

DDN

Drink and Drugs News
March 2023
ISSN 1755-6236

FEMALE FRIENDLY
Improving women's
access to treatment

HIGH STAKES
When will we
see the gambling
white paper?

TIME TO TRAIN
High quality
training isn't
a luxury



LOCKED OUT

TACKLING HOMELESSNESS NEEDS INTEGRATED, WRAPAROUND SUPPORT

BINS DESIGNED FOR PEOPLE WHO INJECT

**Reduce
pack volume
by 50%**

Holds 10 new syringes
for compact distribution



**Reduce
storage
by 30%**



**Pull off,
lock on!**



**Maximise
returns**

Holds 15 used syringes
for maximised returns



Product codes: **A162** (compact) and **A165** (medium) | exchangesupplies.org



**EXCHANGE
SUPPLIES**
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: jezt@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: George-Standen

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 – Housing matters



Improving access to treatment for women

Working with people with complex needs



Will lobbying from the gambling industry water down the new white paper?



INSIDE

- 4 **NEWS** New treatment funding; call for alcohol duty increase
- 8 **HOUSING SUPPORT** OHID's Rosanna O'Connor explains the new grant
- 14 **LETTERS & COMMENT** Remembering Si Parry; letters to the editor
- 15 **PARLIAMENT** Essentials for government housing strategy
- 16 **NEED FOR TRAINING** Tackling the skills deficit
- 18 **SAFER SEX WORK** Proactive approach

DDN National Conference THURSDAY 13 JULY 2023

The National Motorcycle Museum, Birmingham

SAVE THE DATE!

For more information 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.



'It's about having a safe space, not just a roof'

Soaring rents, stagnant rates of housing benefit, and many more families facing homelessness. The investments in the drug strategy and rough sleeping strategy are a vital intervention but we need to heed Crisis' call for a more preventative homelessness system (p15). There's a key role for drug and alcohol workers here in making the integrated care systems a reality, right from the commissioning stage, so in this issue we've had a look at some of the excellent work going on around the country to address homelessness and the many complexities that relate to it.

It's all about having a safe space, and not just a roof over your head. And that's where all those different elements of support are so important, whether they offer a refuge from abusive relationships, a chance to break with a compulsive behaviour such as gambling, or a chance to detox or stabilise.

These are, of course, demanding roles – and you need to be confident as well as qualified to work well with such diverse tasks and specific issues that have a direct bearing on someone's health and wellbeing. It's not the situation to take a guess. So here's an interesting question: has your training and professional development suffered at all since the pandemic (p16-17)? Have a read and let us know because we're looking at careers in our next issue. Are you getting the support you need?

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



Government announces £421m funding for next two years

Local authorities in England will receive £421m for drug and alcohol treatment services through to 2025, the government has announced. More than 150 councils are being allocated funding, which includes £154.3m for 2023-24 and 'indicative funding' of £266.7m for 2024-25.

The money will help to enhance the quality of treatment on offer, support more people leaving prison into treatment and allow the recruitment of more treatment staff, the government states, with more people benefitting from residential rehab and inpatient detox services.

The funding is part of the government's commitment to 'significantly' increase treatment capacity as part of its 2021 drug strategy, it says, and follows the £94.5m made available for 2022-23 and the recent announcement of £53m to improve housing support (see below). Areas with the highest need have been prioritised,

the government says, based on the size of their treatment populations, drug-related death rates, opiate and crack prevalence, and levels of crime and deprivation.

'This continued investment is very welcome and will be crucial in supporting local authorities and their partners to increase the capacity and quality of their services for people with drug and alcohol dependence, in line with the key recommendations of my *Independent review of drugs*,' said Professor Dame Carol Black. 'This will help realise the ambitions of the government's ten-year drug strategy, to deliver a world-class treatment and recovery system, reduce drug use and drug-related crime, and save lives.'

'This investment in treatment and recovery services is crucial to



'This will help realise the ambitions of the government's ten-year drug strategy, to deliver a world-class treatment and recovery system.'

PROFESSOR DAME CAROL BLACK

provide people with high-quality support, with services such as expanding access to life-saving overdose medicines and outreach to young people at risk of drug misuse already helping to reduce harm and improve recovery,' added health and social care secretary Steve Barclay.

'This funding will help us build a much-improved treatment and recovery service which will continue to save lives, improve the health and wellbeing of people across the country, and reduce pressure on the NHS by diverting people from addiction into recovery.'

businesscornwall.co.uk

Government pledges housing support cash

UP TO £53M IS TO BE ALLOCATED TO 28 LOCAL AUTHORITIES across England to improve housing support for people in drug and alcohol treatment, the government has stated. The money will go to the areas with the greatest need, across all regions of England, says DHSC, and will allow local authorities to establish housing support schemes tailored to their local populations. The funding will also 'test the impact' of providing extra housing support to improve recovery, it adds.

The aim is to help people in treatment achieve sustainable, long-term recovery through maintaining independent living, DHSC states. 'Addressing the housing-related needs of people in treatment with drug and alcohol dependence was a critical part of my *Independent review of drugs*,' said Dame Carol Black.

'I am pleased that government is working with 28 local authorities across England to test the effectiveness of housing support interventions over the next three years. Learning from these areas will inform and drive forward the ten-year drugs strategy, making the case for safe and supportive housing in recovery from addiction.' See feature, page 8

New voice for collective



JESS MULLEN, previously director of influence and communications at Clinks, has been announced as the new chief executive of

Collective Voice. She replaces Oliver Standing, who is taking up the role of director of communications and external affairs at Humankind.

'Jess is well known by many across the sector as an impressive senior leader who has helped to shape national policies and impact the lives of many people through her influential work,' said Collective Voice chair Lea Milligan.

'I have no doubt her passion, gravitas and knowledge will lead to great steps forward in our next phase, building on the significant achievements made in recent years under Oliver's leadership. During the cost-of-living crisis it is vital that Collective Voice continues to ensure that the services offered to those most in need are supported, enhanced and expanded.'

Campaigners call for increase in alcohol duty

Almost 50 leading health experts have written to the chancellor urging him to increase alcohol duty when the current freeze ends later in the year. Among the signatories are Dan Carden MP and the chief executives of Alcohol Change UK, Humankind, Nacoa, and the British Liver Trust, as well as the president of the Royal College of Surgeons and the chair of the Royal College of General Practitioners.

A decade of cuts and freezes to alcohol duty have seen alcohol become 14 per cent more affordable since 2010, the letter states, which has 'undoubtedly' contributed to the current record numbers of alcohol-related deaths. Alcohol-specific deaths in the UK reached their highest ever level in 2021, at more than 9,600 – a 27 per cent increase in just two years (www.drinkanddrugsnews.com/alcohol-specific-deaths-in-the-uk-reach-highest-ever-level).

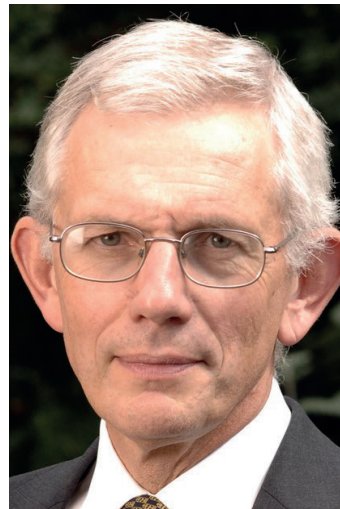
When the 'alcohol duty escalator' – the annual 2 per cent increase above inflation – was in place, deaths of alcohol-related liver disease fell, it points out.

The current rate of inflation means that while the price of

beer has risen by just over 5 per cent since 2010, and wine by just 2 per cent, the price of juice has risen by almost 17 per cent over the same period, the letter points out. The decade-old estimate of a £3.5bn annual cost of alcohol harm to the NHS in England alone is likely to be a 'significant' underestimate, it adds. 'Increasing alcohol duty in the upcoming spring budget would help to alleviate pressure on the NHS and generate much needed income,' said Alcohol Health Alliance chair Sir Ian Gilmore.

'Moreover, if the chancellor builds automatic uprating into the duty system, he will ensure that his duty reform plans remain effective well into the future, protecting the lives of people today and for generations to come. As former health secretary I'm sure he will appreciate the damage alcohol harm does to communities, frontline services and the economy. Since 2019 we have seen a 27 per cent rise in deaths from alcohol and over 1m hospital admissions a year. These record-breaking rates of harm cannot be ignored any longer.'

