DDN
Drink and Drugs News
May 2023
ISSN 1755-6236

SECOND CHANCE
Double stigma of leaving the criminal justice system

SPEAKING UP
Amplifying the voice of recovery charities

LOOKING BACK
Dave Liddell on four decades at SDF

A VOYAGE OF DISCOVERY

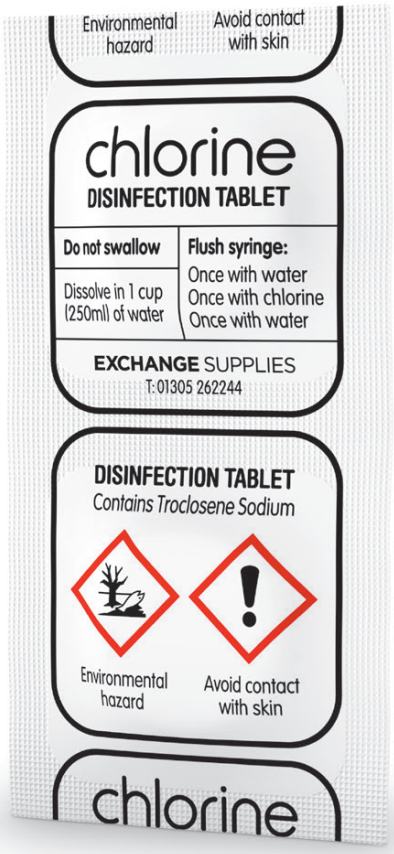
IDENTIFYING KEY CHARACTER STRENGTHS TO AID RECOVERY

Cleaning syringes works!

As many PWID do not receive enough equipment to have a new needle and syringe every time,[1] access to syringe cleaning is an essential harm reduction intervention.

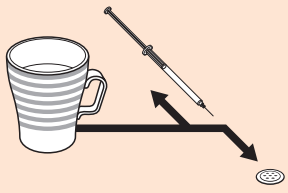
Chlorine disinfection tablets HALF PRICE!

Applies to tablets bought separately, and for pharmacy packs.

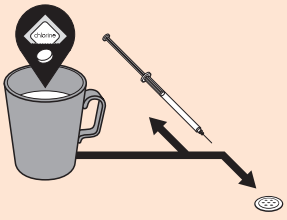


Get three clean cups and fill with cold water | Dissolve a chlorine tablet in one cup

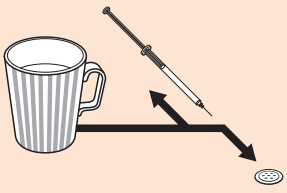
1 Flush once with water



2 Once with chlorine



3 Once with water



To find out more go to: **exchangesupplies.org**

1. Inadequate needle and syringe coverage among people who inject psychoactive drugs across England and Wales, Drugs: Education, Prevention and Policy. By Lucinda Slater, Claire Edmundson, Eva Emanuel, Jacquelyn Njoroge, Vivian Hope, Emily Phipps, Monica Desai & Sara Croxford (2023).

EXCHANGE SUPPLIES
TOOLS FOR HARM REDUCTION

DDN

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

Editor: Claire Brown
e: claire@cjwellings.com

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

Reporter: David Gilliver
e: david@cjwellings.com

Designer: Jez Tucker
e: jez@cjwellings.com

Subscriptions:
e: subs@cjwellings.com

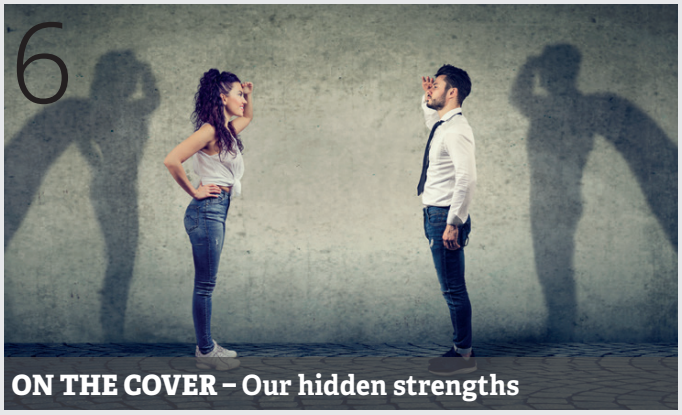
website:
www.drinkanddrugsnews.com

Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by: Jellypics

IN THIS ISSUE



INSIDE

Creative expression in recovery

Why is it so difficult to retain nurses?

Launching the Anti-Stigma Network

'We can build on what works well for us'

'Encountering difficulty remains a fact of life,' writes Lisa Ogilvie (p6) and we know that for many people involved with treatment services, the dice have been loaded against them from the minute they were born. But as we look for opportunities around Mental Health Awareness Week (9-15 May) she offers advice on developing strategies to boost resilience and improve wellbeing. The model is based on identifying character strengths so we can all build on what works well for us and reframe what doesn't – an empowering and motivating message.

Of course there's much to do in changing the landscape to a fairer outlook for everyone, and the Anti-Stigma Network (p15) aims to be inclusive and ambitious, harnessing its members' ideas and initiatives to campaign for change. *DDN* is fully involved in the campaign, and we hope you will be too.

Listening to lived experience is important, and we should never forget that in any context. Chrissie's story (p20) is a reminder that management decisions must involve the people they affect – in this case a dedicated mental health nurse with years of experience. What choice did she have but to walk away – but what an opportunity missed.

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

Scotland 'sleep walking' back to record alcohol deaths

Urgent action is needed to turn the alcohol 'tide of harm' in Scotland, says a call from more than 30 medical organisations and charities. Without it the country could be 'sleep walking our way back to the record levels of deaths we saw in the early 2000s', states Alcohol Focus Scotland. Signatories to the statement include SHAAP, BMA Scotland, the British Liver Trust, WithYou and several royal colleges.

In 2021 there were 1,245 deaths from 'conditions caused by alcohol' in Scotland (*DDN*, September 2022), the highest number since 2008 – although the figure is still lower than at the turn of the millennium. Scotland's first minister, Humza Yousaf, needs to show 'strong leadership', the organisations state, and prioritise 'increased and sustained' investment in a full range of alcohol services including community-based, residential, peer-led and mutual aid options, as well as renewing the commitment to tightening marketing regulations.

While Scotland had launched a consultation into restricting marketing late last year (www.drinkanddrugsnews.com/scots-consult-on-alcohol-marketing-curbs), Yousaf has confirmed that proposals such as banning billboard advertising and phasing out sports sponsorship deals have now been paused following concerns from 'an industry which is already facing challenges on multiple fronts'.

Identification and testing for people at risk of liver disease in primary care also needs to be improved, the organisations state, with alcohol care teams set up in hospitals for earlier identification of people with underlying alcohol problems. The minimum unit price should also be increased to 65p, they add, while an 'alcohol harm prevention levy' should be introduced on retailers to help fund prevention and treatment.

