DDN

Drink and Drugs News
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ASKING THE RIGHT QUESTIONS
Normalising the conversation around childhood trauma

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Are we doing enough for mothers?

A DIFFERENT KEY
Time for a new approach in prisons

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Why diversity matters

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'Being responsive is central to how we work'

We talk about 'the workforce' and there are new strategies on the way – so it's been interesting to look at the first census of its kind in England. It gives a snapshot of who we are – and shows that lived experience has become an important part of the workforce. The peer team distributing naloxone pouches (page 16) demonstrate the passion and connectivity that's so important – and those with lived experience are involved in the project on an equal footing and paid properly.

But statistics don't tell us about quality or the special attributes of so many in the sector. It takes specific skills to work responsively with people in a prison environment, helping to build a personalised plan for a safer future (p11). It goes beyond assessment and involves networking, joint-working and showing compassion and imagination in supporting those who find change difficult. There must be many days when it feels too difficult, but the outcomes can't just be measured on a spreadsheet. Working with child sexual abuse is equally complicated, but with specialist skills the results are life-changing (p10).

Being responsive is central to the way we work, so Anna's powerful perspective on mothers (p14) will give clear direction on where we must focus.

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

Government bans nitrous oxide

The government has announced that it will ban nitrous oxide, despite being advised by the ACMD not to do so. The much-anticipated move is part of a wider 'anti-social behaviour action plan' that also includes giving the police more powers to test for drugs on arrest.

The ACMD had advised the government that the harms associated with the drug were 'not commensurate with control under the Misuse of Drugs Act 1971', and also warned that a ban would place 'disproportionate burdens' on its legitimate use in medical, industrial and commercial fields (www.drinkanddrugsnews.com/acmd-advises-government-not-to-ban-nitrous-oxide).

The action plan also expands powers for drug testing on arrest, allowing more people to be tested and more substances to be tested for – including MDMA and methamphetamine. At the moment only people suspected of committing certain offences can be tested in police detention without additional requirements, but the government says it will expand the range of 'trigger offences' to include crimes linked to violence against women and anti-social behaviour. It also states that it intends to tackle the practice of 'cuckooing' – where vulnerable people have their homes taken over for use by drug dealers – by looking into creating a new criminal offence.

The decision to ban nitrous oxide has been condemned by Release, which points out that 'no expert nor clinician appears to support the criminalisation of possession'. The move will 'inevitably' target young people, it adds, and deter them from seeking help if they need it. 'The government is ignoring its own experts, in an attempt to out manoeuvre Labour as both of the main parties try to appear tough on drugs,' said executive director Niamh Eastwood. 'Nitrous oxide is a relatively safe substance, and possible health harms could be mitigated through a large-scale harm reduction campaign, educating people on how to stay safe.' Criminalising possession of the substance will increase both the health and social harms associated with it, added Transform's senior policy analyst Steve Rolles, creating 'new costs across the criminal justice system'.

GDPO Global Drug Policy Observatory

'The government is ignoring its own experts, in an attempt... to appear tough on drugs.'
NIAMH EASTWOOD

Vital resource

A COMPENDIUM of specialist alcohol and other substance services for people in minority ethnic groups or migrant communities has been launched by Manchester Metropolitan University in partnership with OHID.

The document was compiled via extensive online searches and through social media, with the team keen to ensure that peer-led services were included. Follow-up calls were then made to government bodies and other services. The compendium covers the entire UK and includes the specific cultural focus of each service and details of the support provided, along with referral pathways, contact details and costs, if applicable.

'To my knowledge the compendium is the first of its kind,' said professor of social research and substance use at Manchester Metropolitan University, Sarah Galvani. 'The uncomfortable reality is that there is very little out there. We are happy to share it we would also be delighted to hear from anyone we have missed out or whose details are wrong.' *Contact S.Galvani@mmu.ac.uk*

William Hill Group fined almost £20m for business failures

THREE GAMBLING BUSINESSES owned by the William Hill Group have been fined a total of £19.2m for social responsibility and anti-money laundering failures, the Gambling Commission has announced.

The fines are £12.5m for WHG (International) Limited, which runs williamhill.com, £3.7m for Mr Green Limited, and £3m for the William Hill Organization, which operates more than 1,300 gambling premises across the UK. The failures listed by the Gambling Commission include having insufficient controls to protect new customers and to 'effectively consider high velocity spend and duration of play', with one customer spending £23,000 within 20 minutes after opening a new account and another spending £18,000 within 24 hours – both without any checks. Others include failing to identify customers at risk of gambling-related harm, failing to intervene early enough, and failure to apply a 24-hour delay before granting a credit limit increase. One customer lost almost £15,000 in just over an hour, and another was allowed to immediately place a £100,000 bet when his credit limit had been set at £70,000. 'When we launched this investigation the failings we uncovered were so widespread and alarming that serious consideration was given to licence suspension,' said Gambling Commission chief executive Andrew Rhodes. The government's much delayed gambling white paper (*DDN*, March, page 12) is now expected to be published before Easter.

Tupungato | Dreamstime.com

Scottish drug deaths up for 2022 final quarter

Scotland saw 295 suspected drug deaths recorded between October and December last year, according to the latest Police Scotland management information. The number is more than 25 per cent up on the previous quarter and the highest recorded in a single quarter since April to June 2021.

Overall, however, there were 1,092 suspected drug deaths recorded in the whole of 2022, which was 16 per cent down on the previous year. Men accounted for 70 per cent of the deaths, with deaths among women down by 9 per cent compared to 2021. As in previous years, two thirds of the deaths were in the 35-54 age group, with the Greater Glasgow police division recording the highest number of suspected deaths at 215.

The quarterly police figures are based on the reports of attending officers and are 'not subject to the same level of validation and quality assurance' as the annual official reports from National Records of Scotland, which are drawn from death certificates and pathologist reports.

In 2021 the country recorded its first fall in drug deaths in almost a decade, although it was by just one per cent. Scotland's rate of drug-related deaths is three and half times greater than for the UK as a whole, and higher than anywhere in Europe.

In its final report, the Scottish Drug Deaths Taskforce stated that the issue had not been given the priority it deserves (www.drinkanddrugsnews.com/time-for-a-complete-culture-change-says-drug-deaths-taskforces-final-report).

'Every drug death is preventable, so I will never understand why the SNP, by its own admission, took its eye off the ball and chose to ignore the crisis as it unfolded,' said leader of the Scottish Liberal Democrats Alex Cole-Hamilton.

Suspected drug deaths in Scotland: October to December 2022 at www.gov.scot

'Every drug death is preventable...'
ALEX COLE-HAMILTON

THE SCOTTISH DRUGS FORUM (SDF) has announced that Kirsten Horsburgh will be its new CEO from June, following the retirement of Dave Liddell. 'I am delighted that Kirsten has been appointed as the next CEO,' said Liddell. 'Kirsten has worked with me for 11 years and since she started has shown excellent leadership qualities, initially in driving forward the implementation of the naloxone programme and latterly as director of operations.'

See next month's DDN for an interview with outgoing SDF CEO Dave Liddell

Dramatic increase in cocaine production

WORLDWIDE PRODUCTION of cocaine has 'jumped dramatically' in the last two years following an initial slowdown as a result of the COVID pandemic, according to UNODC.

Coca cultivation increased by 35 per cent between 2020 and 2021, says the agency's *Global report on cocaine 2023*. The increase is the result of an expansion in coca bush cultivation combined with improvements in the process of converting coca into cocaine hydrochloride, the document states, matched by a 'swelling' of demand. The rise in coca cultivation is the sharpest since 2016, it adds.

