier to top up a glass with vodka or order someone a treble when buying them a drink than smuggling specific drugs in for this purpose.

It seems to me that the focus needs to move away from 'bogeymen' with 'knockout drugs' to awareness around alcohol and how to access help if you see someone in trouble. An excellent example of this is the 'ask for Angela' initiative which acts as a codeword for bar staff that someone is in trouble or someone is acting suspiciously.

Practical guidance and support is what is needed, not media hysteria.

A Garner, 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.

ddnmagazine @ddnmagazine
www.drinkanddrugsnews.com



INVISIBLE WOMAN

Why are we still failing to see a woman as someone needing specific services and support, asked speakers at the parliamentary group. **DDN** reports

Women face very specific challenges when it comes to accessing drugs treatment and it is essential that we design services to meet these needs, WDP's Yasmin Batliwala told the All-Party Parliamentary Group on Drugs, Alcohol and Justice.

Despite making up more than half of the population they were still largely invisible in treatment, with most health and social care provision historically designed by men for men.

There were positive developments, such as Dame Lesley Regan's appointment as the government's first women's health ambassador for England and the increase in funding in the drug strategy, which could represent real opportunity to make meaningful improvements to services for women. The Women's Treatment Working Group, part of Collective Voice, was bringing together female leaders in the sector to advocate for wide-ranging and sustainable system change.

Hannah Shead, chair of the working group and CEO of Trevi, a Devon-based service providing specialist women's community and residential care, highlighted the urgent need to engage women in services, underlined by the increase in drug-related deaths among women not in treatment.

We need to think outside the normal framework to reach these women,' she said. 'Research has shown that women's experience around drugs and alcohol is different, with a shorter period before use becomes problematic – sometimes referred to as telescoping. We need to recognise that women's pathways might be different to men's.'

There were multiple barriers to women accessing treatment – one of the most common being fear of social services intervening and taking children into care. Trevi's work had demonstrated the effectiveness of engaging with pregnant women and women with children, during what could be a window of opportunity.

Women had often suffered abuse and entered into treatment carrying a large amount of residual trauma that needed to be addressed. They also faced stigma from societal expectation that women should not take drugs or drink to excess.

April Wareham had encountered these feelings of stigma and shame when facilitating women's workshops. She also spoke of her experience, a personal story she didn't often tell, as 'where I come from it's nothing unusual'. Despite being brought up in an abusive home, enduring abusive relationships and being the victim of sexual violence, she considered herself 'one of the lucky ones' as she was able to access a women's service.

Fifteen years on she was able to say, 'I'm not sorry anymore. I'm not sorry for my childhood. I'm not sorry I stayed with him because I was too scared to leave and didn't know where to get help. I'm not sorry that when I said no it wasn't respected. I'm not sorry that the system didn't work for me, and I'm not sorry that my story upsets other people. I want the women in that workshop to not be sorry either.'

> Women-specific services shouldn't just be 'add-ons' but must be integrated into provision.

Women-specific services didn't just help women; they also led to better supported families and communities, said Anna Whitton CEO of WDP. These services shouldn't just be 'add-ons' but must be integrated into provision, and it was essential that we remembered this when talking to commissioners and designing services. Engaging more women in treatment would result in more women working in the sector and running peer support and lived experience organisations.

There were some great examples of how to provide women's services such as Trevi, Turning Point's Westminster service, and the planned women-only residential service by Phoenix Futures together with the Ley Community, but she emphasised the importance of consistent change across the country. The lack of a women-only residential detox was a concern, but something WDP hoped to address.

Despite little specific emphasis on women's services the new drug strategy was a source of optimism. Increased funding was providing an opportunity to recruit specialist women's workers and upskill current staff to address the issues that women faced. Dame Carol Black's report highlighted the need for more research and evidence-based services across the sector, and the women's working group had commissioned research to help build better-informed services.

DDN

A free webinar for frontline workers on 8 March, International Women's Day, will challenge stigma around women who use drugs. Book at https://bit.ly/3HUVgrO

Do you work with parents who drink?