'Alcohol is Scotland's drug of choice,' said Alcohol Focus Scotland chief executive Alison Douglas. 'It is addictive and carcinogenic. Yet because it is promoted as an everyday product, essential to having fun and relaxing, we are blinkered to the reality of the high levels of damage it causes. It's 16 months since the Scottish Government rightly recognised there is a 'public health emergency' on alcohol, but there has been no plan to address it. The first minister and his new team must act urgently to improve access to treatment and support and deliver on prevention, including by uprating the minimum unit price and by introducing meaningful marketing restrictions that protect people from being bombarded by alcohol ads.'

> 'It's 16 months since the Scottish Government rightly recognised there is a "public health emergency" on alcohol, but there has been no plan to address it.'
> ALISON DOUGLAS

Full briefing paper, Emergency response required to prevent deaths from alcohol, at www.alcohol-focus-scotland.org.uk

SSCs on the rise in Europe

THREE 'SEMI-SYNTHETIC' CANNABINOIDS (SSCS) HAVE BEEN IDENTIFIED on the European drug market over the last year, says EMCDDA, which may 'signal the first major new change in the market for "legal" replacements to cannabis' since Spice-type products emerged around 15 years ago.

The agency has issued a new report on hexahydrocannabinol (HHC) – which is synthesised from cannabidiol (CBD) from cannabis plants – and related substances. HHC was identified in Europe in May last year, and EMCDDA has been monitoring it as an NPS for the last six months. HHC is not controlled in most European countries, although identifications have been reported by 20 EU member states as well as Norway, and the drug has also been found on sale in the US.

Two more SSCs, HC acetate (HHC-O) and hexahydrocannabiphorol (HHC-P), have also since been identified in Europe, says EMCDDA. HHC appears to have 'broadly similar' effects to THC, the main psychoactive substance in cannabis, the agency states. The drug is currently sold openly as a cannabis alternative in 'a range of highly attractive branded and unbranded products', including edibles, oils, vape pens and e-liquids.

The pharmacological and behavioural effects of HHC in humans have not been studied, although 'recent anecdotal reports from consumers indicate that its effects might be similar to that of cannabis', says EMCDDA. New consumers – including young and inexperienced people – may be attracted by its legal status, EMCDDA points out, along with its ease of access in high street CBD and vape shops.

Hexahydrocannabinol (HHC) and related substances at www.emcdda.europa.eu

Scottish drug deaths stable

THE AVERAGE WEEKLY NUMBER OF SUSPECTED DRUG DEATHS in Scotland was 'broadly stable' from December 2022 to the end February 2023, according to the latest RADAR quarterly report from Public Health Scotland (PHS). This compares to the 'fluctuating trends' that saw a spike in the final quarter of last year (*DDN*, April, page 5).

There was an average monthly total of 96 suspected drug deaths in December 2022 to February 2023, PHS states, the same average monthly total as in December 2021 to February 2022. The average weekly number of drug-related hospital admissions was also 'considerably lower' than expected between October and December 2022, the report adds, while drug-related attendances at emergency departments remained stable.

Report at https://publichealthscotland.scot/

Government plans levy on gambling firms

The government is planning a mandatory levy on betting firms to fund treatment services, along with reduced stake limits of between £2 and £15 per spin for online slots games. The moves form part of the much-delayed gambling white paper, which was published as *DDN* was going to press.

Campaigners have long called for a statutory tax on gambling companies *(www.drinkanddrugsnews.com/gambling-tax/)*, with the proposed levy on operators designed to 'help fund treatment services and research, including through the NHS'.

Other proposals contained in the document include increased powers for the Gambling Commission, new player protection checks and closing loopholes to ensure that under-18s are unable to gamble online or via physical machines. There will also be a new industry ombudsman to deal with disputes, including where customers suffer losses as a result of operators 'failing in their player protection duties'. Some of the proposals, however, including the amount to be raised by the statutory levy, are to be put out for further consultation.

> 'We are stepping in to update the law... with a new levy on gambling operators to pay for treatment and education...'
> LUCY FRAZER

The measures add up to a 'major reform of gambling laws to protect vulnerable users in smartphone era', the government states. 'We live in an age where people have a virtual mobile casino in their pockets,' said culture secretary Lucy Frazer.

'It has made gambling easier, quicker and often more fun, but when things go wrong it can see people lose thousands of pounds in a few swipes of the screen. So we are stepping in to update the law for those most at risk of harm with a new levy on gambling operators to pay for treatment and education, player protection checks and new online slots stake limits. This will strengthen the safety net and help deliver our long-term plan to help build stronger communities while allowing millions of people to continue to play safely.'

www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age/high-stakes-gambling-reform-for-the-digital-age

Germany scales back cannabis plans

GERMANY'S PLANS TO LEGALISE CANNABIS for recreational use have been revised following discussions with EU officials. The proposal to allow the drug to be sold across the country in licensed specialist shops has now been scaled back to a set number of pilot areas for five years.

Adults will still be allowed to grow up to three cannabis plants for personal use and possess up to 25g penalty-free, but will only be able to obtain the drug from licensed shops as part of a regional pilot project, health minister Karl Lauterbach announced. Germany's government had agreed this after talks with the EU Commission, he said, although the aim remained to control quality and curb the black market.

Cultivation in non-profit associations or 'cannabis clubs' will also be allowed nationwide, provided membership is limited to a maximum of 500 people who are over 18 and resident in Germany. While there will be a general ban on advertising for the associations, 'factual information is acceptable'. Specialist shops will then be established on a regional and time-limited model to allow the effects of a commercial supply chain on health, the black market and youth protection to be evaluated.

The restrictive approach to cannabis in Germany had failed, added justice minister Marco Buschmann. 'The prohibition of cannabis criminalises countless people, pushes them into criminal structures and ties up immense resources at the law enforcement agencies. It's time for a new approach that allows more personal responsibility, pushes back the black market and relieves the police and prosecutors.'

Canada became the first G7 country to legalise and regulate recreational cannabis in 2018, with adults able to legally buy and possess up to 30g of the drug (www.drinkanddrugsnews.com/cannabis-becomes-legal-in-canada). The move has proved divisive, however, with critics claiming that the price and quality of the legal and taxed drug has meant its impact on the black market has been limited.

Local News

BEST BUDDY
A new app to provide support to people using drugs alone is being piloted in Worcestershire, Sutton and Sandwell. 'BuddyUp' connects people to a Cranstoun member of staff trained in responding to overdoses and able to send emergency support if needed. 'We urgently need to look at new ways to address the drug death crisis we have in this country,' said Cranstoun's Chris Rintoul.