While the cocaine market remains concentrated in the Americas and some parts of Europe, there is 'strong potential' for it to expand in Asia and Africa. The use of violence by criminal networks in Europe is also a 'growing concern' the report states, with a spike in serious incidents related to drug markets in recent years. These include 'public shootings, bombings, kidnappings and torture', and are partly the result of European cocaine markets attracting new trafficking organisations.

Document at unodc.org

Local News

VALUABLE INSIGHT
A new young people's service in Enfield is being launched by Humankind. Insight Enfield: Sort it! will also offer support to parents and families. 'We look forward to working with our local partners to provide free, flexible and judgement-free support,' said Humankind's director of operations for London Lyndsey Morris. *insightyoungpeople.org.uk*

dailyrecord.co.uk

PRIORITY PROVISION
WDP and The Nelson Trust are opening the UK's only specialist women-only inpatient detox centre in Gloucestershire later this year. 'We are delighted to be collaborating with The Nelson Trust to find a solution and address this worrying gap in women's treatment provision in the UK,' said WDP CEO Anna Whitton. *To get involved contact anna.whitton@wdp.org.uk.*

sdf.org.uk

DIGITAL BOOST
The Calico Group's ARC community hub in Manchester – which offers recovery-based services and support to access employment and volunteering for people who have left prison – has received £5,000 funding from Equans to buy laptops for its digital skills courses. 'We're delighted at the funding support,' said area operations manager at Delphi, Claire Illingworth.

THE BIG PICTURE

The first comprehensive census of the field's workforce provides a fascinating snapshot of a sector in transition

Last month saw the publication of the first-ever national drug and alcohol treatment and recovery workforce census. Compiled by Health Education England (HEE) and the NHS Benchmarking Network (NHSBN), and based on impressive response rate of more than 80 per cent, the census covers the workforce for local authority-commissioned drug and alcohol services, local authority (LA) commissioning teams and LEROs in the year to 30 June 2022 – the first time the information has been gathered on anything like this scale.

The census report was commissioned as part of OHID and HEE's drug and alcohol treatment and recovery workforce transformation programme in response to Dame Carol Black's *Independent review of drugs* and the 2021 drug strategy, and will be used to help HEE work collaboratively with its partners to inform future planning and investment.

THE STATS

There were almost 11,500 'whole-time equivalent' (WTE) treatment provider staff and just under 400 commissioning staff in 2022, the document states. Almost half of the entire treatment provider staff were drug and alcohol workers, with the other half including 23 per cent working in service management and admin, 10 per cent in peer support and service user development, and 9 per cent who were nurses.

Three quarters of drug and alcohol services staff were working in the voluntary sector, followed by 15 per cent working in the NHS and 4 per cent in LA-delivered treatment. Three per cent were working in the independent or private sector, with 2 per cent working for LEROs.

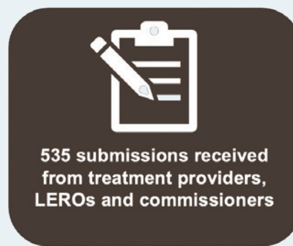
Almost two thirds of the treatment provider workforce were female, with 84 per cent of staff on permanent contracts and 69 per cent working full time. Twelve per cent were unpaid volunteers, meanwhile, and there were 684 WTE peer support workers across the workforce.

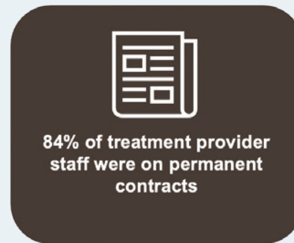
Ten per cent of staff overall reported a disability, although this was lower for the NHS and LA sectors at 7 and 5 per cent respectively. The median percentage of staff who consider themselves part of the LGBTQ+ community was 2 per cent.

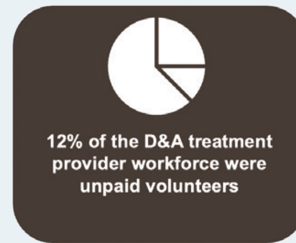
A quarter of the overall workforce were on salary band 5 (£22k-31k) with another quarter on band 6 (£32-39k). In the voluntary and independent/private sectors, however, around 80 per cent of the workforce were on band 5 or below, compared to approximately 65 per cent for the NHS and 57 per cent for LA-delivered treatment. More than 90 per cent of the alcohol and drug workers staff group were on band 5 or lower. Forty per cent of voluntary sector staff had been in post for less than a year, compared to 37 per cent of staff overall and just 17 per cent of LA-delivered treatment staff.

JellyPics

Drilling into the detail







THE DATA

There were 535 data submissions – 347 were from treatment providers, 165 from commissioners and 23 from LEROs. Most provider submissions were from voluntary organisations (78 per cent) followed by the NHS (18 per cent), and the independent/private sector (4 per cent). Submissions from LA commissioners included those reporting activity for commissioning staff only (72 per cent), those including activity for treatment staff employed by the LA (19 per cent) and those that sent submissions including both commissioning and treatment staff (9 per cent). By service type, most submissions were for community treatment and recovery services (69 per cent) followed by young people's services (20 per cent), residential rehab (8 per cent) and inpatient detox (4 per cent).

PARTICIPATION

Participation rates per sector were 89 per cent for local authorities, 81 per cent for treatment providers and 60 per cent for LEROs. 'The percentage of LEROs who participated was based on a partial list and although this grew over the course of the project, remained incomplete,' says the document, meaning the information should be viewed as 'indicative rather than definitive'. The list of treatment providers also changed – expanding from lead providers submitting to NDTMS to also include submissions from sub-contracted services for a more comprehensive view.

GEOGRAPHY

The census received submissions from all sectors for all seven HEE regions – East of England, London, Midlands, North East and Yorkshire, North West, South East and South West. Most independent/private sector submissions were from the North West, and most submissions for LEROs were from London and the Midlands, although there was at least one for each region.

WORKFORCE TRANSFORMATION

Workforce transformation is a key function of HEE, to support the development of a workforce that's responsive to change. 'Workforce transformation is a process, driven by improving the way we recruit, retain, deploy, develop and continue to support the healthcare workforce, to meet the growing and changing needs of local populations – ensuring high quality care for the patients of today and the future,' HEE states. 'COVID19 in particular has shown us how imperative it is to have a skilled, flexible and resilient workforce, able to adapt quickly in times of crisis to deliver the best healthcare possible in a way that works for all.'

> The findings of the report have informed the soon-to-be-published *Drugs and alcohol treatment and recovery workforce strategic framework*, and will also support the forthcoming comprehensive workforce strategic implementation plan

WATERSHED MOMENT

A striking element of the census – and one that represents a watershed moment in the sector's development – is the growing presence of LEROs in the field, making it clear that Carol Black's foregrounding of the importance of lived experience has been taken on board.

Although the document points out that some findings related to LEROs should be interpreted with caution because of the comparatively lower number of submissions, 46 per cent of the LERO workforce were in peer support and service user development roles, compared to 9 per cent of the treatment providers workforce.

Service managers, meanwhile, accounted for 17 per cent compared to 23 per cent for treatment providers. Seventeen per cent of the LERO workforce were volunteering or in unpaid roles, while almost 80 per cent were on band 4 or below (up to £26k). This compares with 12 per cent of treatment provider staff being unpaid or volunteers. At 34 per cent, a similar proportion of the LERO workforce had been in post for a year or less when compared to treatment providers.