Letter at <https://ahauk.org/news/alcohol-duty-spring-budget/>



'Since 2019 we have seen a 27 per cent rise in deaths from alcohol and over 1m hospital admissions a year. These record-breaking rates of harm cannot be ignored any longer.'

SIR IAN GILMORE

Drug-free wings in 45 prisons

THERE HAS BEEN A 'DOUBLING' OF DRUG-FREE WINGS IN PRISONS, the government has announced. 'New incentivised substance-free living units' are now operating in 45 jails in England and Wales, it says, with up to 100 special blocks planned by 2025 alongside special abstinence-based recovery wings.

The incentivised units feature regular drug testing as well as 'substance misuse courses', while the government is also investing in up to 18 drug recovery wings

where prisoners will receive six months of intensive abstinence-based treatment. The aim of both the incentivised units and recovery wings is to reduce the risk of reoffending.

The incentives for prisoners include extra time out of their cells and more education and work opportunities, and 'once they've turned their back on drugs for good' – including any substitution medication – they will have the opportunity to be transferred to a recovery wing.

Funding for the incentivised units and recovery wings comes from the financing already allocated as part of the ten-year drug strategy.

A 2020 report from the Reform think tank found that the number of prisoners saying they'd developed a drug problem while in prison had doubled since 2013-14, to almost 15 per cent of all prisoners, with a 'significant' impact on levels of violence. www.drinkanddrugsnews.com/prisoners-developing-drug-problem-doubles.

Local News



FORWARD MOTION

Forward Leeds has won the contract to provide the city's alcohol and drug support services for at least another five years. The decision was 'testament to the dedication of our staff and volunteers who provide the highest quality of care and support,' said Lee Wilson, regional director Humankind – one of the three charities that make up the Forward Leeds consortium.

CELEBRATING MAGGIE

BDP will be holding a celebration of the life of Maggie Telfer on 10 March at St George's, Bristol. The date is the 37th anniversary of BDP opening its doors, a 'testimony to Maggie's courage and vision' the organisation states. 'We look forward to celebrating her legacy with you.' Details at www.bdp.org.uk/celebrating-maggie.

BRANCHING OUT

WDP will be delivering a specialist smoking cessation service in the London Borough of Redbridge – 'an exciting new development for WDP' said executive director of services Craig Middleton. 'At WDP we're passionate about supporting people to improve their health and wellbeing and this is a perfect opportunity for us to support more people to do just that.'



THE RIGHT SUPPORT



Needs-led, wraparound services are vital to tackling homelessness, says **Vanessa Johnson**

Homelessness is a growing scourge in British society, which the government seems unable – or unwilling – to tackle. People find themselves homeless for a variety of reasons, including mental health challenges, loss of income, and/or substance use.

While many people's ideas of homelessness are based on street homelessness, this is just the tip of the iceberg. According to Shelter, homelessness applies to anyone without a permanent home – the 'hidden homeless' includes those living in unsuitable or temporary accommodation, in hostels or bed and breakfasts, those temporarily staying with others, or those who are sofa-surfing.

Social Interest Group (SIG), as a group of charities, offers a range of integrated support services with an emphasis on prevention, early intervention, integration, and recovery for people at risk of losing – or who have lost – their independence. We offer support

services, interventions, and opportunities through:

- *Supported accommodation – either temporary or longer-stay projects for up to two years, with onsite staff support to recover from a period of instability, to prepare for independent living, and to offer a safe and secure home to those who need additional support while focusing on resident asset building and becoming active citizens.*
- *Housing-related floating support – a peripatetic service offering needs-based individualised support to enable residents to live independently and successfully in their own communities.*
- *Community-based recovery services – creating community-based opportunities for residents, members, and volunteers to engage in social, learning and therapeutic activities and groups to develop skills and reintegrate into their communities.*

HIDDEN HOMELESS

I spoke with Emmeline Irvine, our head of services and specialist lead for homelessness and complex needs. She explained how homelessness is tackled across Luton, where she's based. 'Like many of us working across SIG, homelessness is an issue and challenge that is never far from our thoughts at every level – from frontline work to partnership working and our trauma-informed approach to policy and best practice development,' she says.

'One of my primary locations of concern is Luton, where many of our services are located. More than 3,450 people are homeless in Luton – one in 66 people. Luton has seen a slight decrease in the number of rough sleepers, but our experience suggests that homelessness is becoming more hidden. The cost-of-living crisis and the lack of affordable housing is only going to further impact the number of people needing support to

be accommodated safely in appropriate housing with the right support.'

It is vital to offer needs-led, wraparound support to meet the needs of those experiencing homelessness, she stresses, and Housing First is a familiar model to most – 'whereby safe and secure accommodation is provided, with no conditions of tenancy, offering people who have experienced homelessness and chronic health issues and have social care needs a stable home from which to rebuild their lives.'

Locally, SIG Penrose is part of the Bedford Homeless Partnership and the Luton Homeless Partnership, and the value of these partnerships is vast, she says. 'They can help to challenge myths and stigma around homelessness and provide opportunities for like-minded organisations to work together, along with local authorities, to gather data and insight and find solutions.'

Understanding trauma is also key. 'Having a trauma-informed approach is essential, as positive change for people who have experienced homelessness can be a long journey. The links between homelessness and isolation, unemployment, poverty, and mental ill health are well documented and require a truly holistic approach.'

BUILDING TRUST

'In Luton, we've been looking at the challenge of people not accepting accommodation where offered – we need to work as a partnership to understand the



From the street

As a charity, SIG sees the effects of homelessness firsthand and increasingly supports people experiencing homelessness in some of its services. Two residents share their experiences.

SOREN'S STORY

Soren did a variety of jobs in his 20s, usually losing them as a result of his drinking. At 27, his GP referred him to Ealing RISE and he went into detox. Offered a flat by the local council, he was abstinent for around nine months before again losing his job. After a two-week spell in prison he 'spiralled out of control', eventually losing his flat. He was offered another detox place but couldn't accept it as he was homeless.

He was then accepted at a 'wet house', where he relapsed again.

He was now street homeless, but after attending a series of

12-step programmes he entered Cherington House in Ealing. He's been there for 18 months and has been sober for around two years. He still attends RISE and goes to AA meetings but believes there's a lack of understanding around the links between homelessness and factors like substance misuse.

'For the majority, there's not enough help,' he says. 'People must want to change and need gentle support, not preaching and ultimatums. People that look down on the homeless don't realise they can only be one or two pay cheques away from being there too.' He

'Staying sober and living sober is different. That's where the hard work and aftercare come in.'

hopes to move on to independent living, but only when the time is right. 'I will need extra support, though. I know what it takes to stay sober, but I'm learning what it takes to live sober. Because staying sober and living sober is different. That's where the hard work and aftercare come in.'

WESLEY'S STORY

Wesley* first became homeless early in 2022, but was not street homeless for very long. He'd been arrested the previous year and charged with bodily harm and criminal damage (to his own property). Although the assault charges were dropped, he went from living with his partner and children to moving back in with his parents. He'd been drinking heavily since 2017, eventually losing his job. 'Alcohol's sole intention is to isolate you from everyone so it can control you,' he says.

After falling out with his parents he went to the Medway Council's offices and told them that he needed help, and was eventually referred to SIG Pathways to Independence. He now lives in a shared house, and is hoping to be permanently housed. He volunteers, and is in touch with Turning Point and Open Road. He's also started adult education classes, and has contact with his children and extended family.

'When you find yourself alone even though there are others around you, with nowhere to go, that's what rock bottom means to me,' he says. 'I'm grateful that I'm in contact with my family again. It took a lot of hard work to build trust again but it's the fear factor of knowing that I have a lot to lose that keeps me going. I'm tremendously grateful to Pathways. I'm living just for today. I have to make the right choice. My message to anyone who finds themselves in similar circumstances is to ask for help.'

**Not his real name*

various reasons why the offer of somewhere to live may not be enough to break the cycle of homelessness for some. In December 2022, the Luton rough sleeping teams were aware of 25 people who were rough sleeping, but five of those did have accommodation available to them.

For those of us working in temporary accommodation and homelessness provisions, we understand that building trust is key to positive engagement. So we work alongside our homelessness partners in Luton to offer an approach that covers housing, mental health support, substance and alcohol support, and primary care needs, and we take the offer to the street homeless population to make those initial links.'