FORWARD VIEW
A new partnership between Humankind and local charities The Bridge Project, Create Strength Group and Project 6 is providing support across the Bradford district. New Vision Bradford offers clinical and therapeutic interventions, harm reduction and family support with the aim of making it 'one of the most innovative and effective substance support services in England,' says Humankind regional director Lee Wilson. *www.newvisionbradford.org.uk*

SAFE HARBOUR
A new short film on trauma and substance use has been launched by Plymouth charity Harbour, documenting Julie Howes' journey to eventually leading the charity as CEO. *Watch it at https://vimeo.com/775790994 or https://harbour.org.uk/*

FROM STRENGTH TO STRENGTH

Identifying key character strengths can work wonders in recovery, says **Lisa Ogilvie**

The Values in Action (VIA) character strengths model lists 24 strengths that humans can possess. The model was created following an extensive study of the world's major belief systems and philosophies, from which 24 character strengths were identified. This created a common language to define what's best about people and show that character strengths can apply to any population. This makes them a flexible resource that can be used in a multitude of psychological interventions, from wellbeing advocacy to those that can counteract the symptomology of mental illness.

The strengths are versatile when looking at the wellbeing of groups with a demographically diverse intake such as people in addiction recovery – the membership base for which can be as varied as the contributing factors to addiction itself. Furthermore, in support of ongoing and successful recovery, research has shown that character strengths can help an individual build on what works well and reframe what does not from a positive perspective.

STRENGTH IN RECOVERY

The link between strength of character and addiction may not seem an obvious one. However, it offers the opportunity for people in recovery to maximise their own strengths to help build a happy and engaging way of life. The idea of taking positive aspects of self and developing them to support recovery is not new – the concept of recovery capital sees an individual accrue valuable internal and external assets that help them strengthen their recovery.

These assets include supportive friendships, improved interpersonal skills and the implementation of healthy coping strategies. Recovery capital has proved to be an effective way for people in recovery to conceptualise the internal and external resources that help them to sustain their recovery. Character strengths can be considered a type of recovery capital – one where an individual leverages their own positive qualities to uphold and improve their recovery.

Character strengths can help protect and enrich recovery in many ways. For example, having gratitude for no longer being trapped in the cycle of addiction is often reported by people in early recovery, and appreciating this can provide motivation for maintaining abstinence. In later recovery, this strength becomes more sophisticated, growing from the gratitude of leaving something behind towards the appreciation of what is yet to come. Similarly, honesty can be an important part of having the courage to accept oneself as the protagonist in the sometimes shameful consequences of addiction. In later recovery, it can evolve to a protective strength, supporting healthy self-analysis that can protect against a return to potentially damaging ways that risk relapse. All 24 of the strengths can be evaluated in a similar manner to the advantage of addiction recovery.

DEVELOPING STRATEGIES

The VIA character strength survey is freely available on the VIA website at www.viacharacter.org. Practitioners can request their clients complete this survey to find out what their signature strengths are, and encourage them to use them by developing strategies and interventions that promote positive addiction recovery. Encouraging clients to practise using their signature strengths is an exercise in building on what is known to work well for them and affirm their individual capability. If a client has gratitude as a strength for example, suggest they actively use it as part of a regular routine using mini interventions such as advocating that each evening the

The idea of taking positive aspects of self and developing them to support recovery is not new – the concept of recovery capital sees an individual accrue valuable internal and external assets that help them strengthen their recovery.

SIphotography | iStock

client think of something they're looking forward to about the next day; or if they have appreciation of beauty and excellence, urge them to enhance a regular activity such as noticing something different on their walk to the shop.

IMPROVED WELLBEING

The more a client exercises their strengths, the more able they are to use them with efficacy in their daily interactions, and by using certain strengths, others are naturally enhanced. Using bravery as an example, a person with this strength might stand up for what they believe is right even if it's unpopular. To do this successfully there's an increased chance they'll draw on strengths like humility and social intelligence. Here, the applied use of complementary strengths can be beneficial, serving to build resilience and improve wellbeing by broadening the repertoire of personal resources that are available to a client.

If a character strength doesn't feature as a signature strength for a client, it doesn't mean they don't possess it, or that they won't benefit from learning ways to use it. If clients are made aware that people have character strengths in different measures and are encouraged to identify them through their own observation, they can replicate the behaviours they feel would benefit them. For example, if they observe someone demonstrating persistence, they might admire how – despite having to work hard and overcome setbacks – a goal is achieved. They could in turn decide it's worth persisting at something they find challenging.

Practitioners can also match strengths to areas that a client may indicate they're struggling with or want to enhance. As an example, if a client reports they often feel bored, it could be suggested they engage in an activity that will draw on the strengths of curiosity and creativity. If they feel socially awkward, they could be introduced to interventions that use the character strengths of teamwork, perseverance, and bravery to help them become more comfortable in social settings.

CONFIDENCE

In recovery, encountering difficulty remains a fact of life. Awareness and regular use of character strengths not only builds resilience, but can help maintain an overall better mood and instil confidence. There are some character strengths that seem well suited to this. Forgiveness, for example, can help someone avoid developing anger towards another person when they perceive an injustice, and acting with honesty and fairness provides an effective way of maintaining a morally just stance in difficult situations. Using strengths such as these help an individual act with integrity, enabling them to take responsibility for their own actions, both good and bad.

Recent research has shown that people in addiction recovery are more likely to exhibit certain strengths than those seen in general populations. This suggests that some character strengths hold a particular significance to addiction recovery, and that they're developed because of their importance to the process of change and safeguarding future recovery. These strengths are kindness, humour, honesty, fairness, and teamwork – encouraging identification with these five strengths will help people cultivate qualities that have been shown as inherently important to recovery.

PRACTICE AND DEVELOPMENT

At Acorn Recovery Projects, clients are encouraged to recognise, practise, and develop their signature strengths. To achieve this each client completes the VIA character strength survey and based on the results a personalised profile is created for them. This individualised profile explains their signature strengths, gives reasons why they're important in recovery and offers suggestions on how to practise and further develop them. This intervention is complemented with a strengths-spotting workshop which encourages clients to recognise their own strengths and those in others too.

This sets the foundation for clients to appreciate they have intrinsic positive qualities that they can feel pride in using, and gives them the reassurance that they are able to constructively support their recovery by doing so. It also allows for appreciating positive attributes in others, which helps cultivate healthy and supportive relationships that are based on mutual respect. Having completed the character strengths interventions, clients report feeling more optimistic and confident in their own abilities for their future recovery.

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

A SECOND CHANCE

An inclusive approach to people leaving the criminal justice system is an essential part of breaking the cycle of stigma, says **Andrew Cass**

Change Grow Live's commitment to supporting people caught up in the criminal justice system goes right back to our approach as an organisation that believes in people.

People who have been involved with the criminal justice system sometimes come from a place where they haven't been afforded much belief. Many of them face the stigma of being labelled as offenders, and may come from backgrounds affected by social inequality and injustice.