Just over 40 per cent of the LERO workforce were on permanent contracts, and the same for fixed, while 17 per cent were on temporary contracts, whereas almost 85 per cent of staff at treatment providers were on permanent contracts. Just under 60 per cent of LERO staff worked full time, meanwhile, compared almost 70 per cent in treatment providers.

OLDER WORKFORCE

Across the workforce as a whole, the percentage of staff from a Black/Black British ethnic minority background was between 5 and 9 per cent, compared to 4 per cent of the working-age population in England as a whole. However, the percentage who were Asian/Asian British was between 4 and 8 per cent, compared to 9 per cent of the working age general population. The sector's staff meanwhile, is generally older than the working age population as a whole with higher percentages of staff in the 40-49 and 50-59 age bands.

The findings of the report have informed the soon-to-be-published *Drugs and alcohol treatment and recovery workforce strategic framework*, says HEE, and will also support the forthcoming comprehensive workforce strategic implementation plan.

Drug and alcohol treatment and recovery services: national workforce census at www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme

A Cornish employment scheme promises a brighter 2023 for scores of people recovering from drug and alcohol issues, as they carve out new careers, says **Vicki Eslick**

ON THE CAREER PATH

Getting a job or starting a career is, to most people, a rite of passage after school or university. However, for many people struggling with overcoming alcohol or drug dependency it can feel like an impossible achievement.

Individuals who have had periods of their lives where they have been reliant on drugs or alcohol or are in recovery will often have large gaps in their CVs. Others will have had issues with attendance or even being able to carry out their role as they tried to hide their drug or alcohol use, and may well have left a job without notice or been asked to leave. This can also result in them having difficulties getting a reference from their employer.

These CV gaps can be compounded by struggles with other issues that may have caused them to self-medicate in the first place – PTSD, trauma, and abusive relationships can all mean holding down a steady job becomes impossible.

In Cornwall, however, more than 100 people are now on a career path, with a third in employment, thanks to WithYou's dedicated individual placement support (IPS) team. This aims to support more than 200 people in 2023 with at least 30 per cent of service users moving into suitable employment opportunities. The key to achieving this target is engaging employers from all industries in the county and opening up even more job opportunities.

Employment support is a vital part in the recovery process for many people, and the role it plays shouldn't be underestimated. WithYou introduced IPS in Cornwall in April 2022 to help people who wanted to get back into employment and fulfil their personal aspirations. With support from local organisations, our team has successfully placed 30 people in employment already, with many more at different stages of the programme.

Navigating the job market can be especially challenging for individuals after recovery, as stigma can create additional barriers and make it harder to approach potential employers. But we work closely with them to get started. We empower all of our service users to follow their passions, give them confidence, and bring out their skills. We don't just ask them to go for the first job that comes along, but we are keen to ensure that whatever role they take on is satisfying, rewarding, and gives them a sense of purpose. But we recognise that we can only support people on this mission thanks to the progressive organisations that have signed up.

The organisations that we work with are not only opening up opportunities for our service users, but benefitting from a wide pool of talent and cognitive diversity that enriches their organisations. There's also a dedicated IPS support person on hand to help ensure the process runs smoothly.

If your organisation is interested in finding out if the IPS programme is right for your business, or you would like more information, please visit: https://ipsgrow.org.uk/ or contact Michelle Woodward who would be happy to answer any questions you may have: michelle.woodward@wearewithyou.org.uk

> Navigating the job market can be especially challenging for individuals after recovery, as stigma can create additional barriers and make it harder to approach potential employers.

Vicki Eslick is an employment specialist at WithYou

INVALUABLE EXPERIENCE

Cornish businesses and organisations like Cornwall Council, who came on board immediately, are vital to the success of the IPS programme. Mark, who is a lived experience support worker at Cornwall Council, found his new part-time job with the help of WithYou's IPS scheme. Mark has struggled with a long-term reliance on painkillers, which exacerbated issues with his relationship and contributed to him being homeless for a while. Through support from WithYou, he got his life back on track and found a full-time job, but retired in 2021 after struggling with COVID. He missed work and feeling valued, however, so his WithYou support worker referred him to IPS.

'As one of the largest employers in the county it's vital that we not only recognise talent that is available, but also lead the way in providing routes back into work for all,' says complex needs strategy manager at Cornwall Council, Mary Greener. 'Mark brings a lot of warmth to his role – he's a genuinely caring and inclusive person and is very popular in the team. He is also very creative and a really talented musician and artist. We are supporting him in setting up music and art workshops to support people leaving drug rehab. He also helps us deliver workshops to staff and visits the homeless "pods" every week to support residents. Mark is a valued and valuable member of the team, and his lived experiences make him the ideal person to carry out his job. Our team is all the better for having Mark in it.'

'I remember meeting Vicki, WithYou's employment specialist,' says Mark. 'She has been brilliant, really supportive. She has made me feel that something is actually happening, that I'm not just sitting here being dormant. She helped me to update my CV and look at other options that I wouldn't normally consider, simply because I didn't think I would be any good at them. I feel that she has had more faith in me than I have, she has definitely placed more value on me than I ever have done. It's like she's helped to fill the gap that was in me.'

Kirstie Smith Consulting

KirstieSmith Consultancy delivers high quality bespoke or off-the-shelf harm reduction and related trainings to a broad mix of statutory and voluntary organisations, including housing, drug and alcohol sector, women's organisations, the criminal justice sector and more.

KirstieSmith Consultancy can also deliver first line management training to develop management and leadership competency.

Kirstie Smith has worked in social care/substance use services as a practitioner, manager and L&D specialist for 20 plus years (but is so incredibly youthful...) Her training is inclusive, engaging and outcome focussed.

Kirstie has an MSc in Addictive Behaviour and is currently studying Developmental Psychology which gives added depth to the learning sessions.

kirstiesmith.org

SAMARITANS

Internet safety, suicide and self-harm

Free interactive e-learning module

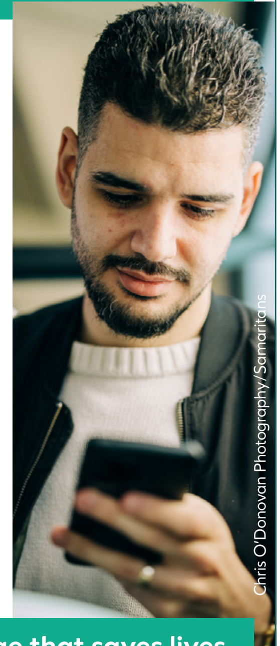
We've developed a new e-learning course for practitioners on how to help people have safe and positive experiences online.

The course is relevant to anyone who supports people with needs around suicide and self-harm. It offers practical advice on how to talk to people about their online experiences.

The e-learning course is free, open access and takes around 30 minutes to complete. It is available through Health Education England's e-learning for healthcare platform.

For more information and to access the course visit **samaritans.org/internet-safety-practitioners-training**

Samaritans is a registered charity



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EST 1892 LSBU

OUT in the OPEN

Normalising the conversation around child sexual abuse is a vital step towards a genuinely trauma-informed treatment system, say **Ellie Reed** and **Nicola Wendel**

The Listen, Believe, Affirm project came out of our work with the Centre of Expertise on child sexual abuse (CSA Centre). With their support, we carried out a survey across Change Grow Live to understand the level of skills and knowledge around child sexual abuse. We discovered that all of the tools were there – it was just a question of making sure those conversations happen. We needed to ensure that our staff felt comfortable and supported to ask the right questions, and that people were given the space to answer openly.