CONTINUED PRESENCE

SIG will continue to play its part in supporting people experiencing homelessness. Our services and geographical locations work to deliver homelessness services, especially in Kent, through our Pathways to Independence services, and in the Royal Borough of Kensington and Chelsea through the SIG Penrose Complex Needs Hub. We have a wealth of knowledge and a broad range of services across the group, and we work together to shape best practice. But one thing is certain - homelessness should not become the norm for those who find themselves in difficulties.

Vanessa Johnson is communications manager at SIG.



Alongside last month's welcome confirmation of treatment funding until 2025, the government also announced more than £50m to provide targeted housing support for people in treatment and recovery – the first time this has happened as part of a national drug strategy. **DDN** hears from OHID's Rosanna O'Connor about the grant's aims and ambitions



CLOSE TO HOME

Last month saw the sector breathe a collective sigh of relief when the government confirmed its allocation of treatment funding for the next two years – more than £154m for 2023-24, followed by indicative funding of almost £267m for 2024-25. The announcement provided certainty and allowed the field to properly plan for the future, said Turning Point's chief operating officer Clare Taylor,

one of many leading figures in the sector to publicly welcome it (www.drinkanddrugsnews.com/government-confirms-421m-treatment-funding-for-next-two-years).

PRIORITIES

The new funding would prioritise the areas with the greatest need, the government said, and enhance both treatment capacity and quality. As well as providing more residential rehab and

inpatient detox places, it will also address the sector's staffing crisis. All of this is, of course, sorely needed. But last month also saw a separate announcement of up to £53m to improve housing support for people in treatment and recovery (www.drinkanddrugsnews.com/government-pledges-housing-support-cash-for-areas-most-in-need).

According to the latest OHID figures, a sixth of all people entering treatment – and a third of those entering treatment for opiates – reported having a housing problem (www.drinkanddrugsnews.com/number-of-people-in-alcohol-treatment-up-by-10-per-cent), and according to Crisis two thirds of people experiencing homelessness cite substance use as a reason for becoming homeless in the first place.

HOUSING FIRST

Everyone now agrees that good quality, stable and affordable housing is a crucial part of ensuring successful recovery, but is it something that's perhaps been overlooked in the past? 'Although the importance of housing in supporting recovery has been emphasised in previous national drug strategies, this is the first strategy where funding has been secured to help us

understand what works,' Rosanna O'Connor, director of addictions and inclusion at the Office for Health Improvement and Disparities (OHID), tells *DDN*.

The funding will be allocated to 28 local authorities across England with the greatest need, and as well as allowing local areas to set up schemes tailored to their local populations it will also be monitored to help develop an evidence base.

Among the approaches chosen are specialist housing caseworkers operating from prevention hubs in Manchester, people with lived experience helping those struggling to maintain independent living in Wigan, and cross-department training to create joined-up care for people experiencing homelessness in Lancashire. Why was this chosen?

'OHID worked closely with the Department for Levelling Up, Housing and Communities to design a menu of housing support interventions that we thought could have the greatest impact on the housing needs of people in treatment and recovery,' says O'Connor. Eligible local authorities were then asked to submit funding plans based on this, but with the flexibility to propose their own interventions.



'Providing floating support into a range of accommodation settings is a core part of the housing support grant. We're funding interventions based on the need in local areas.'

ROSANNA O'CONNOR



'The main categories for the menu were specialist substance misuse floating support workers and housing specialist caseworkers,' she says. 'Areas have submitted plans that include a range of different posts within these categories, some focusing on specific populations accessing treatment with housing-related needs, such as women or people leaving the justice system.'

COMMUNITY APPROACH

Manchester's approach is being supported because 'we know how important it is to get support workers into the community, rather than waiting for people to be referred into their services', she states. 'That's why providing floating support into a range of accommodation settings is a core part of the housing support grant. We're funding interventions based on the need in local areas – for example in Middlesbrough, a team of specialist caseworkers will carry out homelessness assessments and provide continuity of care to people leaving prison.' Hertfordshire, Manchester and Bristol are also considering similar roles, she says.

Recruitment and retention of the workforce is clearly a key challenge, she points out, and local authorities are being encouraged to fund training and support through the grant to ensure their staff have the knowledge and skills they need.

'We know that integrated or multi-disciplinary teams, such as the one we're funding

in Lancashire, can provide a better offer to people through a more joined-up approach – and encouraging staff to learn from each other and network through training opportunities is a key part of that. Oxfordshire is introducing a new health and housing coordination role to deliver a programme of training across housing and drug and alcohol services, while in Bradford a training and development co-ordinator will develop and coordinate a training academy and source training, development and learning for staff working on the housing support grant.'

The programme will also be funding specialist support for people with an acquired brain injury that has been caused or exacerbated through alcohol or substance use.

AFFORDABILITY

However ambitious and well-intentioned this all is, however, there's a long-standing and acute shortage of affordable housing in the UK – how much of a challenge is this going to be in terms of properly addressing the housing needs of people in recovery?

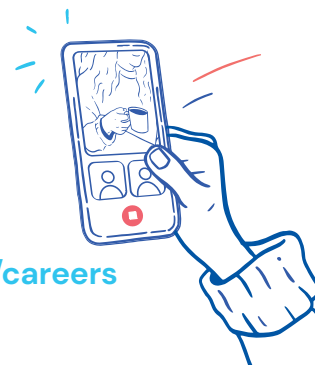
'This is obviously a challenge that goes beyond the scope of the drug strategy housing support grant to solve,' she says. 'But the grant has been set up so we can test and learn how to approach providing this type of support, and we have purposefully ensured regional representation so that we can also test the impact of these variations across the regions.' **DDN**

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

ASPINDEN CARE HOME



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

Aspinden Care Home is a CQC registered specialist residential service supporting those individuals that are living with the effects of long-term alcohol misuse and/or addiction, are resistant to change, and exhibit 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.

To make a referral

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



Female friendly



Following the Drugs, Alcohol and Justice APPG's look at the challenges for women accessing treatment in last month's *DDN*, **Anna Whitton** describes some developments at WDP and across the sector when it comes to improving women's treatment provision

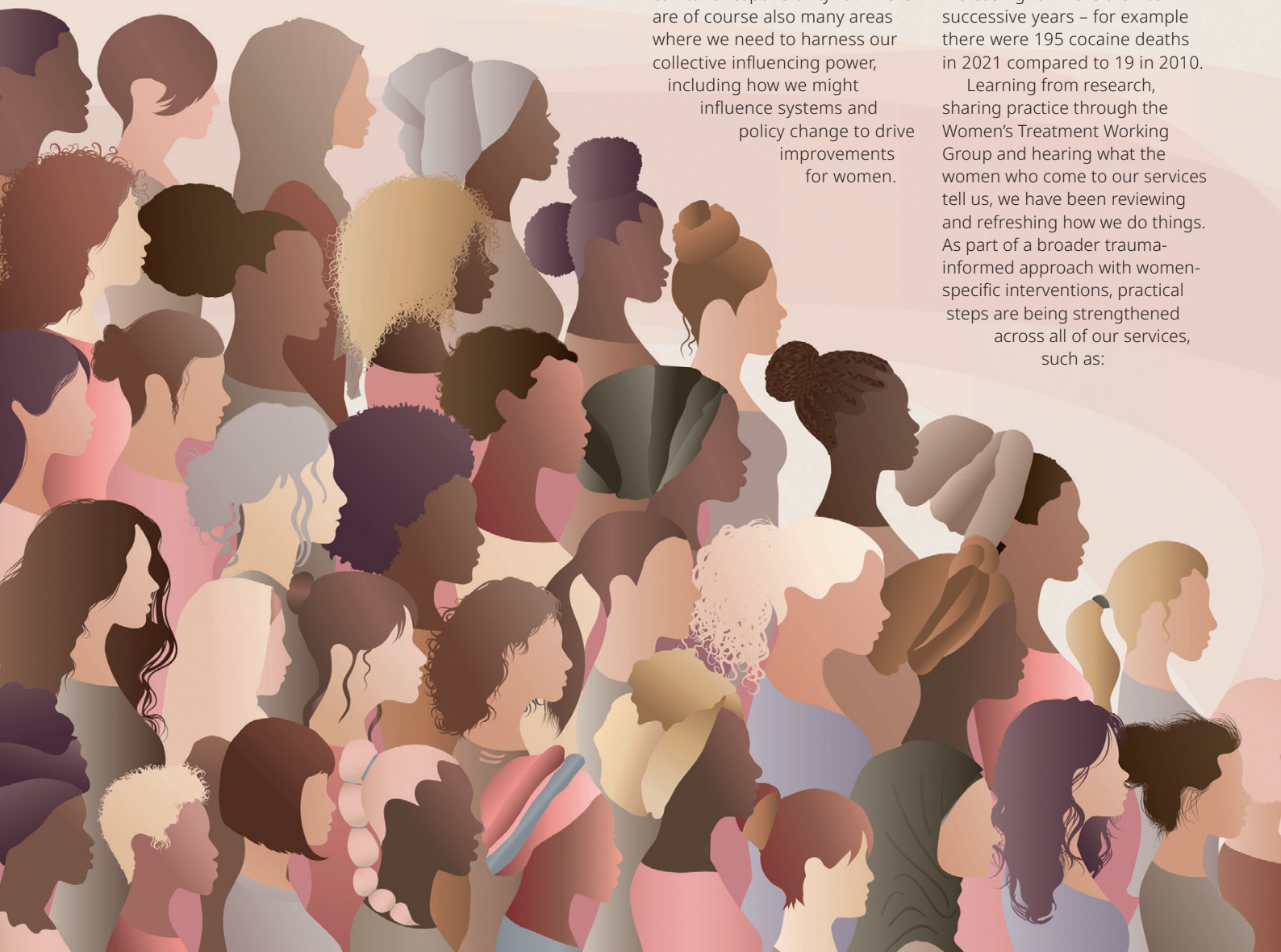
The Collective Voice 'Women's Treatment Working Group' launched on International Women's Day 2021. Comprised of female leaders who come together to make a difference, we share practice, influence our respective organisations, and advocate externally on the need for improved drug and alcohol services for women.