Provide free and confidential access to parent specific alcohol support with DrinkCoach.

Resources include:

- **Parent specific Alcohol Test**
- **Free downloadable Planning Tool**
- **Support and advice for partners**
- **Tips to make positive family memories**

All resources are available to anyone free of charge. Visit drinkcoach.org.uk or scan the QR code below.

Administered by Office for Health Improvement and Disparities (OHID), funded by the Department of Health and Social Care and the Department of Work and Pensions.

Haringey LONDON

UNDER ONE ROOF

Bringing hepatitis C treatment into drug services can help achieve elimination targets, says **Helen Hampton**

Cornwall is a largely rural and sparsely populated county – it has a population of around 565,000 and covers more than 1,000 square miles. With many areas of high deprivation, it also has high levels of injecting drug users and historically has had high levels of hepatitis C infection as a consequence.

Cornwall developed an integrated model of care for people with hepatitis C, incorporating partnerships between hospital-based hepatology and drug and alcohol services, and spanning testing, treatment and care. Since 2008, the model has incorporated and facilitated community-based treatment and reduced the barriers to accessing treatment. This has led to a significant increase in the number of at-risk individuals tested for hepatitis C, a significant improvement in attendance rates and a marked increase in the number of people accessing hepatitis C treatment.

If the UK is to reach its hepatitis C elimination target by 2025, we need to make treatment more accessible across the country. The most effective way of doing this is to replicate the hepatitis C treatment models that bring treatment to the point of contact for drug and alcohol service users.

Professor Graham Foster, national clinical lead for Operational Delivery Networks (ODNs) at NHS England, recently said of hepatitis C treatment models, 'the more intense the treatment in drug services, the quicker you get to elimination. So that means we have got to change the model... we've got to have treatment within the addiction centres.'

Bringing treatment into drug services is key for service users to follow through on treatment, as it's the familiar face the service user knows already. Stigma can act as a barrier to attending a medical setting, and service users also report poor access to transport links, hospital phobia and unstable housing as the main reasons for not attending hospital appointments.

WithYou's hepatitis C treatment model in Cornwall, however, allows service users to be seen by a prescriber and receive their medication quicker and at a venue that suits them, whether that's at the centre, partner agency or their home. This not only benefits the service user in increasing the likelihood of successfully clearing the virus, but the wider community in reducing the risk of transmission.

Our successes with this model were only achieved by the support of the drug and alcohol service, the Hepatitis C Trust and the Royal Cornwall Hospital. The dedicated hepatitis C peer lead and the support they provide to service users through their journey has been instrumental.

A flexible service user-focussed model is vital to success. Recently I travelled to a service user's caravan to arrange their hepatitis C treatment, taking a portable fibroscan and medication. I believe if we're going to eliminate hepatitis C then we need to ensure service users don't have to jump through hoops to get treated.

Service users provide feedback on the ease of accessibility and speed of treatment – a recent comment was, 'OMG that's brilliant. I can't believe it's so quick, and I can get everything that I need without having to travel up to the hospital.' Narissa Kelland, advanced clinical practitioner at Health For Homeless, who are a referring partner, said the approach is 'wonderfully supportive and flexible, whilst keen to integrate and unveil new ways of working in order to meet the needs of the patient population'.

Learning from our Cornwall approach, we've expanded the programme into North Somerset. WithYou in North Somerset started with a variation of this treatment model which proved to be extremely successful. The local hepatology department at the Bristol Royal Infirmary (BRI) introduced a hepatitis C outreach clinic at our drug service in North Somerset. Local service users often don't want to travel to the hospital if it's not an easy journey for them – since the BRI started running a clinic at WithYou, the uptake for hepatitis C treatment rose from 25 per cent to 80 per cent.