We had the opportunity to bring something to light that's so rarely spoken about. We ask so many personal questions of people as a part of their support with us – why not ask them if they've experienced childhood sexual abuse?

Our first step was to train a series of practice leads to act as our organisational experts on psycho-educative work, myth busting, and how to build confidence and communication with people who've experienced childhood sexual abuse. Since then we've continued to build on this work and embed our learnings across the organisation. We've created accessible learning tools and run national conversation sessions to bring together voices of staff, experts, and people with lived experience of childhood sexual abuse. Through joint working with the Victim Support charity, we've carried out free online training for more than 800 of our staff and volunteers.

As the work began to take shape, the project became Listen, Believe, Affirm because those are the things we were hearing that people wanted. Not everyone wants extra support or a specific intervention based on their experiences – people just want to be asked the question and be heard, and to have their experience validated. Then they can make the decision that's right for them.

We want to move towards a whole-person approach that considers all the factors in someone's life. It's about creating the conditions where people feel safe and where their substance use is seen as a symptom of trauma instead of a lifestyle choice. We've had people tell us that they'd never really discussed their experiences before, and that their lives might have been very different if someone had just asked them, and acknowledged what had happened to them.

Normalising the conversation around childhood sexual abuse is an important step in helping people feel comfortable linking past experiences to their current selves. And that process of normalising the conversation includes the conversations we are having as an organisation. By asking the right questions we can empower people to make the changes they want.

Ellie Reed is head of social work and Nicola Wendel is national CSE lead at Change Grow Live

We've had people tell us that they'd never really discussed their experiences before, and that their lives might have been very different if someone had just asked them.

Change Grow Live's services work with so many people who have experienced trauma, including sexual abuse as a child. We know that childhood sexual abuse can be a contributory factor in problematic drug and alcohol use in adulthood, but there's still so much stigma around discussing it openly.

It's something that people may never have been asked about, or even felt comfortable to talk about. There's a lot of fear across professionals – if they ask the wrong question, will they bring something up and make things worse?

Alexandr Muşuc / iStock

Inside help

Working in the prison environment means responding to the needs of a diverse population, says **Chris Anniston**

Diversity is a commonly used term when thinking about any group of people. However, the Phoenix Futures service at HMP Pentonville is an excellent example of how a service has to flex, develop and be responsive to change.

The complexities of a category B local remand jail always present problems for service managers to overcome, with unknown release dates and a regime which has to cater to all categories of serving prisoners. The Phoenix service manages to provide a huge range of interventions for all prisoners at all stages of their sentence. The unsung heroes of the piece are the recovery workers who assess the needs of the clients and refer them onto the many different treatment paths available. Without this work none of the clients' needs would be identified and the whole machine would stop working.

The other key component to the success of the substance use team is the joint working and cooperation from HM Prison and Probation Service. The leadership at the prison are very knowledgeable concerning treatment for substance use and passionate about providing good outcomes for the people in their care. The incentivised substance free living (ISFL) wing has a 60/40 split, where 60 per cent of the residents have a substance use treatment need. The Jubilee Recovery Group Programme is run here by Phoenix Futures and provides the participants with a six-week group-based opportunity to explore their relationship with substances. They support each other to investigate contributing factors to their struggles, such as mental health challenges or co-dependency with partners. They also look at the strengths and pitfalls of relationships with others concerning their problematic behaviours around substances.

The second half of the programme guides the participants through the process of formulating a care plan to navigate their path to a safer future. Different options are explored, and recognition is given to different approaches – the 12-step model is introduced alongside other mutual aid options, and each member of the group is supported to engage in the way which suits them best. The programme is realistic in its approach and offers tangible hope for an improved future through relapse prevention strategies and ensuring each participant is aware of where their support can be found.

Each person who completes the programme will leave with a detailed personalised plan for the future, which has been developed based on their own individual risks and needs. Some participant feedback from the programme makes great reading: 'It has taught me to believe in myself, be kind, give back and understand my mental health. I am actually beginning to like myself and as mad as it sounds, being here. (What) Phoenix Futures and … Sophia has invested in me has truly saved my life, thank you so much.'

> Each person who completes the programme will leave with a detailed personalised plan for the future, which has been developed based on their own individual risks and needs.

Growth has been immense and that feeling of change and possibilities which is new to me gives me the confidence to move forward.'

The feedback not only rewards the staff who deliver the programme – they use it to shape and develop the programme for future cohorts. Looking at other treatment options in the prison, Phoenix try to engage everyone they can irrespective of the challenges. The work we do on G1 landing is a great example of how diverse our treatment can be – this is a specialist unit supporting individuals with complex needs as a result of neurodiversity challenges.

Every aspect of delivery has been looked at to ensure the maximum potential for engagement. Consistent staff selection is used for delivery to build trust and support those who find change difficult. There's joint informed working alongside consultant occupational therapists, and speech and language therapy is also on offer.

Voices and Visions is another Phoenix intervention which takes place weekly to support clients with mental health challenges, in particular psychotic symptoms where auditory hallucinations are prevalent. We don't forget those with physical health issues, and who can't be supported in the main population, so a monthly inpatients group is delivered on the hospital wing.

All these different interventions run alongside the mainstream population service which has to react to the ever-changing day to day challenges of a remand prison. All those engaged in the service are linked in with community support as part of their throughcare options, and we also offer a through the gate (TTG) service which supports clients after release in attending appointments and helping those who find the adjustment to life outside the prison problematic and anxiety provoking.

Last, but by no means least, is the support offered to clients' families by our specialist family support worker. Along with the TTG staff, they form our community engagement team to ensure the clients have the option of support from day one in custody through to reintegration into the community.

Despite all the challenges, the Phoenix Futures team pride themselves on being able to instil hope, and support the courage it takes to make the changes necessary to successfully reintegrate into society. None of this work would be possible without huge amounts of networking and joint working between all the functions at the prison, and most of all reacting to client feedback to ensure the service remains relevant and effective to clients' needs.

Chris Anniston is head of services, London, at Phoenix Futures

Why diversity matters

Alcohol Change UK's Opening Doors conference focused on the practical changes that service providers and commissioners can make to better engage with the UK's diverse communities, says **Andrew Misell**

If there was one phrase we were hoping not to hear at our Opening Doors conference last month, it was 'hard to reach'. Our premise from the start was that no one is hard to reach – it's just that we don't always reach them.

Of course, that's easy to say – do more, go out there and find people! Since hard-working professionals were giving their time and their money to attend our conference, we wanted to give them more than a lecture about working even harder. We were aiming to bridge some gaps in knowledge and offer some practical solutions.

Much of the content for the day came from Alcohol Change UK's New Horizons programme – our suite of four commissioned research projects into alcohol issues in diverse communities. Pete Nelson, Sharon Tabberer and Marelize Joubert spoke about the research they've been undertaking for us with three communities in the north of England – Polish people, LGBTQ+ people, and South Asian people. Sarah Galvani and Aunee Bhogaita – also part of our New Horizons programme – discussed their work to develop better alcohol support for South Asian women, and in particular the role and needs of families and communities. This is an aspect that's sometimes overlooked when issues are examined through the lens of Western individualism.