Central to our approach is a recognition that there are much-needed changes that we can take responsibility for. There are of course also many areas where we need to harness our collective influencing power, including how we might influence systems and policy change to drive improvements for women.

Our presentation to the Drugs, Alcohol and Justice All-Party Parliamentary Group last month (*DDN*, February, p23) is an example of this work. To find out more about the group, check out our page on the Collective Voice website at www.collectivevoice.org.uk/womens-alcohol-and-drug-treatment.

This collaborative approach is especially timely – women have been under-represented in services for too long, and the data presents a worrying picture. Drug-related deaths among women have been increasing for more than ten successive years – for example there were 195 cocaine deaths in 2021 compared to 19 in 2010.

Learning from research, sharing practice through the Women's Treatment Working Group and hearing what the women who come to our services tell us, we have been reviewing and refreshing how we do things. As part of a broader trauma-informed approach with women-specific interventions, practical steps are being strengthened across all of our services, such as:



- **Implementing women-only spaces** – spaces and times of day where men (staff and service users) are not present.

- **Setting up accessible appointment times** – for example, making sure that women who are the sole/main person responsible for childcare do not have appointments scheduled during half-terms, and not offering appointments outside of school or nursery hours or too close to pick-up/drop-off times.

- **Offering alternative appointment venues** – looking at other options in the community which might be easier to travel to – such as somewhere they already have other appointments at – or a place they feel more comfortable meeting in.

- **Arranging for female workers to attend probation on a Friday** – as this is often when people are released from prison, ensuring that there are female workers available for any women who need to meet with their local treatment service on the same day.

- **Connecting with family support providers** – for example, we are building relationships with Home Start in our local areas.

- **Working closely with specialist women's centres** – enabling access to treatment through safe women-only spaces where women can also access a wider range of support to meet their needs.

We are also excited to be launching a women's co-production audit across our services. We think it's important to make sure that we

really hear women's voices and work together to implement change – our new audit will help us to do that. Together, we will be assessing what we currently have in place and, from this month onwards, we will regularly audit our services with women to establish what we are doing well and what we could be doing better.

As well as looking at areas of improvement and best practice, the Women's Treatment Working Group shares learning about what is currently available nationally and where there are gaps in treatment provision.

At WDP, we had been talking with The Nelson Trust about women's treatment needs, as they have a strong track record in delivering women's services including women-only residential services. They had already identified a lack of women-only detox provision as a major gap and specific barrier to residential rehabilitation, as detoxification is often required before women can access these services.

While there are some women-only residential rehabilitation services and more in development – for example, Phoenix Futures and Ley Community are opening a site in Oxfordshire later this year – there is currently no women-only specialist inpatient detoxification service in the UK.

Together with The Nelson Trust, we were committed to finding a solution and are now addressing this gap by implementing a women-only inpatient detoxification. This collaboration draws on the respective and complementary strengths of our organisations, incorporates lived experience in co-design and development, and will involve the mobilisation of a new site in Gloucestershire, which we anticipate will open this year.

As part of this exciting provision, we will be recruiting for some new and interesting women-specific roles so keep an eye out. If you'd like to support or get involved with

‘Having worked with WDP over many years now we're really excited and looking forward to further developing a collaboration around trauma-informed women specific detox.’

JOHN TROLAN, CEO,
THE NELSON TRUST

the development of this new initiative, please contact me on anna.whitton@wdp.org.uk.
Anna Whitton is CEO of WDP

WOMEN SUPPORTING WOMEN – STORIES FROM THE FRONTLINE

What is good practice when working with women in drug and alcohol treatment services?

Are you working with women with drug or alcohol issues?

Do you want to better understand what gender responsive treatment looks like in practice?

Do you want to hear ideas to improve outcomes for women?

Join Collective Voice on International Women's Day, Wednesday 8 March, between 10 and 11:30am to explore good practice when working with women in drug and alcohol treatment services. The webinar will be chaired by Phoenix Futures chief executive Karen Biggs and will feature a range of speakers from frontline service delivery alongside lived experience testimony:

- *Working with women's trauma: practical tips and hints to help build your toolkit when working with traumatised women* (Evgenia Stefanopoulou, Turning Point)
- *Voices of lived experience: themes and reflections from women using services* (April, Working with Everyone)
- *Meeting women where they are at: examples from practice of creative ways to engage with women – from drop-ins to menopause support* (speaker tbc)

There will be a Q&A after the presentations, so please do join us to share your thoughts on this crucial topic.

Sign up to attend the webinar at <https://www.eventbrite.co.uk/e/women-supporting-women-stories-from-the-frontline-tickets-533398959647>





A TRICK UP THEIR SLEEVE?

The long-delayed gambling white paper is apparently due imminently. But what should be in it, and will lobbying from the industry mean it's full of watered-down proposals?

What has emerged in evidence is a picture of a torpid, toothless regulator that doesn't seem terribly interested in either the harms it exists to reduce or the means it might use to achieve that,' is how chair of the Public Accounts Committee, Dame Meg Hillier, described gambling regulator the Gambling Commission in 2020 (www.drinkanddrugsnews.com/gambling-oversight-complacent-and-weak-says-commons-committee), adding that a review of the 2005 Gambling Act was long overdue.

The Department for Digital, Culture, Media and Sport (DCMS) did launch a review later that year, and the outcome of that – the gambling white paper – is itself now long overdue. Last slated for publication in the summer of 2022, it's apparently once again due to be published very soon.

NOT FIT FOR PURPOSE

The 2005 act was the UK's last significant piece of gambling legislation, and predated the world of instant access to a 24-

hour casino for anyone with a smartphone in their pocket. But in the same way that the drinks industry saying 'please drink responsibly' on adverts shifts responsibility for problem drinking to the individual, gambling ads and websites include 'gamble responsibly' messages and statements that players can set their limits or impose self-exclusions for set periods.

Judging by the number of fines handed out, however, some of these tools are perhaps not quite as robust as they should be. Last summer the Entain Group was ordered to pay £14m for failures at LC International Ltd, its online business which runs Ladbrokes.com, coral.co.uk and foxybingo.com, as well as an additional £3m for its Ladbrokes Betting & Gaming Ltd business, which operates its physical premises (www.drinkanddrugsnews.com/gambling-firm-hit-with-record-17m-fine).

Among the failings were an online customer who deposited more than £230,000 over an 18-month period with just a single chat interaction from the company. Worryingly, even those customers who were subject to

enquiries and restrictions were allowed to open multiple accounts with other Entain brands, including one who was blocked by Coral only to immediately open an account with Ladbrokes and deposit £30,000 in a single day.