Fortunately, we are at a point where we can make a difference and begin to turn this around. The government's drug strategy and Dame Carol Black's report both have criminal justice running right the way through them. We are well placed as an organisation to ensure that recovery and treatment play a crucial role.

Within the last year Change Grow Live has launched four new dependency and recovery services across the country that are at the forefront of our approach. In Kent, Surrey and Sussex, Hampshire, South Yorkshire and the West Midlands, we have formed partnerships with probation services to better help people receive support for substance misuse. People will be referred by probation to our services, where they'll receive support and treatment in the same way as anyone else accessing our services.

For some of those people, the support we offer will be exactly what they need to achieve their goals and address the actions on their rehabilitation plan. For others with more complex needs, we can refer them on to the support services that are right for them and their situation. We can connect them with treatment and opportunities that they wouldn't have had before.

This is part of a much wider approach to transforming and redesigning how we work with people involved with the criminal justice system. This is an approach that can cover everything from the services we provide, to the language we use. At our service in the Wirral, we relaunched our criminal justice approach with our community integration team, clearly defining the goals of the service. We made sure that people weren't spoken to or treated like they were offenders – they were people who used our services like any others.

People previously involved with the criminal justice system have often had the least amount of support to change their situations, and the least amount of hope. Of course you can argue that there is no such thing as a victimless crime, but we believe it's for us to invest in their futures and work in partnership to look at the assets and skills people have as we support and empower them to achieve positive goals.

> People previously involved with the criminal justice system have often had the least amount of support... and the least amount of hope.

The challenge within the sector is to make sure that people who have been involved with the criminal justice system receive support that is responsive to their needs. Roughly half of people leaving prison have drugs or alcohol flagged as a risk factor for reoffending or harm, but the level of knowledge and expertise in supporting them has been diluted over the years due to funding cuts and outside pressures.

Innovative approaches such as the one being taken by our dependency and recovery services are incredibly positive steps towards criminal justice work becoming an intrinsic part of service delivery for the sector. Expertise and specialist knowledge are crucial, but they can't stand alone from the rest of the support we offer.

It all comes back to tackling the idea of stigma and of people being defined by their labels – the idea that someone can't access the same treatment as everyone else because they've been caught up in the criminal justice system.

It's tough enough as it is for some people to take that first step and engage with a service, worrying about the stigma they might face, without also worrying that they'll be labelled as an offender as well. By changing the way we engage with people, and by offering specialist support as part of our service delivery, we can help people to take that step and break that cycle of stigma.

Andrew Cass is head of community criminal justice and probation services at Change Grow Live

Gearstd / iStock

MAKE A FRESH START IN ONE OF THE BEST CITIES IN THE UK

Are you looking for drug-and-alcohol-free accommodation in Newcastle upon Tyne?

WE HAVE PLACES AVAILABLE AT OUR SUPPORTED ACCOMMODATION

- Excellent links to a vibrant local recovery community
- A safe, supportive environment to live and focus on your recovery
- Skilled and dedicated team to support you
- One-to-one support and action planning
- Access to treatment services
- A wide range of practical advice and support
- Support to identify and access suitable move-on accommodation
- Close to the City Centre
- Local connection is not required

PHOENIX FUTURES

IF YOU'RE LOOKING TO RETURN OR RELOCATE TO NEWCASTLE, OR YOU JUST WANT TO MAKE A FRESH START IN ONE OF THE BEST CITIES IN THE UK, CALL US ON 0191 273 6839

SPEAKING UP

Bringing recovery charities together and making their voices heard has never been more important, says **Jess Mullen**

Since joining Collective Voice at the end of February I've been immersing myself in the rich world of the drug and alcohol treatment and recovery field and absorbing as much information as I can about the vital work taking place across the country to ensure people have access to the treatment and support they need. I've also been hearing about the myriad challenges and opportunities in delivering that work.

I wasn't entirely new to Collective Voice or the wider treatment and recovery field. Having joined from Clinks, the membership charity for the voluntary sector working in criminal justice, I had worked in partnership with Collective Voice as part of the Making Every Adult Matter coalition and in collaboration with many other organisations working with people struggling to overcome drug or alcohol dependency in prison or under probation supervision.

The similarities and overlaps between the sectors are significant – both involve supporting people who've been highly stigmatised by society and both require working within a complex and challenging commissioning and policy environment. Despite these similarities, I still feel like I've learned so much over the last couple of months and I am keenly aware of the risks in making assumptions and getting things wrong. These are my key take aways so far.

A couple of days before I joined Collective Voice, the funding allocations for the next two years were finally announced, providing the opportunity to press on with the transformational, whole-system approach advocated for by Dame Carol Black and set in motion by the drug strategy. There remain many unanswered questions about how quickly we can expect to see the impact of this investment in a system that has experienced years of disinvestment, what obstacles can be removed to best enable impact to be felt quickly, and perhaps most importantly how we define that impact. But what is clear to me is that Collective Voice has an important role in continuing to support the sector to convene and connect, to share learning and find these answers so that this opportunity is realised and investment sustained.

Charities are a vital part of the system – the national drug and alcohol treatment and recovery workforce census published in March (*DDN*, April, p6) shows the voluntary sector makes up 78 per cent of the total treatment provider workforce. But the make-up of the voluntary sector working in substance misuse has changed substantially over the last decade – my first experience working with the sector was on a partnership project with DrugScope in 2011 who at the time had around 500 members. The precise number of charities now working in the field is anyone's guess. But the consensus I've heard from everyone I have spoken to is that it's a smaller number than it used to be, and it's disproportionately the smaller and specialist organisations that have been lost.

> Charities are a vital part of the system... the voluntary sector makes up 78 per cent of the total treatment provider workforce

Nonetheless there are still small, local and specialist organisations out there. This broad ecosystem includes LEROs, the regional and local treatment providers Collective Voice is already engaged with, and others that have recently been highlighted by Manchester Metropolitan university's compendium of specialist alcohol and substance misuse services for Black and racially minoritised people (*DDN*, April, p4). In the future I hope Collective Voice is able to make stronger links and work in collaboration with more of these organisations. This is an absolutely essential part of our role as a sector steward advocating for the overall health of the system.

In this context it's more vital than ever to ensure that our work truly focuses upon people's needs by listening to the voices of lived and living experience, and to bring our sector's attention to groups who are often ignored. Now and beyond 2025 we need to advocate that government builds on the foundations of the drug strategy and ensures a further focus on the needs of women, racially minoritised and young people with substance misuse problems.