Fiyaz Mughal from Faith Matters explored how treatment services better engaging with faith groups – alongside faith leaders and teachers learning more about alcohol – could open more doors to support in communities where alcohol use goes against religious and cultural norms. Shannon Murray from the University of South Wales and Gary Meek from Glasgow Council on Alcohol both shared their work with LGBTQ+ communities and talked about how visible indicators of understanding and acceptance – posters, flags, asking about pronouns – can make LGBTQ+ people more confident in approaching alcohol services.

With so many different communities in the spotlight, there were obviously some clear differences in their experiences. But what came through most clearly was the common need for a sense of belonging. For people who've been pushed to the margins of society, belonging is sometimes found through shared experiences of alcohol – as a means to celebrate and a means to cope. It follows that any attempts to support people from marginalised communities to better manage their drinking have to help them find alternative ways of belonging.

As always, while delegates were keen to hear the latest research findings, it was the stories of lived experience that people responded to most positively. As well as Aunee Bhogaita telling her story of childhood trauma and of a community seeking to keep up appearances, we heard from Yaina Samuels about her experiences of racism, and from Dan Carden MP about how the trauma of hiding his sexuality led to depression and drinking. The Telling Our Own Stories project team from Swansea University presented moving digital testimony from Gypsy, Roma and Traveller people about their experiences of alcohol.

As always, while delegates were keen to hear the latest research findings, it was the stories of lived experience that people responded to most positively.

There's more to do and more to learn, but we're confident that Opening Doors has provided a valuable boost to efforts to acknowledge and address diverse needs, and to make services more responsive to them.

Slides and video recordings from the Opening Doors conference, and from Alcohol Change UK's other conferences and seminars, are available from the charity's online shop: alcohol-change-uk.myshopify.com/

Andrew Misell is director for Wales at Alcohol Change UK

nadia_bormotova/iStock

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Unhealthy relationship

Alcohol use doesn't have to be 'problematic' to have a significant effect on relationships, says **Robert Stebbings**

Drinking does not necessarily need to be frequent or considered dependent for it to have a damaging impact on intimate partner* relationships. This is one of the key discoveries from our new research study published with the Alcohol and Families Alliance (AFA) looking at the experiences of those affected by the drinking of an intimate partner, and the negative effects drinking can have on a relationship.

> There is double stigma at play... people feel pressure for their relationships to appear perfect.

The links between drinking and intimate partner abuse are well established, and whilst alcohol must never be used as an excuse it is often a related factor. However, in the initial scoping work for this project we found that there was less specific evidence addressing the links between alcohol (both at dependent and non-dependent levels) and couple conflict. This study provided the perfect opportunity to plug that gap and focus squarely on the negative effects drinking has on relationships, irrespective of the prevalence or dependency of that drinking.

Of the people we spoke with, many found their partner drinking to cope with stress and emotions relating to family or relationship matters, money or historic trauma. Normalised heavy drinking in social situations or sporting events were also frequently mentioned, along with drinking after life changes such as having children, children leaving home, or retirement. Many admitted to originally being in denial about the impact of their partner's drinking and found that it was even encouraged by family and friends, justifying the behaviour.

'I was really upset by it, but everybody just saw it as a bit funny so it became a bit of a joke,' said one respondent. 'So then you feel "I can't really make too big a deal about that", and you think "oh maybe I'm being silly". Also, I think if I'm honest, there was a degree to which I joined him in the denial. I acknowledged it, but minimised it.'

The emotional impact felt by those affected by their partner's drinking was significant. In the online survey conducted as part of the study, 84 per cent of respondents reported that their mental health was negatively affected by the situation, with experiences of verbal abuse, loneliness, isolation, stress and worry associated with their partner's drinking all common.

A majority of participants also reported that their partner's drinking caused conflict, tension and arguments within their relationship. The day-to-day implications ranged from impacts on finances, childcare and household responsibilities to having to avoid events and social occasions where alcohol could become an issue, as well as a subsequent lack of emotional connection and intimacy. Most common, however, was the breakdown of trust in relationships due to the deceitful behaviour associated with drinking. Once these feelings of distrust had developed they filtered into the relationship more generally – even during non-drinking periods.

'It's this thing about alcohol being insidious, it filters into every area of your life,' another respondent stated. 'There isn't one aspect of our relationship that hasn't been impacted by it. And also, other people in the house, because even when he's sober, we've still got the memories of what he said, or how he behaved when he's drunk, even if he can't remember them.'

Stigma was a key factor, as it so often is, and partners often felt judged by others for remaining in the relationship. A relationship expert interviewed as part of the study commented that when it comes to talking about alcohol and relationships, 'there is double stigma at play. Talking about issues within your intimate partner relationship can be taboo in British culture, and people feel pressure for their relationships to appear perfect.'

Overall the study demonstrates the need for a more nuanced approach to tackle this issue. Affected partners often don't consider that they need support for themselves in their own right, or that their partner's drinking is serious enough to warrant it. While government policy is moving in the right direction, and in recent years there has been a greater focus on reducing couple conflict below the threshold of domestic abuse which is intended to reduce the negative effects of parental conflict on children, this needs to be taken further.

The government should extend its Reducing Parental Conflict programme to focus on drinking and consider a public awareness-raising campaign on how drinking can affect relationships to improve understanding and make frontline services more visible to those affected. Whether drinking is daily or infrequent, at the pub, an event or at home, we must ensure the impact it has on our relationship with our loved ones is always at the forefront of our consideration.

Alcohol and intimate partner relationships available at adfam.org.uk.

**'Intimate partner' refers to both current and former spouses and dating partners, who may or may not be living together, or may or may not have children together.*

Robert Stebbings is policy and communications lead at Adfam

Angelina Melnik/iStock

MUM'S THE WORD

Mothers have been misunderstood, under-represented and ignored – it's time to redress the balance, says **Anna Millington**

I am a mother, a drug user, an activist, a researcher, a trainer and a professional. I've used drugs from the age of 13 – I was a problematic user when my child was young, I've been to prison on several occasions, been sentenced to various criminal justice orders and traversed through the whole spectrum of drug treatment. I also had my child put into the care of my mother for a period before regaining full rights.

During the last 15 years I've worked within the drug treatment sector at national level, with the government, academia and the probation service, and within prisons. I've been on the ground floor helping my peers voluntarily for a long time – I'm passionate about making sure there are effective ways out for people if they want it, and help and harm reduction if they don't.

For the last eight years I've worked extensively providing harm reduction equipment and wide-ranging peer support to mothers who use drugs. Those in hiding and in fear, those with extensive needs who feel alone and trapped, unable to come forward. These mothers may not make up the majority of the using community, but they can be one of the highest-costing sectors societally, generationally, and economically. Providing what may be termed as high-risk support to this group is demanding, and has had both positive and negative outcomes, but I believe that risk is inherent in anything – including doing nothing at all.

SKEWED SYSTEM

Let me be clear before I continue – I think the work and focus on women by activists, peers, workers, managers, and leaders is fantastic. I'm not trying to diminish nor take anything away from that, because I champion the need in this male-dominated system to finally address us, listen to us and understand our needs, as well as adapt services and service provision.

However, if we're going to fully embrace women and finally make major changes to include their needs in everything we do it's impossible to discuss us in relation to the criminal justice system, harm reduction, drug treatment and recovery without including within that – as a priority – motherhood.

It's clear this sector of our using community has continually been misunderstood, underrepresented, and constantly ignored unless under the guise of a misguided and ill-judged child protection rhetoric.