VAST PROFITS

The UK is one of the biggest gambling markets in the world, and its vast profits – like those of the alcohol industry – finance its lobbying power, with press reports that some gambling firms had been telling the government that tighter regulation risked hitting the more than £3bn taxes it receives from the industry every year. But while the industry's profits are vast, so are the costs. According to PHE's 2021 *Gambling harms: evidence review* document, gambling harm costs the country almost £1.3bn a year (www.drinkanddrugsnews.com/cost-of-gambling-harms-at-least-1-27bn-a-year). The document even provided estimated figures for the cost of homelessness associated with harmful gambling, at £62.8m, as well as gambling-related suicide, at £619.2m.

One of the most contentious

areas the Gambling Review covers is sports sponsorship, and according to the BBC the likelihood is now that Premier League clubs will be expected to agree – voluntarily – to no longer having the names of gambling firms on the front of their shirts.

PUBLIC SUPPORT

Whatever the white paper contains, however, it's likely that any serious moves to tighten gambling regulations will be popular with the public. A 2021 YouGov survey of almost 12,500 people found that more than three quarters of adults backed a pre-9pm ban for gambling adverts on TV and radio, with more than 60 per cent backing a blanket ban on advertising for all gambling products (www.drinkanddrugsnews.com/three-quarters-back-tighter-gambling-ad-restrictions).

The charity Gambling With Lives, which was set up by families bereaved by gambling-related suicide, wants to see a complete end to gambling advertising and sponsorship, a statutory levy on the industry to fund independently-provided treatment, research and education, and stringent affordability checks enforced across all gambling operators. It also wants every gambling-related suicide – which according to a 2019 PHE report average out at more than one a day – to be investigated and learned from.

'The government now has the biggest chance since our country's current gambling laws

Dreaming of the big win

It all began with waiting outside the betting shop as a child. Bezzo shares his journey and his hopes for government action

T rue to life, even a gambling addiction has to start somewhere. I suppose my actual beginning was when I was very young and waiting outside the bookmakers for my uncle to place his bets on the day's horse racing. Betting shops were seen as dark places, filled with smoke and old men who had nothing better to do. I guess this would be my beginning, but in those days you had to be 18 to enter, just like today – which is probably the only thing that hasn't changed over the years. Nowadays there is a bookmakers on every street corner, all nicely decorated, full of bright colour and offering free drinks to anyone who pops in. Looking back it was horse racing or greyhounds, and that was about it. Nothing ever happened after 5pm – the shops closed as did the bookmakers, whereas now bookmakers stay open until 10 or 11pm at night and the internet offers a complete new ball game, access 24/7. It's that simple.

THE MIDDLE

The addicted person is driven by a dream and desire to win big and that certainly applied to me. The idea is that whatever the bet, you're always one bet away from that dream turning into reality. Unfortunately dreams are exactly that and can very quickly turn to nightmares. You become a very lonely person – all of your money is thrown at the venture, with the thought that it will come back tenfold. Some days it did, and you were everybody's friend, but mostly you would be chasing your losses and trying to find some common ground to heal your wounds and re-evaluate what went wrong, forming a new strategy for tomorrow. Yes, you always have a plan for the next day, however much was lost the day before.

I won thousands over many years, but the losses... it just scares me to think about how much! The implications are very simple – your whole world is concentrated on gambling, you have a very blurred vision, like a horse would wear blinkers in a race. All I would focus on was betting, studying the form and the next best bet. If a loved one suggested going out, firstly you would have to check if it clashed with a bet, and then if you could afford to outlay good gambling money. If it came to it, gambling would always win.

THE END

Hopefully, my ending is a happy one. I gambled away a fortune over many years. I always managed to hold down good jobs and made good progress up the ladder to management, but then ended up

falling from a great height – not only wasting my own money, but using company funds to feed my addiction. In the end my wife and her family probably saved my life. If they hadn't supported me at one of the worst moments of my life, I would have ended up homeless no doubt. So it's not just about the person at the centre, but also about all the affected others – husband/wife, children, family and friends.

FIRST STEP TO HELP

What have I learnt from my addiction that could help others and those who are trying to help them?

One of the biggest challenges is that gambling is a silent addiction – there are no tell-tale signs that someone is a problem gambler. Any person you come into contact with on a daily basis could be suffering with a gambling addiction.

As always with addictions, it's really hard to take the first step of accepting help. The shame of admitting your problems to loved ones, colleagues and friends is a big hurdle to overcome. Gamblers tend to be loners and only ever talk about when they have won – you never hear a gambler talking up their losses. Someone with a gambling problem needs to have trust in a professional trying to help them before they are likely to admit to a problem.

POLICY CHANGES

We are still waiting for the government's white paper on gambling – in particular we need to find out whether there will be a levy on the gambling industry to help pay for the badly needed treatment services. Here are the things I'd most like the government to do:

1. *Gambling adverts removed from television, or at least moved to after the watershed.*
2. *Gambling companies' logos and sponsorship removed from all sporting events, shirts and boards around grounds.*
3. *Gambling companies to make sure all customers predominantly on the internet are checked for different accounts with other companies and that affordability checks are carried out.*
4. *For those falling foul of the system, better support is required with more therapy available on a national basis.*
5. *We need better support, treatment centres, probably via the NHS, in hospitals, police stations, prisons, probation services and doctors' surgeries, offering practical and emotional support.*

I think it will take a long time to achieve these goals, but people with lived experience of the consequences of gambling will be key to making change happen.

Bezzo's book, Gambling Ends Behind Bars!, published in January, is available on Amazon. Thanks to Russell Webster who included this piece in his extensive resources at www.russellwebster.com

'What has emerged in evidence is a picture of a torpid, toothless regulator that doesn't seem terribly interested in either the harms it exists to reduce or the means it might use to achieve that.'

were drawn up in 2005 to fix this broken system,' said co-founder Liz Ritchie in January. 'A statutory levy on the profits of the gambling industry to pay for the harm it causes – administered by an independent board – would revolutionise the way gambling-related information, treatment and education is conducted in this country. More awareness about the dangers of gambling would mean fewer people falling into addiction, and those that did would receive much better treatment. The deaths would plummet. Each day one less family would be shattered.' **DDN**

Gambling harms: evidence review at www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2





SI PARRY

Si Parry had the heart to make a difference and the charisma to inspire

We were devastated to hear of the sudden death of Si Parry, on 3 February, of natural causes. Si and Sue were known to so many as passionate and effective activists as well as kind and caring friends. They were a much-valued part of our *DDN* conference team for so many years and kept in regular touch about their vital activities at Morph in Southampton, where they helped to keep so many people safe and informed about harm reduction and unsafe drugs in circulation, while giving much-needed advocacy around services. Their regular newsletter/fanzine *Morphin'* achieved cult status. Our deepest sympathies to his family; he will be greatly missed as these reactions show...

'Si's loss has been a great shock to the many people who loved him.'

'What a sad loss. I loved Si's energy.'

'He was the kindest, most gentle soul.'

'He was such a lovely bloke, and one of the core stalwarts back in the day.'

'When I met Si, I was a bit awestruck to be honest. I had been "user organising" for 16 years already but he had managed to get state support to do it via his local voluntary sector NGO. This was very grown up to me... I had immediate respect. The UK is losing a good man. May he rest in peace and power. Huge love and strength to his nearest and dearest at this time.'

'ALWAYS a pleasure to both know and work with Si and Sue and to spend time with them both.'

'He was such a force for good and change. I learnt so much from him on how to fight the system with kindness. I have so many great memories. He was a legend, kind, sweet and so passionate about helping others.'

'Si was amazing, so friendly, fun and wise.'

'Si was a grassroots activist who did so much for the drug-using community. Living the punk ethos to the full.'

'One of the nicest guys.'

'I worked with Si and Sue when I was covering their region with my job at the Alliance... They both took me under their wing and made me feel so welcome.'

'They say the good die young... Si was a good one!'

'I remember Si and Sue well from conferences and I remember *Morph* well too. They were inspirational to me on my own journey and gave me great advice on setting up a similar fanzine.'

'I hung out with Si and Sue when I went to the *DDN* conference. We always find our own. Really lovely fella.'

'What an amazing man. I saw Si give so much to the cause he was so passionate about – he held the hands of many of those who joined after him, and it was always a pleasure to see him, speak to him and watch him schmooze the room seeking out those who had the power the change things for those he cared about representing. What a loss to his family, friends and colleagues, current and past, and to mankind as a whole.'

'We all had such good times at the conferences together, those days truly were to be treasured.'

'Rest in punk, you beautiful being.'