As we got closer to elimination and the numbers of positive hepatitis C diagnosis reduced, this approach became unsustainable for the hospital. From our experience in Cornwall, we were able to offer an alternative solution – our WithYou nurse practitioner, James Brazier, took on the role of delivering hepatitis C treatment under an honorary prescribing contract with the BRI. James was trained by the BRI to assess and prescribe, working as part of the multidisciplinary team, making decisions regarding treatment. This has helped to free up hospital resources and reduce the time between diagnosis and start of treatment.

This treatment model serves as an excellent example of how NHS providers can work together with third-sector providers to develop a regional hepatitis C management model which is fully cognisant of the often-complex needs of people with hepatitis C, and which works in an innovative way to address these needs.

This treatment model could be rolled out more widely across the UK in drug and alcohol services. Emma Lamond, national improvement manager and hepatitis C elimination project co-lead at WithYou, is currently planning to develop this treatment model for other areas. Whilst a rural model, it can be adapted for use in areas where the need for community-based treatment is just as pressing.

Helen Hampton is national BBV lead at WithYou

If the UK is to reach its hepatitis C elimination target by 2025, we need to make treatment more accessible across the country

Shantek | Dreamstime.com

CRANSTOUN

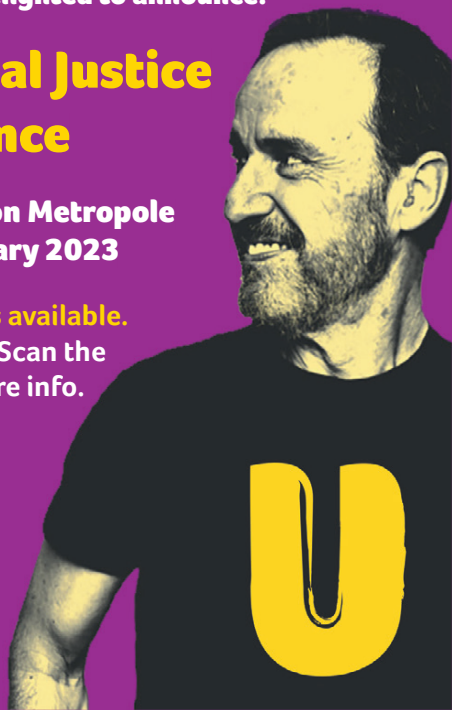
Empowering People, Empowering Change

Cranstoun is delighted to announce:

The Social Justice Conference

Hilton Brighton Metropole
24 - 26 Feburary 2023

Early bird offers available.
Don't miss out. Scan the QR code for more info.



cranstoun.org

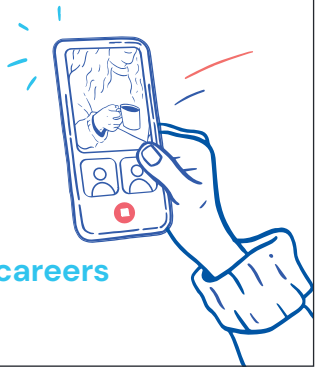
we are withyou

It's not just our name, it's who we are.

If you are passionate about helping people access the support they need for issues with drugs, alcohol and mental health, then join us.

We need a diverse team, with people from different backgrounds including lived experience of treatment, people with disabilities and armed forces veterans.

Visit our website to find out more about working at With You and see what roles are currently available.



wearewithyou.org.uk/careers

delphi
a calico group service

Be a different kind of Nurse, be a Delphi Nurse

@DelphiMedical
DelphiMedical
delphi-medical

To view our vacancies visit:
delphimedical.co.uk

TARGET TOP TALENT

FOR OVER 18 YEARS DDN HAS BEEN READ BY PROFESSIONALS IN THE SECTOR

Advertise your vacancy with DDN to people who can get the job done!

- **In print and online**
- **Via email and across social media**

Contact **ian@cjwelllings** to plan your next recruitment campaign

Recruiting Recovery Workers.

Join us now.

We have a range of roles for people passionate about supporting others to make change.

You will have opportunities to progress with structured learning and clearly defined pathways. Whether you are looking to progress into management or to be a specialist in your field we will support and encourage you on your career journey.