A tokenistic head nod when discussing 'women' generally without specifics of who we are and what we explicitly require as mothers, as part of a family unit, is not acceptable. It's not just professionals that avert their gaze and interest from us either – recovery/peer community led projects do too.

STERN JUDGEMENTS

We face harsh and complicated barriers when accessing harm reduction services, and we face sterner judgements and discrimination both societally and within professional and peer services. It's almost impossible to be a drug using mother and for that to be okay in and of itself.

We can use drugs without this automatically causing harm to children. It's not a given that risk and harm naturally follow from the use of drugs themselves. It's often the lifestyle and the associated links that tend to be a problem. If services work from the belief that parental drug use is negative, that it equates to risk or harm or its 'user representatives' hold this belief then it's most likely that they are incapable of addressing this topic adequately, logically, and impartially. Nor can they effectively and fairly represent, or proactively work with, this group. It's doomed from the start.

We're required to make superhuman leaps in the drug treatment system. We are punished if we don't adhere to unrealistic goals within unrealistic

Kolozov/Dreamstime.com

requirements for a person who uses drugs do not apply to us.

OUTDATED TERMS

I had some input into the original *Hidden harm* work. Its title is as outdated as some of the content – using titles like 'hidden harm' for specific pieces of work or for specific workers has clear implications that you are saying from the start that there is harm. It's hard to move forward positively from this point if it starts from a negative stance. The mothers I work with have told me that this type of thing is what immediately scares them – the title can put them off from engaging and it doesn't really matter what people try to explain about the role or work. They've already mentally disengaged, run a mile, or remained hidden.

I think that a lot of the roles themselves are often positive, exciting and innovative, but may end up becoming under-used and tokenistic if we can't get the people who need this the most to engage, or if the right workers who understand these intricate and often very demanding and challenging clients and issues aren't employed.

DOUBLE STANDARDS

I continually come across double standards and contradictions in relation to mothers who use drugs. We are often accused of putting our children at risk of harm and damaging them, but equally nothing appropriate or realistic is offered – no real tools or therapy are given, or real time invested to help mothers mitigate or deal with their issues. There are no strong cross links with children's mental health services that may be able to provide the type of family therapy needed. We are then blamed and labelled as failures at motherhood when things go wrong, or we aren't seen to comply.

We have complex needs which require complex treatment plans. We need specific and targeted medication and psychosocial help. We need this provided by people who understand the reality of our situations, who are both qualified and onboard with our struggle to come forward and access suitable, sustainable, effective harm reduction services and drug treatment. It's possible. It can work, there can be a positive successful outcome. But it only happens when services and organisations are invested in really wanting to make it work. In thinking outside of the box.

Anna Millington established a non-funded, non-affiliated support network for mothers who use drugs. It seeks to work collaboratively with professionals – on its own terms. annaddition@gmail.com

We face harsh and complicated barriers when accessing harm reduction services, and we face sterner judgements and discrimination both societally and within professional and peer services.

time limits. We are expected to move quickly through a recovery journey that we cannot choose freely, without the appropriate support needed by us and our children and end up as a fully recovered person as defined by other people. We're told what we must do, what way we must do it and when we must do it by. The consequences for failing any of this can be severe. It can lead to the loss of your children. I really want that to sink in for people. It's a reality. Intentionally or not, the normal expectations and

JellyPics

WE'RE NOT GOING AWAY

Motherhood is for life, regardless of whether you have your child with you or not. Those whose children are not in their care appear to somehow lose their motherhood status. Mothers in treatment who don't have their children with them still require appropriate and specific psychosocial help around this.

Where do we fit in? What is harm reduction for mothers? What does it look like? How can we identify and try to reduce the risk and harm if there is any? How would we assess it? Can we change the discourse and views on mothers who use drugs so it can instead be used as a motivating positive factor for engaging in treatment? Why is this not a topic with any real spotlight? Why is no one trying to answer these vital and important questions?

I think many organisations and services remain silent because they think it's impossible to fix. But surely we should try to fix what we can. I don't claim it's easy, I just claim it's needed. I'm not asking for the impossible. I'm not expecting there to suddenly and easily be some 'eureka' answers. What I am asking people to do is put it on the table. Discuss it, evaluate it, look at your way of working, service and organisation. It is time to stop ignoring us. We need you onside.

Keeping it **TOGETHER**

Handy naloxone pouches containing everything needed to make administration risk-free are a potential game-changer, says **Alistair Bryant**

It would be cool if I can just explain our naloxone pouches and how we rolled them out. Everyone loves a backstory, right? So how did these pouches become a thing?

Chris Rintoul, our harm reduction and innovation lead, bought the idea to the table when he joined Cranstoun, and there's a very real reason why these kits have been made the way they have. And that is that the reality of administering naloxone can sometimes be different to what you see in basic training.

Quite often naloxone administration happens in quite tough environments – alleyways or waste ground, cramped hostel bedrooms, or squats. It could also be dark, there could be glass on the floor, or even uncapped needles. All of these added risks for someone who is already responding to an opioid overdose can make the situation ten times harder.

So what we decided to do at Cranstoun was create a pouch that contained enough equipment to support the person administering naloxone in one of these risky situations. We decided that our pouches should contain a number of useful items, which are kept together for ease of access.

There's a high-powered LED torch, a face shield for giving rescue breaths, instructions on how to administer naloxone and naloxone itself. We have two types of pouch, one containing nasal naloxone, and the other injectable.

One of the best things about the project was the big team effort. Chris Rintoul brought the original idea, and Ethypharm donated 2,000 naloxone kits, which means 1,000 people will have access to a fully stocked pouch. Our Worcester peer harm reduction team, PACKS (peer-assisted community knowledge & support), helped get them all packed up for distribution – it was really special for PACKS to be involved in this as they had all lost someone to overdose and really enjoy being part of the bigger picture in preventing drug related deaths.

The passion the peer team bought to the table was quite amazing. You could really tell these pouches meant something personally to them. Without them, 2,000 would still be sat in boxes and I would be facing a telling off! So from me and all the people who now have a pouch, nice one

> We decided to make a TikTok video and it was one of the videos that helped us go viral and reach over 1m views.

PACKS – you did a mighty fine job on these!

I see these pouches as part of a shift towards ensuring that harm reduction is right at the forefront within Cranstoun services. We're not only reducing harm by providing the ability to prevent overdoses, we're also reducing the harm that our workers or other professionals could face when administering the naloxone. It was also the first project at Cranstoun Worcester where we worked with people who have lived experience and had them on complete equal footing as staff members, paid above the real Living Wage.

As always, we made sure we had some fun while we were packing the naloxone pouches – we'd get some pizzas in, get some music on and have a big factory line to get them packed. We also decided to make a TikTok video about them, and it was one of the videos that helped us go viral and reach over 1m views on our work. Such a high social media view count shows that harm reduction messages are very much here to stay – check out harmreduction_al on TikTok.

It's been incredibly refreshing to talk about keeping people who use drugs safe, and not having to focus solely on encouragement into abstinence or pushing them into recovery.

One thing we did notice when we were doing the naloxone training in public with the peer team was that sometimes people were interested in naloxone but didn't have time to do the full training. So Deb from our Sutton service, the PACKS peer team and myself designed a Z-CARD which would contain all the key naloxone training information that could be given to someone with a kit. We know that if they read it they'll have all the information needed to use the kit successfully.

Steve from the PACKS team came up with the quote we used – 'I can't save my friends, they're gone. But you can save yours'. That always sticks with me and reminds me daily why we need to keep bringing harm reduction practice back. We need to bring care and compassion to the people who need it the most, wherever they are and whatever their need is.