My learning journey will continue throughout my time at Collective Voice – I am not and will never be the expert. The experts are the people with lived experience and those working in the field with frontline knowledge. Collective Voice's role is to draw on that knowledge and expertise, convening, connecting and amplifying, to make it more than the sum of its parts. If you have thoughts about how we can best do that I'd love to hear them – contact me via @collect_voice and at jess@collectivevoice.org.uk

Jess Mullen is chief executive officer of Collective Voice

Misirliahmet | Dreamstime.com

All in the FAMILY

Whole-family interventions are what's needed for parents, children – and genuinely long-term recovery, says **Michaela Dean**

For more than 20 years Phoenix has been delivering residential services that support parents while they are still looking after their children. These services are whole-family interventions. They deliver treatment to the parents for substance use and help develop parenting skills while providing care and developmental support to their children.

Studies show that alcohol and drug problems can be transmitted across generations via complex biological, psychological, and social processes. This generational transmission can come from being in close proximity to people using drugs and alcohol as well as the trauma and deprivation that comes from living in a family experiencing addiction. Any type of support for people with children has a protective and restorative influence for the family unit. Recovery seeps through families, but there is added benefit to providing support that is specifically tailored to supporting the whole family.

Phoenix has two services in the UK that offer whole-family interventions – Harper House specialist family service in Scotland and our Sheffield-based specialist family service supporting England and Wales. Both work to prevent the harms of intergenerational substance use and poor mental health, and improve wellbeing.

The family unit is the centre of the whole programme, and a lot of time is spent preparing each member of the family for the time they will spend with us. This can include visiting the service and, in some cases, spending the night with us before a placement starts. We work with social workers, keyworkers, housing support workers, nurseries and schools to help prepare the family and on arrival allocate a more senior community member as a buddy to help them settle into the programme.

Harper House offers responsive aftercare for 18 months to two years after the programme is finished and we link families in with doctors, social services, schools, recovery networks and support networks in their local area. The families leave with all the tools to sustain a happy and healthy life.

'So, I now feel when I leave here, I won't feel like I've been in this rehab for three months and then flung back into life,' said a community member at Harper House. 'Because I'm waking up with my daughter here, I'm making breakfast, I'm ironing her clothes, I'm getting her out to school, and then I'm doing work on myself in here. I'm working on my recovery, which is going to help everything. When she's getting in from school, I'm being a mother.'

Our family services are not just residential therapeutic communities with a crèche – all the childcare is registered provision that supports the developmental needs of each child, whether babies, toddlers, or older children, and in Sheffield we're one of a few childcare settings in the city to be awarded an outstanding grading by OFSTED.

Harper House is a new service, but we're already seeing significant improvements in child development. The headteacher at the local primary school commented, 'We hope more families get the chance to access Harper House. One of the children has progressed three reading stages since he has been staying at Harper House – this is incredible in such a short space of time.'

The treatment completion rates from our family services are consistently high year on year, demonstrating that families can do better if they can stay together. While many families come to us in the midst of care proceedings, a study across our Sheffield family service following 41 parents and 42 children found that 70 per cent of families were still together up to four years after completing treatment. We have an average completion rate of 86 per cent across all our family services.

Providing a treatment approach that supports the whole family keeps children safely outside of the care system, and breaks down barriers for parents accessing treatment as they know they won't have to be separated from their children. We believe that whole family approaches should be available to all families experiencing addiction and should be considered before the decision is made to remove children into the care system and separate families.

Providing a treatment approach that supports the whole family keeps children safely outside of the care system.

Michaela Dean is registered manager at Phoenix Futures specialist family service, Sheffield

ELEMENTS OF SUPPORT

The programmes in our family services bring together three main elements of support:

- *Therapeutic intervention for parents to address their addiction, mental health and improve wellbeing which includes group work, one-to-ones, CBT*
- *Evidenced-based parenting skills development*
- *Childcare and child development support provided by specialist childcare workers*

These elements of support are delivered by an onsite multi-disciplinary team working on a coordinated care plan for the family unit – a model of care that aims to meet all support needs under one roof.

MANY ROADS TO AN AMAZING DAY

We've consulted, we've listened, we've debated. So here's how we're taking on board your ideas for this year's **DDN Conference**

The theme of this year's event, Many Roads, has fired the imagination – 'Because there is never one way, there is never just one straight route. We are never just waking this alone.'

You talked about the key issues facing members of the community, and the barriers to treatment. We discussed the overriding stigma that affects everything – housing, employment, every aspect of daily life – and you said that if we can't (all of us together) address and integrate these needs, then the treatment system is a waste of time.

We looked at the rising cost of living, and how it's stopping people from even getting to services. And we wanted to do more (in Gabor Maté's words) to meet people where they're at, embracing diversity and being more responsive to those underserved – or even ignored – by the current system.

We recognised that a support network of family and friends is just as important as working in partnership with our healthcare providers, services and commissioners, and we wanted to support families in their own right, including them in the conversation.

We agreed that it's good to talk about stigma... but not good enough just to talk:

'We need action, social disobedience, accountability – we've had enough and want to take responsibility for this. Let's campaign and make noise.'

'When are governments going to start listening? I'm doing this because I've lost too many people.'

'I want to see people being able to make a difference – peer power.'

'We need to convert passion to purpose.'

So addressing stigma will be the main thread running through the conference, learning from each other during the day, and creating action points on a national level to take beyond the event.

Alongside this, we will show how strong partnerships – with peers at their centre – can achieve so much.

While it's good to feel the solidarity of the crowd in the main sessions, we also considered that the smaller conversations are invaluable in examining issues at a personal level. So the afternoon's roundtable sessions will offer a chance to ask questions and talk in a small group about specific issues, from treatment updates to legal advice.

As ever, the exhibition area will be lively and informative, with peer displays, information, opportunities and advice – and the best networking in the land!

We're now finalising the programme, inviting our speakers, and planning every aspect of a great venue (including frequent refreshments, as usual!). Thank you to everyone who organised consultations and participated in them, especially Anna Millington and Lee Collingham who ran an inspiring online event, and to all of you who sent in suggestions through our online consultation form. Every suggestion been invaluable – not just to the conference programme, but also to our content planning for *DDN* magazine.

We're looking forward to a dynamic, productive and enjoyable day together, and hope you are too.

THE DDN CONFERENCE... QUESTIONS AND ANSWERS

• WHAT IS IT?

The UK drug treatment field's largest and most inclusive event

Now in its 15th year the *DDN* conference is a unique opportunity for people with lived experience, services, commissioners and policymakers to come together to challenge stigma, share best practice and new initiatives, and build more inclusive, fairer treatment for all.

The event includes a full conference programme, presentations, personal stories, and skill-sharing sessions. Its aim is to be highly interactive, with opportunities to have input into campaigns, give feedback on policy and join activists to make a difference to people's lives.

The exhibition and networking area will have over thirty stands and stalls from peer-led projects, treatment services, and companies showcasing the latest products and services. It is a fantastic chance to learn about all of the support available, including legal advice and employment guidance, as well as new skills and naloxone training.

It's not all work though! Get involved in sports activities and games, watch films and find out about entering the Recovery Film Festival. Relax with some free complementary therapies, and enjoy music, art and poetry.