For more information please contact
careers@turning-point.co.uk or visit
https://careers.turning-point.co.uk

TURNING POINT
inspired by possibility

CONFERENCE CONSULTATION

We are revving up for the

DDN National Conference
THURSDAY 13 JULY 2023

The National Motorcycle Museum, Birmingham

We want to make this our biggest, most inclusive event ever and we need you to plan the ride. Let us know what gets your motor running and suggest speakers, topics, activities, and importantly help plan the lunch menu!

www.drinkanddrugsnews.com/ddn-national-conference-2023/

As a free magazine we couldn't put this event on without our fantastic partners, sponsors and exhibitors.

Please contact **ian@cjwellings.com** to get on track!

MORE JOBS ONLINE NOW

www.drinkanddrugsnews.com/jobs

Contact **ian@cjwellings.com**
to advertise your next vacancy

Substance Misuse Personnel

Permanent • Temporary • Consultancy

Supplying experienced, trained staff:

- Commissioning
- Service Reviews
- DIP Management
- DAT Co-ordination
- Needs Assessments
- Project Management
- Group & 1-1 drug workers
- Prison & Community drug workers
- Nurses (detox, therapeutic, managers)
- many more roles...

Call today: 020 8987 6061

Register online:
www.SamRecruitment.org.uk

Solutions Action Management
Still No.1 for Recruitment and Consultancy

Forward

The Forward Trust are a UK leading provider of drug and alcohol treatment services to offenders. We deliver treatment and recovery support, in prisons and in the community, helping people move away from addiction and crime.

We currently have a number of vacancies in our London and Surrey prison services including:

Band 5 Substance Misuse Nurse
– Surrey

Wellbeing and Recovery Practitioner
– HMP Downview (Surrey)

Adminstrator
– HMP Wormwood Scrubs (London)

Health & Wellbeing Practitioner
– HMP Wormwood Scrubs (London)

We offer a competitive salary and 35 hour working week along with generous leave allowances and a fantastic benefits package including a cash health plan and critical illness and life assurance cover.

For details of these and all roles with The Forward Trust visit
www.forwardtrust.org.uk/support-us/work-for-us/

ARCHER RESOURCING

RECRUITING SPECIALISTS

Google 4.8 ★★★★★

01473 939670

WWW.ARCHERRESOURCING.CO.UK

---

community led initiatives
Inspire
Transform
Flourish

We're hiring!

Join our team and help transform people's lives for the better...

At CLI we help people who have experience of the criminal justice system, addiction, homelessness, and mental ill-health, recognise their potential as individuals, build their self-esteem and achieve their aspirations. We strongly believe that effective change is delivered by quality relationships built over time and centred on community-based recovery work.

That's why our recovery workers have a maximum caseload of 15, ensuring everyone has the time and focus to help inspire those we support to build a more fulfilling life.

If you're looking for an opportunity to really make a difference, we have several fantastic positions available across CLI including Recovery Workers, Project Coordinators and Recovery Community Coordinators.

All roles come with competitive salaries, excellent annual leave, training and development, company laptop and phone, and a highly supportive working environment in a truly value driven organisation.

If you would like to join our passionate team inspiring others to really flourish, we want to hear from you.

We actively welcome those with lived experience of offending, addiction, homelessness, or mental health issues as part of our team. Where others see risk, we see opportunity.

Scan the QR code to view our **current vacancies**

Practice Plus Group

Have you ever thought about working in a secure environment?

We are seeking **Advanced Clinical/Nurse Practitioners** and **Registered Nurses** within primary care, mental health and substance misuse to join us at our prison healthcare services across England.

We can offer you a clear career path with various options to develop your skills by joining an experienced multidisciplinary team who share the same passion for quality care as you do.

We have over 50 services across England with positions available in Yorkshire, West and East Midlands, East of England, London, Thames Valley and the South East and West.

In order to find out more and apply visit **practiceplusgroup.com** or email **careers@practiceplusgroup.com**