Alistair Bryant is media and harm reduction content creator at Cranstoun

VITAL TRAINING

I read the article by Kevin Flemen (*DDN*, March, p16) with great interest and in total agreement about the need to refocus and maintain investment in high quality and relevant training for the workforce, especially in subject areas that have been neglected over recent years. As we know, policy informs practice and there are some areas of current practice that demand good quality training in order for it to improve.

I also linked it to another great article from the team at REACH, 'Doing the right thing' (p20). Along with loving the set of guiding principles on how to better engage and work with people who are most likely to fall through the gaps and often face most harms, it brought to mind that very focus on training Kevin calls for to ensure we are training, educating and ensuring newer people to the sector understand that the core skills required to be effective are often value based.

The last decade has shown us that while high ambition for recovery is without a doubt needed, it can often be the few not the many who will want to engage in such services framed or named as recovery services – so it's the principles of how to engage people most at risk of harm with high ambivalence and low motivation for change that we need to be including in our revised training priorities.

The REACH team describe the principles that are helpful in working with people with many complex needs and disadvantages, and I would encourage us all to focus on including training and guiding principles on how we improve engagement with people who inject drugs (PWID) as a high priority group needing better and wider scale interventions. These principles are very transferable to PWID and as the need to recruit, train and support a stronger workforce across the sector remains a priority, it's important we use the opportunity to revisit and reinstall the guiding principles that once had the UK as the global leader in harm reduction practice.

Let's use our future practice opportunities as a real attempt to inform future policy by 'doing the right' thing by people in most need.

Peter Furlong, national harm reduction lead, Change Grow Live

POPPING THEIR BALLOON

I was saddened but not surprised to read recent news of the government's decision to ban nitrous oxide. While people wrestle with the cost of living crisis, NHS waiting lists, and a crumbling social care system and the media runs a constant drip feed of Tory sleaze stories it appears that they have dusted down their usual last ditch election strategy – culture war!

According to the home secretary 'The British public are fed up with crime and nuisance behaviour in their neighbourhoods inflicting misery on people,' and she wants to 'give police the powers they need to deliver a common-sense approach to cutting crime.'

Believe it or not, some young people have been hanging around long before the advent of the so-called 'hippy crack' and will continue to do so. There are already adequate powers available to the police to tackle anti-social behaviour, it is just after 13 years of cuts there are no longer the personnel or resources to do so. Passing yet more legislation is not going to change anything and is purely designed to generate positive headlines in the Tory-supporting press.

Helen Carlton, by email

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

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A DIFFERENT KEY

The call for action on prison failure is clear, as **DDN** reports

There is an identifiable cohort of people responsible for prolific offending among those showing up in police stations and courts, Mike Trace, CEO of Forward Trust told the latest meeting of the All-Party Parliamentary Group on Drugs, Alcohol and Justice. 'If we can identify, motivate and treat them, we can have a big effect.'

The Morgan Report of 1991 had looked at effective approaches to crime prevention. We needed to apply that logic to prisons, he said, and look at motivating people not to reoffend.

A look back at recent history revealed a scattergun approach. Cranstoun's release scheme and RAPt's intensive abstinence-programmes had popped up in the 1990s and finally, at the beginning of the 21st century, there had been a good treatment budget. A specialist service was set up in every prison, with an expansion of both OST and abstinence-based treatment.

'It all looked pretty rosy in 2010,' he said, 'but it all went wrong in 2012' when drug treatment went from the Ministry of Justice to the Department of Health. 'It wasn't a bad decision to take it to health – but we lost all our learning,' he said. There were new statistics, new priorities and new learning systems, with counselling, assessment, referral, advice and throughcare (known as CARATs) leading to a 'quantity not quality' system.

A vast amount of the target group got rushed interventions, said Trace – and the vast majority of the structured programmes in prisons were closed down. 'Some were poor quality, but many were research-based and flying,' he said. We had entered an era of decline and missed opportunities. Furthermore, 'the wing drug dealers won massively in the 2010s' with the expansion of markets, introduction of spice, and the pressure to use instead of engage. With drug markets now out of control, we had not created the environment where prisoners could go for treatment instead of using drugs in prison.

Dame Carol Black's report represented a phase of refreshment, he said – a chance to come back from ten years of neglect. There was no underestimating the 'awful challenge' for prison staff, with 'the

nature of being a prison governor [being] to get through the day'. The bit of money would have to go a long way, as we were still faced with the same problems, with 'services massively stretched'. But at least there was political attention and acknowledgement that things must change.

As criminal justice service manager at Humankind, Jessica Scott brought experience from a cluster of seven prisons in the North East, where the organisation had worked with its healthcare partner Spectrum and delivered psychosocial interventions.

'It's about reconnecting our men and women to health and their personal goals,' she said. 'Our services are about finding

> 'The wing drug dealers won massively in the 2010s with the expansion of markets, introduction of spice, and the pressure to use instead of engage.'
> MIKE TRACE

that glimmer of hope, and about clinical and non-clinical services working together, making sure there's no break in support.' Detox and therapies were available when people came into prison, to make sure they were well enough to have interventions, and there was planning around release that included carrying a naloxone kit.

'We want to replicate in prison the options that people could have in the community,' she said, including prescribing slow-release

Travelarium | Dreamstime.com

Andrew Fox / Alamy

Some challenging questions...

'Can we address the drivers of drug use in prison?'

Pete: 'We're never going to stop drug use. People are making money and will just come up with something else.'

'Did you get any help with trauma?'

Pete: 'Is it the right environment to address trauma? Going back to hostile wings? You want to open people up to explore their emotions? I had to be left alone – it was the only way to deal with it. I felt powerless. I was angry and frustrated, but I couldn't show emotion as blokes would walk all over that.'

'Is there a difference to how women respond to treatment – and are there any factors that affect recovery?

Jessica Scott: 'Women can be a support to the whole family. Give them power. They keep everything together but no one is looking after them. Women don't get a lot of visitors – men get women to visit them. And they are often exploited.'

buprenorphine injections (which lasted a month and saved staff time as well as pharmacy visits) and providing a family service to create a strong network on release. Recruiting peer mentors had given an extra, and very valuable, level of support to recovery services, while resettlement workers looked at housing needs.

The demographic of different prisons had informed different initiatives – from a particular emphasis on harm reduction in a high-security environment, to care around hormones in a women's prison, to an 'Old Wise Lads' mutual aid group in a prison with a population of over-50s. But throughout each estate, continuity of care was a real challenge, she said. 'We need to look at our practice – and the gaps.'

Pete explained how, after leaving prison in 2000, he became trapped in a 'cycle of failure'. He had treatment with methadone in prison, but once outside and faced with the same housing problems, he would be back on heroin, back to the police station, back to prison, back on a script. And so it continued.

'There was no support between prison and community, nothing ever materialised at the gate,' he said. 'The first thing I wanted to do was celebrate with a drink... then crack and heroin.' It was similar each time, beginning with sofa surfing at the dealer's. 'I'd think, what's the point? It's all I know. And it happened to many others I know.

'There's such a culture of picking on the vulnerable. I saw the spice culture escalate and it was pitiful. I knew someone who committed suicide with no hope of getting out. You get used to blocking out feelings – you can't show vulnerability.'