If that's not enough to get you revved up, we've arranged free tickets to visit the National Motorcycle Museum at the end of the day!

• WHEN IS IT?

Thursday 13 July
9.00am–4.00pm

Delegates can register from 9.00am and catch up with friends (old and new!) over refreshments.

The programme will run from 10.00am–4.00pm, with breaks for refreshments, a full cooked lunch and a chance to network and visit the exhibition stands.

• WHERE IS IT?

The National Conference Centre, also known as the National Motorcycle Museum, Birmingham, B92 0EJ.

Set on junction six of the M42 this fantastic venue provides easy access for cars, with ample free parking. Just a short five-minute taxi-ride from Birmingham International Station and close by Birmingham Airport, getting there couldn't be easier.

If you're looking for overnight accommodation the *DDN* team are staying at the Arden Hotel and Leisure Club just five minutes from the venue. We've secured a discounted price of £99 inc vat (reduced from a rate of £139) and you can find the discount code and booking instructions on our site.

There are other hotels close by, or there is a large choice of accommodation to suit all budgets just a short hop away in central Birmingham.

• WHO SHOULD COME?

Everyone, it's as simple as that!

What makes this event unique is the diversity of its delegates. It's a chance to meet and network with harm reduction advocates, recovery communities, representatives from central and local government, family support services, drug policy campaign groups, and inspiring individuals who are challenging stigma and fighting for social justice.

We want to make every person in the room feel welcome and get so much out of the day. Bring delegates who have never visited a conference before and see them inspired!

If you're a commissioner that truly believes in co-production you have to be there to learn from presentations on partnership projects and see real examples of this working across the country.

This is a one-off opportunity for services to showcase your work and engage colleagues.

If you're a long-serving professional who's seen it all... you haven't unless you've been to a *DDN* event! Get re-energised meeting colleagues from across the sector and share the enthusiasm of people running new, innovative projects.

• BE PART OF SOMETHING!

Join over 500 individuals and organisations for an inspiring, life-changing day!

HOW DO I BOOK?

Scan the QR code or visit our website www.drinkanddrugsnews.com

We've kept prices as low as possible and you can book tickets either as an individual via our website from as low as £75 or get in touch to discuss bringing a group along.

To get funding, approach your local commissioner or service, explain the benefits of being there and ask them to support you and your group to attend.

THE WHOLE PACKAGE

Personalised care is vital when dealing with complex mental health needs in rehab, says **Dr Arun Dhandayudham**

At WDP we're always learning from our residents, each other and cutting-edge best practice – we strive to provide the very best care. But what has become clear over time, however, is that the complexity of our residents' mental and physical needs has increased dramatically. This has brought new challenges that we're enthusiastically responding to.

Why are we seeing more complex cases? Well, the people who are being referred are getting older, which can mean other mental and physical complications from prolonged substance use and age-related medical conditions. People are also using a broader combination of drugs, and there's an increasing recognition of over-the-counter addictions and dependence on prescription medications.

There's also been the past decrease in funding for substance misuse services meaning only the most complex people were getting referred and people were waiting longer for a placement. This can mean they're more ill when they do come to us.

Several detox units have also closed in recent years – there's now no dedicated inpatient detox service within the M25, apart from the beds at Guy's and St Thomas' NHS Foundation Trust. This has put significant pressure on the few specialist detox facilities that remain, like WDP's Passmores House.

During the height of the pandemic, this stayed open but reduced our capacity to keep people as safe as possible – at one point we had almost 300 people on our waiting list. But now waiting lists are back to normal and we can usually get people in for a detox within six weeks of referral – and faster when needed.

Our team has a well-deserved reputation for managing complex detoxes for people in complex situations and with complex co-morbidities. Working closely with referrers to craft bespoke treatment and support plans means we do this really well – we support pregnant patients and support onward rehab placements post detox, and we can also take people waiting for liver transplants.

We manage a significant number of alcohol detoxes as well as a range of opiate stabilisations and detoxes. We also offer detoxes from many other substances including GBL, ketamine, kratom, loperamide, stimulants and benzos.

We can do this because we have nurses on site 24/7 and a medical presence every day of the week including weekends, with support from myself – as a consultant in addiction psychiatry – general psychiatrists and GPs, as well as psychology input. The wellbeing of our staff is also really important to us. One example is that we have recently sourced bespoke trauma-informed care approaches training specifically for our managers.

Understanding trauma and its effects is crucial, but being able to give our managers dedicated training on identifying vicarious/secondary trauma within their team has felt like a really powerful addition to our learning and development offer. This sits alongside other new and important training developments around gender-informed approaches, learning difficulties and autism.

The need for more detox spaces and being able to provide bespoke care for diverse groups inspired us to take action. We've obtained land next to Passmores House and are planning to develop it to increase capacity in this space. We're also collaborating with The Nelson Trust to set up a women's only detox in Gloucestershire, the only one of its kind in the UK – more news about this soon!

Dr Arun Dhandayudham is executive medical director at WDP

The need for more detox spaces and being able to provide bespoke care for diverse groups inspired us to take action. We've obtained land next to Passmores House and are planning to develop it to increase capacity.

Michaelnivelet | Dreamstime.com

WE CAN END STIGMA

On the eve of its launch, the Anti-Stigma Network needs you to join the fight

The Anti-Stigma Network has been created by a group of organisations coming together with a shared mission: to improve understanding of the stigma and discrimination experienced by all people harmed by drug and alcohol use. We recognise that many organisations and individuals have done – and are doing – some amazing, impactive and creative work to address stigma. Our aim is to help coordinate and amplify this work, enabling us all to maximise our shared effort to end stigma.

The starting point for the network has been a steering group made up of a diverse range of organisations to get the initiative off the ground. It's an approach that will evolve over time, but our driving forces are lived experience and fundamental human rights. We have no political allegiance or prevailing agenda, other than an ambition for people affected by drug and alcohol use to be treated fairly, justly and with dignity. We're using evidence-based approaches and we aim to make real-world change.

The network represents an open invitation to individuals, families, communities, educational institutions, charities, businesses and policymakers to come together to share, learn and create. The result will be a coalition of diverse approaches, philosophies and opinions – and we know this means that not everyone will agree with everyone else. We see this as a strength. Coming to the network with varied backgrounds we can draw on the differences in who we are, what we've experienced and how we think. We all have a role to play in educating ourselves and taking action.

We're realistic about the scale of the task: negative and unfair beliefs are entrenched in our society and stigma is experienced at every level – largely unconsciously, but sometimes consciously. Either way, people harmed by drug and alcohol use – including families – are systematically dehumanised, marginalised and discriminated against. Lives are lost, people are shamed, society's progress is limited. Collectively we can change this; we can overturn the assumptions about 'someone like that'.