LETTERS AND COMMENT

LET'S LOOK AT LIFESTYLE

We're writing in response to the article about peer pressure, habit and lifestyle as determinants of heavy drinking among the baby boomers (*DDN*, Feb, p6). It's very significant that such factors affect different sectors of the population and that younger generations drink much less in general. Overall, attention to myriad factors and focus on the many different profiles of population are crucial.

The article also refers to

concerns about marketing and sport. Our own primary work is about gambling, and here it is younger generations that are most affected by peer behaviour, habit and lifestyle. It is worth noting that the consumption of alcohol and other drugs is highly associated with gambling disorder: a major study for instance concluded that 73 per cent of people encountering severe gambling distress are suffering at the same time from alcohol dependence.

Overall, while importantly

bearing in mind variations in sub-populations, the pervasiveness of marketing and sponsorship of gambling and alcohol normalise these culturally. This would be another determinant of older people's behaviours but applies across populations. Television advertisements combine the excitement of gambling with that of sport and some choose to set the scene in a pub. The relationship between gambling and drinking (and other drugs) is not frequently discussed.

The writer Jack London (*Call of the Wild* among many other books) was a very heavy drinker and he suffered badly with it. In

his memoir about alcohol, *John Barleycorn*, he is in no doubt what attracted him to it in the first place. He writes:

'My first contacts with alcohol, told of my first intoxications and revulsions, and pointed out always the one thing that in the end had won me over – namely, the accessibility of alcohol. Not only had it always been accessible, but every interest of my developing life had drawn me to it. A newsboy on the streets, a sailor, a miner, a wanderer in far lands, always where men came together to exchange ideas, to laugh and boast and dare, to relax, to forget the



AN ESCALATING CRISIS

Significant policy change is needed to tackle the steep rise in homelessness, hears **DDN**

'My door is always open to stakeholders,' Paula Barker MP, the new shadow minister for homelessness and rough sleeping, told the All-Party Parliamentary Group on Drugs, Alcohol and Justice. Labour would be looking for true partnerships and a cross-governmental, trauma-led approach. 'My eyes are wide open to the complexities,' she said. 'It's an enormous task.'

Chris Hicks from Crisis demonstrated this. There had been huge changes since the pandemic, when 37,000 people were supported into emergency accommodation through 'partnership working like we'd never seen before'.

However, we were at risk of going backwards; since then

there had been huge rises in people facing homelessness, eviction and rough sleeping. Cost of living pressures had affected not only energy bills but rent, with average rents increasing by 11 per cent. The gap between housing benefit and private rent had risen by 40 per cent in just five months. Without 'significant policy change' Crisis predicted that we would see homelessness a third higher by 2024, he said.

On substance misuse specifically, Homeless Link's health audit had found that 45 per cent of homeless people questioned were self-medicating with drugs or alcohol to help them cope with their mental health issues. Crack use had increased the most, with 24 per cent of respondents using it, and 20 per cent were using heroin.

So what was being done by government? A rough sleeping strategy promised £2bn investment over the next three years, while the drug strategy earmarked £53m to fund a menu of housing support for people in treatment (see page 4). NICE guidelines on health and care for homelessness advocated multi-disciplinary specialist teams and joint commissioning between health, social care and housing – 42 integrated care strategies were in the pipeline.

Crisis called for a move towards a more preventative homelessness system, which included a duty to refer on to drug treatment. This needed to take place alongside much wider provision of Housing First, as 16,500 more places were needed.

Michelle Christiaens gave her perspective as recovery

project manager at Amy's Place, a joint initiative between the Amy Winehouse Foundation and Clarion Housing to provide supported housing to women aged 18-30. It had been set up to bridge the gap with residential treatment by giving women a two-year period to find their feet, she explained, and was 'a beautiful example of how a charity and a housing association can work together'.

Co-production was at the heart of the home and their 'unique approach to relapse' took a different approach to the all-too common 'one strike and you're out'. 'It takes a lot of courage to come through the door,' she said, and that deserved the chance to work together to figure out what went wrong. Through holistic and person-centred support, 'we get people confident to go back into society and do their thing,' she said.

Former resident Melissa shared how she had found accessing residential treatment really difficult. After an assessment at Amy's Place she was offered a safe female-only environment that became 'a once in a lifetime opportunity' – a time of creativity, emotional growth and blossoming confidence. She discovered the 'major difference between a house and a home' and was set on the path to thriving. 'It was like slowly taking stabilisers off,' she said. It was 'a bridge to independent living'. **DDN**

dull toil of tiresome nights and days, always they came together over alcohol. The saloon was the place of congregation. Men gathered to it as primitive men gathered about the fire of the squatting place or the fire at the mouth of the cave.'

While calling for better treatment, education, awareness, challenging stigma and much greater resourcing and policy initiatives are crucial. We do need also to recognise the social determinants of our lifestyles and the commercial determinants which exploit them.

Adrian Bailey and Martin Paterson, directors, *The Machine Zone Community Interest Company*

A RARE AND REMARKABLE FIGURE

Your tribute to Lord Ramsbotham (*DDN*, Feb, p22) was spot-on. With his military background and bearing, the former chief inspector of prisons commanded respect, but also treated others with respect. He held treatment providers on the frontline in high esteem and was a staunch opponent of the damaging 'War on Drugs'.

It was a privilege to work with David for many years during his inspirational leadership of the Drugs, Alcohol & Justice Parliamentary Group, which he described as offering 'unique

and invaluable opportunities for peers and MPs to hear directly from treatment providers and get the most up-to-date information from those working on the frontline'.

Although always courteous and dignified, he had a rare and remarkable ability to cut ministers and officials down to size and cut through what he called 'the cult of managerialism'.

In recent years he entitled a paper on probation for former shadow justice secretary Richard Burgon *People are not things*. What appears an obvious observation was something he realised was too often overlooked. We must ensure policymakers remember this – and we will always remember him. *Richard Hanford, co-ordinator, Drugs, Alcohol & Justice APPG*

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



An effective workforce needs high quality training. We need to look at staff training urgently if we're going to tackle a skills deficit fuelled by underinvestment and lockdown, says **Kevin Flemen**

This is my twentieth year working fulltime as an independent trainer in the drug sector. Two decades of flipcharts, the odour of marker pens and the slow shift of technology from OHPs, through projectors to Plasma TVs and Zoom training. In that time I've gone from the full-scale training lunch menu in hotels to half a packet of biscuits in a training room with no working heating!

I've survived austerity, COVID lockdowns and more Home Office drugs ministers and drug strategies than I care to remember. I dread to think how many trees' worth of flipcharts I've gone through or how much coffee I've drunk. I've also never been

busier. People looking to book training now are crestfallen when I say that I'll probably be booking them in for March...2024.

EXPERIENCE DEFICIT

While it's good to be busy, it's not ideal. As a sector the gap between training need and halfway decent trainers to deliver it has never been greater. This has serious implications for any expansion of services or enhanced delivery. The days when there were so many trainers out there that they had their own supplement in *DDN* are long gone.

The need has grown in part due to COVID. The sector, which had been losing workers rapidly anyway, lost still more during lockdown, and so many of these were older

experienced workers who took with them years of knowledge. Posts were frozen and then as lockdown continued, recruitment resumed. But as numerous services will attest, it's not always easy to recruit staff, especially those with experience and especially outside urban areas. I've had so many people on courses who are recent graduates, have changed careers or have limited experience in a related sector.

These workers in a normal working environment would learn on the job – shadowing, team meetings, supervision, training sessions and conversations with colleagues in the kitchen. But being recruited in lockdown, they had no chance to do these things. There might be some reading

material, videos online and dialling into meetings on Teams. Some did lots of their own background reading, looked things up and did their best to figure it out. But in short-staffed services with high caseloads, these new workers were needed quickly and so were seeing clients. In lockdown this was likely to mean seeing people online, with no chance to shadow or nip to ask a colleague's advice.

COMPLEX CASES

No surprise then that some of these workers left within months. They hadn't been recruited with the required skills and weren't properly trained. Given complex cases with limited training and support they felt under-skilled, unsupported and anxious about doing the wrong thing. The relief of those attending live training sessions (whether online or face-to-face) was palpable.