In looking for solutions and hearing the varied experiences of the group, it was clear that no one thing worked for everyone. For some, it was 12-step communities, but you had to 'want them to work'. For others it was a methadone detox, and the opportunity to feel better. Training and employment programmes had offered 'massive therapeutic value'.

But the reality for so many prisons was that life inside and outside was a struggle. Men leaving the prison on a Friday with £80 in their pockets had to navigate the line of dealers' shiny cars and the newsagent doing a brisk trade in Kestrel Super. The key factors that would offer the chance of a different outcome were housing, recovery and employment – but if any of them were missing there was little hope.

A change of direction for Pete came at the age of 42, when he 'changed his mentality' by focusing on restorative justice. Mike Trace believed that restorative justice was key – particularly when people were past their mid-20s, as it could be difficult to get through to them in the 'gang stages' when they were enjoying themselves and hadn't yet hit the 'misery stage'. Yet even though he'd listened to the 'realities and difficulties of going against the flow', we should never get to the position of saying someone can't recover, he said. 'Downview was once known as Brownview, because of all the heroin, but we created an oasis of calm, where 15 to 20 people lived differently.' Similarly, living on a recovery wing in Wandsworth in the 1990s offered a very different experience. 'Don't be naïve,' he advised – 'but never say we can't do it.' **DDN**

Moment of **CONTACT**

Turning Point's Contact Point service is making a real difference to its clients' lives, says **Grace Gilmore**

The first step into any new chapter is often a daunting one. Movements are made with a sense of anxiety as we head towards a promising but unfamiliar future. That first step into recovery from alcohol and substance misuse is arguably one of the toughest to make. A harsh reality soon hits home that things may get worse before getting better, as habitual coping mechanisms are left behind.

At Turning Point we recognise that asking for help is so much more than picking up the phone. Making that initial step can feel like it comes with the weight of the world, so our aim is to provide every single person with equal levels of quality, compassion and care.

Turning Point has a dedicated team of client advisors ready to guide service users through the referral process. They will offer a judgement-free space where people can feel heard and supported. Our goal is to deliver a standardised approach based on individual need and where every unique journey is met with respect and resolution.

Bernie Jordan has been leading this process with passion and quality for over five years. She's determined to provide a welcoming and effective environment for clients as she recognises that addiction doesn't discriminate and can affect us all.

'I feel a real affinity that every single person that contacts our service, they could be my brother sister, daughter, or any part of my family. I feel immensely privileged that we are at the front end because I know how difficult it is to pick up the phone and say "I need some help".'

No stranger to hard times herself, she faced a cancer diagnosis in May 2021. Her resilience persevered as she continued to work throughout treatment and was reminded of how crucial a listening ear can be when overcoming any testing time.

'It's those small things that got me through it. Sometimes it's just the smallest thing that has the greatest impact. I never want our team to underestimate the influence that they have at that moment.'

Rachel Carter has also been a long-standing leader within Turning Point. Alongside Bernie, she maps out processes for our advisors, ensuring a streamlined and impactful service is delivered.

'Our team's resilience, flexibility, the way that we work, the way that we adapt to change – without the wider team it would just absolutely wouldn't be possible.'

Rachel recognises that as individuals we're all essentially

trying our best to cope. She highlights that although our methods may vary, focusing on the person behind the habit is what's truly important.

'I mean, we're all coping in a certain way, and life is tough. I can completely understand why people may find themselves in that situation.'

The pair lead by example and are enormously proud of the front end that's delivered across Turning Point. Both believe in our resilient team and trust that we'll exercise the same quality and compassion with each individual client.

Our client advisors are here to make loads a little lighter and prospects for the future much brighter. Through emails,

inbound and outbound calls they sit at the frontline of service ready to deliver a triage service for those who need it most.

Gary has been making a difference at Turning Point for over three years and was previously part of the management team for Turning Point's Rochdale and Oldham branch. He's been working as a client advisor since early last year and uses his 30-plus years of experience within addiction to support our team.

'I've enjoyed the move to be honest, but I think it's a tough job. You guys do a brilliant job with engaging people and being the face of Turning Point at the start of someone's journey. That kindness, appreciation, warmth, welcome, understanding, expertise and knowledge that you all have, well I've been so impressed by what my colleagues deliver.'

Gary stresses the importance of providing a non-judgemental ear. He's aware that the world surrounding addiction can often be an unforgiving one and strives to ensure each client feels understood.

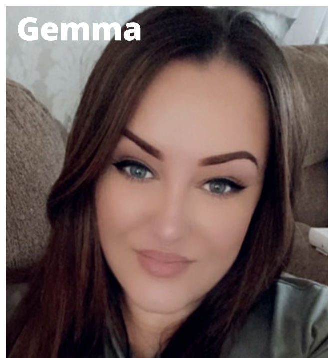
'I think that helps people overall – you're not shocked or judging but just listening. Maybe not accepting but trying to understand and hear them out...anything that suggests that they're going to get a hearing and they're not being bounced around and that somebody cares matters so much.'

We also have Liv. Liv is a senior client advisor and has been with us for more than two and a half years. Her efforts are not only to support clients but to support our team internally guiding us to the most appropriate outcome.

'I've never worked in a team that's so supportive, I feel like you get recognised for your hard work,' she says. *'I think that encourages you to keep going.'*

These valuable resources have been applied to her life in supporting her mother, who sadly lost her partner to substance misuse. As tough as this has been to face she uses this adversity to combat stigma surrounding addiction and encourages others to engage in open conversation.

'I think it was just having those difficult conversations with family and with friends, making sure more people are aware that it's not a matter of choice and it can be fixed. It's an illness and it's treatable with the right support in place.'



Gemma's used her own experiences of alcohol addiction within the family as fuel to help others. Having supported her parents and brother's battles with alcohol she is fully aware of how crucial the support we offer is.

'I think it's probably the only job I found where I enjoy coming to work, even though it can be stressful, I love knowing that you're helping somebody take the right step...You can hear the relief from somebody because they've not spoken about it before.'

Her time at Turning Point is only just beginning, but the difference she's made has been profound. She exercises an abundance of empathy and understands how impactful those crucial moments with clients can be.

'This is how they're going to see the treatment in service from now on. So if the referrals are great, you give all the advice and they feel like they're supported, then they're more likely to engage.'

As a member of this team, I find our hard-working desire to make a difference to be what truly makes us unique. Being an active part of this team of client advisors has been a humbling, eye-opening and gratifying experience. I'm continually impressed and inspired by the work we do each day and couldn't be prouder to represent Turning Point. Our compassion stands undoubtable, abilities are invaluable and guaranteed support is always accessible.

My understanding surrounding addiction will continue to grow but one concept remains very clear – talking about any issue is the best way to combat it. Reaching out for support is a daunting process and is worthy of the attention it warrants. We can all help by providing a safe space for people to speak and if they bravely decide to share – simply listen.

Addiction is a complex and all-consuming illness and leaves its victims in a harsh and unforgiving grip. But when it's time to fight back, our team at Turning Point are sitting in ready and waiting on the frontline with you.

Grace Gilmore is a client advisor at Turning Point

forward

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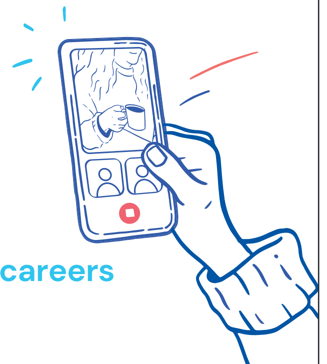

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Micheal, resident

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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.

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