All of us have a role to play – and we need you. We believe that a network of people and organisations with a shared aim to end stigma can make change, and the larger and more diverse our network is, the more value we share. All activities, events, information and ideas are co-created by the network's members and we all benefit from each other's skills, knowledge and insight.

> There is anger from people affected about the lack of action – we talk, we hear from people, we showcase lived experience – and then what?

There is anger from people affected about the lack of action – we talk, we hear from people, we showcase lived experience – and then what? We want to harness this demand for change and reach the tipping point. The larger and more diverse our network becomes, the more value we share and the stronger we become.

To find out more and get involved, visit www.antistigmanetwork.org.uk

Members of the steering group are from Phoenix Futures, Build on Belief, Inclusion, NHS APA, Adfam, LJM University, Leeds Council, and DDN

Lived experience is vital to this project, and stigma will be a central theme of the DDN Conference on 13 July. Come along, meet the network and participate!

HOW CAN WE MAKE CHANGE?

NAME stigma, and raise awareness of stigma and prejudice created by stigmatising language, depictions, policies and approaches.

CELEBRATE and share anti-stigma and inclusive practice.

UNDERSTAND and educate on the impact of stigma and how it creates barriers to health and happiness.

FIGHT stigma by coming together to share and amplify lived experience, highlighting the negative role of stigma and celebrating inclusive practice.

RATIONALISE the case for fairness and health equality.

PROTEST when we need to advocate for human rights and legal protection to address the harms of stigma, prejudice, and discrimination.

CHANGE OF SCENE

As he retires from his role as the Scottish Drug Forum's CEO, Dave Liddell reflects on a sector that's in many ways unrecognisable from the one he started out in

'There were maybe 20 services, mostly two people and a dog,' says outgoing Scottish Drugs Forum CEO Dave Liddell of Scotland's drugs sector in the mid '80s. 'There were no local planning structures or anything, so you had almost a blank sheet to develop policies and ideas.'

He's retiring this month, having worked at SDF since it was set up in 1986 – the longest job he'd had before 'was about 18 months,' he says, so his tenure has safely beaten that record. He'd previously trained as a biochemist, then become a social worker before going to work for SCODA, the forerunner of DrugScope.

Parts of Scotland were already in the grip of a serious heroin problem when SDF was set up, and he was one of the people calling for the establishment of needle exchanges. 'There was a complete lack of knowledge in terms of the development of anything like that, but obviously HIV drove those changes so even the Tory government at the time had to agree to needle exchanges being developed.'

'DUNGEONS OF DEATH'

The arguments were not dissimilar to later debates around naloxone and the current back and forth over consumption rooms. 'It's like all these things – there's a period where they're completely controversial, then they become mainstream and no one remembers the time when you were pilloried for suggesting them,' he says. 'I remember we had a conference in 1996 on drug consumption rooms with a speaker over from the Netherlands – the headline in one newspaper was "Dungeons of death".'

The whole debate around drugs has moved on significantly, with a growing recognition that many people with a drug problem will have underlying trauma or other mental health issues. 'We've obviously still got a huge way to go, but we have made progress. Incremental change is mostly the way things happen, particularly in controversial areas.'

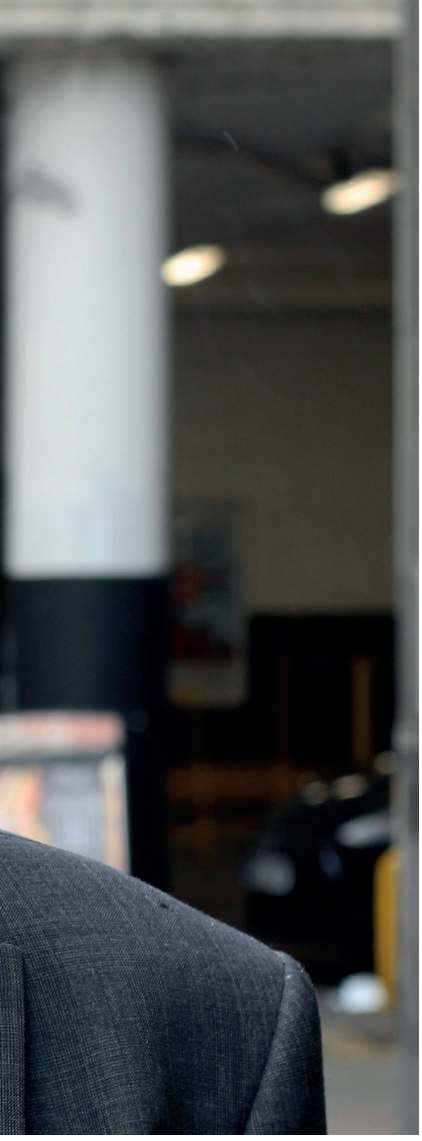
Looking back at the biggest changes he's seen over almost four decades in the sector, the current level of service provision is a 'huge one', he says. 'I think we forget that we have pretty well-developed provision of help and support. We've just been through so many epochs – from the abstinence approach in the mid '80s to HIV and public health and the move towards harm reduction.' Then came the 'whole focus on recovery, particularly abstinent recovery. I think we suffered significantly from that in terms of a narrow focus. We've obviously come through that now, but at some considerable cost.'

GOOD PROGRESS

In the Scottish context while there's more money in the system there's now another issue which is 'one of bureaucracies and the numbers of policy folk involved', he says. 'I guess the difference from '86 is that we could produce a paper or run a conference on anything, and there was no one to tell us we couldn't. Now it's so cluttered, and that's the bit I won't miss – it becomes quite a lot harder to achieve anything because of the slowness. We've made quite good progress with medication-assisted treatment and same-day prescribing – all that stuff is brilliant and I think we can say we were significant drivers of that, particularly in the early stages, but it's become very hard to see the wood for the trees just because of the number of people involved.'

It mirrors a wider problem in the system with the move to much larger providers and the potential that the therapeutic relationship might suffer as a result, he believes. 'It can sometimes be hard to provide a really individualised service. In the peer research we do, people name a particular person who's helped them to get better.' When someone who presents to a service gets seen by a different person each time,

sdf.org.uk



‘I guess the difference from ’86 is that we could produce a paper or run a conference on anything, and there was no one to tell us we couldn’t. Now it’s so cluttered, and that’s the bit I won’t miss – it becomes quite a lot harder to achieve anything because of the slowness.’

it not only means those vital relationships can’t be built but also risks re-traumatising people, he states.

There can also be a failure to recognise why ‘people find it difficult to trust services when their whole lives they’ve been failed by everyone around them’, he says. ‘We’ve thankfully moved through the punishment model, where if you miss two or three appointments you get kicked out or your methadone cut, but it’s the problem of people having to navigate such a complicated system.

‘The population we’re trying to help have very specific needs about engagement with services that are different to the general population. We’ve almost set up services in the general health service model, and then failure to attend appointments means you’re pushed out. To me it’s about building that trusting therapeutic relationship over the long term, and that’s the bit we still haven’t got to, sadly.’