Trainers too have had to learn and adapt. Whether it's getting to grips with online training platforms, investing in new equipment, or getting back to training in the real world against

MangoStar_Studio

As a sector the gap between training need and halfway decent trainers to deliver it has never been greater. This has serious implications for any expansion of services or enhanced delivery. The days when there were so many trainers out there that they had their own supplement in *DDN* are long gone.

a backdrop of strike chaos, it's neither easy nor straightforward. Economic downturns and COVID meant that a fair few freelancers couldn't adapt their offering and dropped out.

I've been relatively lucky. There's a cohort of purchasers with whom I have worked for a number of years, whose support during lockdown was invaluable. It was mutually beneficial - we kept each other going through lockdown and we're still there for each other on the other side. Now however, there are lots of people getting in touch, desperate for training with unspent budgets to spend and desperately looking for trainers with capacity.

TRAINING MATTERS

Training matters so much to organisations - now probably more than ever. It's a shame that for too many organisations it's been relegated to a video, an online pack or being directed to some TED talks. The people you recruited deserve better and the people that you provide services to need more.

Sooner rather than later

Earlier purchasing of training is more likely achieve successful outcomes and a more organised process

1. Ask around about trainers.

They're not all the same and availability does not equal quality. It's a false economy to run bad training - it takes staff away from their roles and you need to repeat the training later on. Buy good training first time.

2. Ensure your staff know you are valuing them by getting good training.

And invest in the event. A cluttered messy room, knackered projector, no biscuits and a lack of flipchart says you don't care about the training - so why should participants?

3. It's not face-to-face or online

It's a mix of both, and hybrid courses where required. Some courses run best face-to-face (such as safer injecting courses) and others can happily run online (like our drugs and the law course).

4. Plan for the next two years NOW

Yes, I know you need your staff trained next month but we should have started this conversation last year. Develop a training programme across the team, discuss it with your trainer(s) and schedule it now for this year and next year. Then you know you have the dates you will need.

5 Use a balance of in-house and external training

For all your internal processes and induction-related training, in-house courses are the best. But be careful of using in-house courses for everything. External trainers are the butterflies of the sector. We flit from service to service, learning about what's going on and cross-pollinating ideas. And that external perspective can add huge value - we can see the gaps you've stopped seeing.

6. You shouldn't just be getting the training

It's the discussion before, the engagement with participants during and after the course, the resources and all the other elements that give the session life beyond the six hours of the actual session.

7. Whenever you can, get training to take place off-site.

When training takes place in the project group workroom, staff inevitably get drawn back to their desks at lunchtime or pulled away to take calls or see clients. This detracts from their ability to immerse themselves in training.

8. There are some good trainers and some mediocre ones

There are also a few that shouldn't be allowed near a flipchart. Find the good ones. Build a relationship. Don't treat them just as hired help. They will get to know your organisation, your staff and your issues. They can help you with these issues more than you realise. And the good trainers can choose who they work with.

9. Invest in your future trainers now!

Few posts have a training component built in. It's a useful tool in its own right. Training is communication and it helps workers in group work, in presenting to colleagues and partner organisations, and in their career development. Take the workers with a passion for their jobs. Enhance their training skills. And they will become the next generation of amazing trainers to maintain skills in the sector for the next 20 years.

Kevin Flemen runs the drugs training service KFx (www.kfx.org.uk). He's booked up a fair way into the future but you can email him at kevin@kfx.org.uk. He occasionally tweets @kfx news.



SAFE ON THE STREETS



Sex workers are an often-marginalised and doubly stigmatised population. The proactive outreach approach of Change Grow Live's Substance to Solution service in Northampton has been helping many to transform their lives, says **Alesha Watkins**

Street outreach plays such an important part in our work, but one of the challenges our team faces is reaching people who are what we refer to as 'hidden homeless'. While these are people who might not be obviously bedded down and rough sleeping on the streets, they still have no secure, permanent place to live.

People don't think of them in the same way as someone who is sleeping rough, and support services can often overlook or miss them. We were hearing from our staff that local sex workers were falling into this grey area – there's been no dedicated service for them for years, even though many have complex support needs or backgrounds of trauma. Drug and alcohol use is prevalent within this cohort, and the risks and stigma they face on the streets is significant.

Northampton police had already set up an outreach programme, but it was struggling to engage – when the police show up people assume they're in trouble. We've been able to step in and help bridge that gap. In March 2022

our street outreach team arranged to go with the police on their outreach sessions, to help create a more harmonious relationship between local sex workers, police and support services.

Since then we've continued to build on this relationship. We've created a very open space where we can sit down with people and chat about their situation and their needs. Some of the women have told us they've never had anyone take the time to find out what they want, and to understand the deeper level of their situation. We now have a permanent women-at-risk worker to support women who are sex working. Some of the women have disclosed sexual assaults to us, and we've been able to make them feel comfortable reporting their cases to the police. That may never have happened if we hadn't been there to make that relationship easier.

It's been a massive catalyst in Northampton. We've gone from having nothing in place for sex workers – and no one supporting them – to a point where we have an established outreach programme. We have a community

hub with facilities, toilets, one-to-one rooms, and even screenings for sexually transmitted infections. It's also given us a base from which we can go out to meet the women and give them naloxone kits, clean injecting equipment, condoms and even their prescriptions. Thanks to our partnership with the housing charity NAASH and Northamptonshire Council, we now also have three flats where we can house people while they gain a level of security and stability.

One of the women we met with had been using heroin and crack and struggling badly with her mental health. Since we engaged with her she's stopped sex working and she's no longer using heroin. She's now ready to move into one of our flats so she can fully engage with the support and treatment available to her. A case like hers just wouldn't have been possible before.

For our service, it's been about finding an approach that works for, and meets the needs of, a group who are so often stigmatised and overlooked. It can begin just by giving them a warm drink and the time, compassion and care they need to build trust

Some of the women have told us they've never had anyone take the time to find out what they want, and to understand... their situation.

again. Once that happens, we can help them to find a roof over their head and the support they need.

Working with the women has been an inspiring and emotional experience for all of us, and it's a relationship we plan on growing and developing into the future.

If you'd like to know more about this project and our work in the area, you can find out how to contact the service on our website: changegrowlive.org/northampton.

Alesha Watkins is partnership development manager at Change Grow Live's Substance to Solution service



Do you support people with their physical or mental health, who could benefit from advice on their drinking?

Residents in multiple UK councils can access free 1-2-1 online coaching sessions with an alcohol specialist.

- **Book up to 6 free sessions**
- **Sessions are confidential**
- **Weekend and evening appointments available**

Scan the QR code to find out if someone you support is eligible for free online sessions



drinkcoach.bookinglive.com





DO THE RIGHT THING

Multiple disadvantage is a term used to describe people who have experienced or are experiencing multiple difficulties, including repeat street homelessness, trauma, substance misuse, physical health difficulties and mental health problems. These challenges often – and understandably – impact on people’s engagement with services, psychological wellbeing, physical safety, and sense of connection with society. People faced with these challenges regularly fall between the gaps of services and, over time, hope and trust in others can be lost. This can lead to people feeling trapped in a cycle of wanting help, not asking for help or asking in ways that communicate their distress through behaviours which are harder for some to understand.

The REACH (Reducing Exclusion for Adults with Complex Housing Needs) team was set up to work with those who are street homeless and experiencing mental health difficulties and substance misuse in Scarborough and Whitby.

The team takes a partnership approach with multiple service partners coming together to support the person in their journey of recovery. Our vision is to support people to have housing stability, through a

Housing First model. But while having a home is important, it’s only the tip of the iceberg. Given the multiple disadvantages experienced, working with people to help them manage addiction, trauma, and their mental health difficulties is key to stability and change. Everyone deserves to have a life worth living, but this can be a long and bumpy road to travel.

As part of our developing work in the area, we’ve been reflecting on some of the shared principles we hold to guide what we do, with the hope of developing practice-based evidence in this area.

PRINCIPLES OF WORKING

We developed a set of guiding principles to support the interventions and work we do.

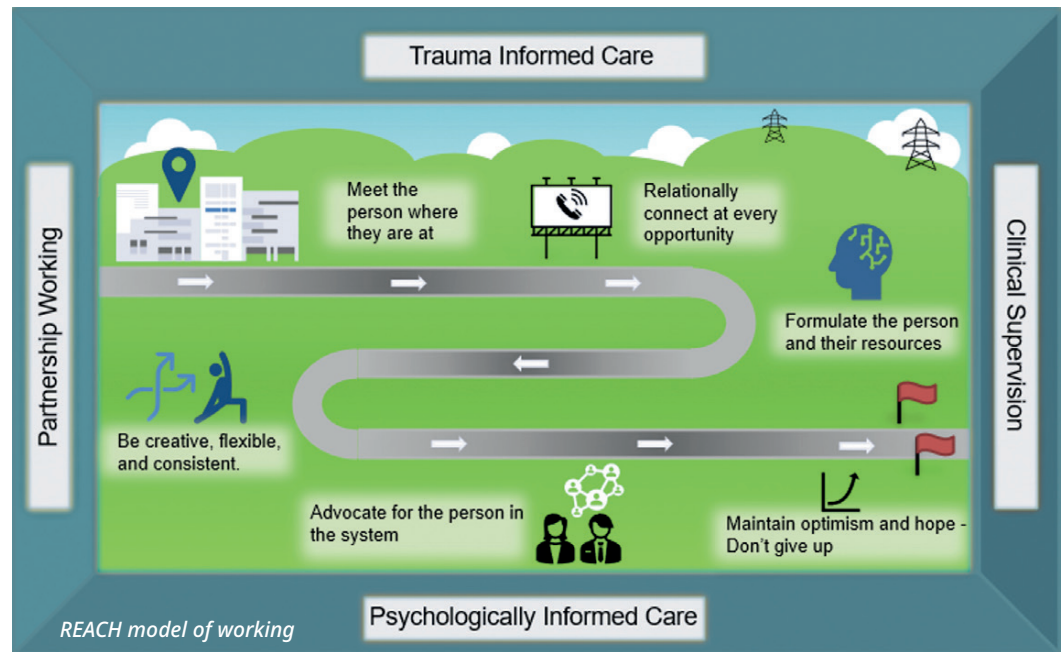
1. MEET THE PERSON WHERE THEY ARE AT

This principle, given the repeat homelessness experienced by this client group, is both physical – in terms of being present with people on the street – and psychological, in terms of acknowledging that traditional approaches to assessment, formulation, safety planning, care planning and intervention all need adapting to support the person. It’s also important to think about the reality of the person’s position and ensure that goals and expectations around engagement are realistic and don’t set people up to fail, preventing a further cycle of service



There are set principles that anyone working with people with complex needs should adhere to, say **Dr Stephen Donaldson, Ben Sweeting, Richard Croall and Edward Loveless**

frankiefotografie / iStock



People can feel trapped in a cycle of wanting help, not asking for help or asking in ways that communicate their distress through behaviours which are harder for some to understand.

disconnection, abandonment, and perceived failure.

2. RELATIONAL CONNECTION AT EVERY OPPORTUNITY

As past trauma is a significant contributor to substance misuse and mental health issues, it's essential that every contact takes a relational-trauma informed stance. Each contact has the potential to harm or heal, and therefore the primary focus is on building a psychologically safe frame within which therapeutic attachment and intervention can take place. This ensures that the people we work with can feel emotionally and psychologically safe.

3. FORMULATE THE PERSON AND THEIR RESOURCES

Often people are referred to our service with a collection of labels,

diagnoses and narratives, and what can get lost is the person's story and experiences. Within our model, hearing the person's narrative of their experiences and resourcefulness, alongside their challenges, is significant. Having a co-created, shared narrative helps the person feel heard, while also ensuring that an understanding of what has happened to them – and how we may be able to help – is realistic and transparent.

4. BE CREATIVE, FLEXIBLE, AND CONSISTENT

To work with people who have experienced substance misuse, mental health, loss and trauma requires a great deal of creativity and flexibility. This can mean a significant adaptation of how we've traditionally gone about engaging with people. However, it's equally important that there is consistency, boundaries and clarity in the approach. Often people have felt let down and abandoned, so consistency in engagement is paramount to rebuilding a sense of trust, while boundaries offer a sense of physical and psychological safety. This process is not without its challenges, with ruptures and repairs within the therapeutic relationship being a common and often necessary part of the trust building process. For clinicians, openness, curiosity and not enacting rejecting or rescuing behaviour is key.

5. ADVOCATE FOR THE PERSON IN THE SYSTEM

Organisational systems and processes are complex and can, for many service users, feel difficult to negotiate. It's therefore key that we advocate alongside the person to help them access what they need. However, it's very common for people to be seen as hard to help as a result of stigma and harmful narratives. These narratives and experiences of rejection have often exacerbated a sense of disconnection from society and loss of hope for many of those we work with. Advocating for the person is important in supporting change, but there's also a significant role in supporting the wider system to challenge its own views, narratives, and ideas about people and the ways they present.

6. MAINTAIN OPTIMISM AND HOPE – DON'T GIVE UP

Given the multifaceted nature of the difficulties and challenges the people we work with face and present with, it can feel clinically overwhelming at times. A cyclical process of change-stability-lapse-relapse-change is the norm. For many professionals this process can challenge the fundamental values of why we work in this field, our own sense of clinical competence and at times lead to a perception of not being good enough at our jobs. For this client group this can be

experienced as rejection – where they're seen as too complex and passed to someone else or told they need something else, further exacerbating a sense of hopelessness. Having access to regular, consistent and skilled psychological supervision is therefore a must-have.

This approach of a psychologically informed frame is not easy, and can face constant challenges. However, it's ultimately the only way to consistently support stability and recovery for those with complex homelessness, substance misuse and mental health needs. By ensuring this frame and its principles are in place and constantly reflected on maintains clinical optimism, shared understanding, and collaborative partnership working. Overall, this approach ensures that the care provided is stabilising rather than inadvertently damaging, thus working to reduce further trauma and enhance the quality of life of those in need.

Dr Stephen Donaldson is consultant clinical psychologist, Ben Sweeting is advance nurse practitioner, mental health, and Richard Croall is advance nurse practitioner, dual diagnosis – all at the REACH team. Edward Loveless is assistant psychologist, Tees, Esk and Wear Valley's NHS Foundation Trust.



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**

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


MORE JOBS ONLINE NOW

www.drinkanddrugsnews.com/jobs

Contact ian@cjwellings.com
to advertise your next vacancy



delphi
a calico group service



Be a different kind of Nurse,
be a Delphi Nurse

[@DelphiMedical](https://twitter.com/DelphiMedical)
[DelphiMedical](https://www.facebook.com/DelphiMedical)
[delphi-medical](https://www.linkedin.com/company/delphi-medical)

To view our vacancies visit:
delphimedical.co.uk



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

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>



forward

Job Opportunities in London

Are you ready to develop your career?



Join our new contract in Probation Services: *Dependency & Recovery!*

Prison Link Worker – £25,442

Recovery Navigator – £25,442

Lived Experience Coordinator – £26,995

Partnership and Engagement Manager – £37,433

Find out more and apply online...
<https://careers-forwardtrust.icims.com/jobs/>
or scan the QR Code



Or contact us...
Samantha.Blackstock@forwardtrust.org.uk or
Chris.Esther@forwardtrust.org.uk

ARCHER RESOURCING

RECRUITING SPECIALISTS



Google

4.8



 **01473 939670**

 **WWW.ARCHERRESOURCING.CO.UK**



“I LOVE MY JOB, IT’S FULFILLING TO SEE THE POSITIVE IMPACT WE ARE MAKING IN THE COMMUNITY.

I FEEL SUPPORTED AND THE IN-DEPTH TRAINING PHOENIX OFFER HELPS ME DEVELOP SKILLS AND WORK EFFECTIVELY”

JOIN OUR TEAM

At Phoenix Futures, we help create hope for brighter futures for people, struggling with addiction, mental health and housing across the U.K. It is through the expertise and commitment of our staff and volunteers that we are able to support many people, families and communities to rebuild their lives each year.

BENEFITS INCLUDE



Starting salary with opportunity for yearly increments



In house training and e-Learning inc Naloxone, Anti-Racism, VAWG and more!



Discounts on your groceries, shops and experiences via Phoenix Rewards



25 days annual leave, increasing every year and option to buy + sell leave

Everyone’s role here at Phoenix Futures is important in helping us achieve our purpose, we have a variety of roles open across our community, housing, justice system, residential and specialist services and in our central functions teams.

We encourage applications from people of all backgrounds especially those with lived experience. We are committed to creating an inclusive working environment and we ensure equity of opportunity.

APPLY TO JOIN PHOENIX FUTURES TODAY! [CAREERS.PHOENIXFUTURES.ORG.UK](https://careers.phoenixfutures.org.uk)



phoenix_futures



PhoenixFutures



PhoenixFutures1