SHOCKING RATES

Over the last decade the sector in Scotland has been dominated by the shocking rates of drug-related deaths. There was a tiny fall in 2021, and while the provisional figures for the last quarter of 2022 showed an increase (*DDN*, April, page 5) the prediction is that figures for the whole year will be down. Does he think we may finally be turning a corner? ‘My view is that we probably are,’ he states. ‘But I think that because the numbers have been so tragically high, a fall at some point is inevitable – that could not go on at that level. I’d like to think that the responses like naloxone and medication-assisted treatments are starting to have an impact, but the reality is even if it goes down it’s still colossal.’

At the end of 2020 when the highest-ever figures came out, SDF described it as a national tragedy and a national disgrace, and it wasn’t long after that Nicola Sturgeon used similar language and admitted her administration had taken its ‘eye off the ball’. ‘That was the first time the government had owned the problem at that high level,’ he says. ‘It became a political issue that couldn’t be ignored.’

The sheer scale of the deaths has perhaps also helped to change people’s attitudes and go some way to challenging stigma, he believes. ‘I think it may have led to more compassion for people with drug problems overall, and we’ve tried to explain to the wider population that drug problems tend to be a symptom of underlying issues. We do a lot of stigma training ourselves, and you still see stigma even within the addiction services let alone other services like housing. Our view is that’s the place to start. It links back to those issues around being trauma-informed and building therapeutic relationships. There’s nothing new in any of that, but it’s slow to change.’

While the sector is full of dedicated and compassionate staff, some can be hamstrung by structures they work in that make change difficult to deliver, he says. ‘Some of the challenges of service delivery are very difficult to change overnight. You have areas that have got additional monies for medication-assisted treatment, but a year or two on they still haven’t spent that money. The lesson is always I guess that government thinks it can kick local areas to deliver, but the accountability lines are not always there to do that.’

PEER RESEARCH

So what is he most proud of during his time at SDF? ‘Certainly our influence in terms of the amount of resource going into the sector,’ he says. ‘More specifically, the peer research programme that we’ve been running for 25 years. When we first started that programme the notion that we could have volunteers who were still using and they could interview people who were still using was very, very controversial – that you would listen to the views of people who were still using drugs. That’s quite hard to imagine now, but it was absolutely the case. What’s interesting now is that peer research has become mainstream in the Scottish context, and I might argue that because of our track record we’re probably still doing it better than most. The other one would be the addiction worker training programme – the positive outcomes of those who completed it are 85 per cent into employment. We’ve probably had 300 or more folk through that programme, and obviously there’s opportunities to do more around that.’

POLICY INFLUENCE

And then there’s SDF’s influence on policy and strategy over the years. ‘It’s gone up and down. Sometimes you’re in the tent and sometimes you’re out, and the membership has often criticised us for being either too close to government or too far away. So that balance is quite tricky. But one of the things we’ve often done is saved government from doing something that could have made the situation worse, and that can be entirely unseen as an outcome because it’s behind the scenes. What we’ve had is that longevity and corporate memory, which is completely lacking in government because the civil servants change every three years – the number of times we’ve had “new” approaches that aren’t new at all. And the other thing is that we’ve stuck to our principles all the way through in terms of our approach. We’ve never wavered.’

So will he miss it? ‘I will, for sure, in terms of the cut and thrust of all of it. I’m planning on doing quite a bit of travelling – one of my granddaughters lives in Prague. Someone said to me, “don’t agree to anything in the first four months of your retirement”. I’ve had a couple of offers, but if they’re writing funding applications I think I’ll have to give it a miss.’ **DDN**

POETS' CORNER

The *Writing for our lives* project shows the power of creative expression in recovery, says **Claire Jakeman**

Jody Lee struggled with drink and drugs for 20-plus years. During that time, and through his subsequent recovery, the one thing that has remained constant in Jody Lee's life was his love of poetry, which he now uses to help others.

Lee's raw, honest and inspiring poems are part of a series of poems and illustrations from people with experience of mental health or drug and alcohol problems that have been collected in a book titled, *Writing for our lives*. The book, which aims to a shine a spotlight on the role that expressive arts can play in the road to recovery, was launched at the Victoria Library in London in March.

Lee, who is known as The Skinny Poet, appeared on the World at One on BBC Radio 4 to promote the book and explained how writing kept him 'connected' to part of himself during his 20-year struggle with cocaine and heroin addiction.

'Poetry helps me to be able to express myself with some of the things that I struggled with, some of the dark parts of my addiction, my anger, my fear, my self-destructive tendencies,' he says. 'To be able to express these in a creative and healthy way helped me deal with the sadness and grief I felt over the time I've lost through my addiction. By sharing this work with other people who've been through that process as well, they really seem to connect to it, which is what pushed me to share it with others.'

Lee grew up in a house were drugs were 'readily available', as his father was a drug dealer. He started drinking and smoking cannabis at 13. It then progressed to speed, cocaine and eventually heroin, and any other drugs he could get his hands on. 'It was just completely normal to me,' says Lee. 'Drinking and drug taking was just a way of life. I watched my dad and all of his friends do it. Most people I knew did it.'

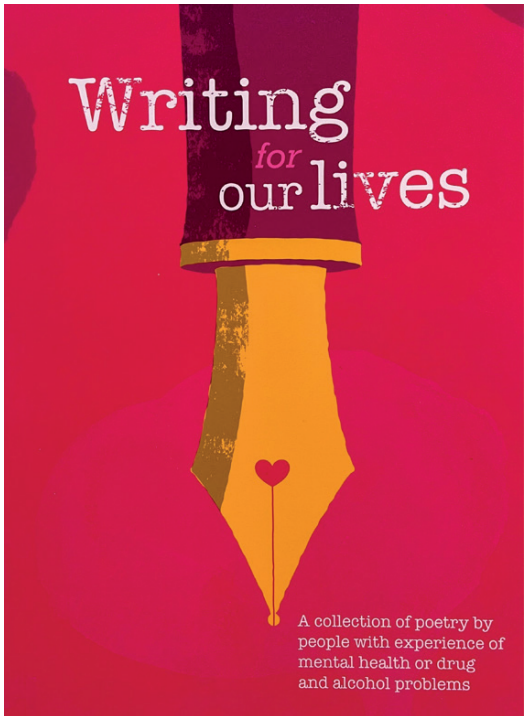
JellyPics

The Road to Hope

By Jody Lee

I put my first foot on the road,
Do I dare to hope?
This road is long and curved and slow,
It's nothing like the road I know.
The road I know has cracks and holes
And traps that swallow people whole,
It's overgrown and dark and cold,
Devoid of any hope.
This new road before me shines,
No cracks or traps or tangled vines,
Just signs that glow with warmth and light
Saying: this way to find hope.
My hope lay broke in chaos' course,
I'd paused my dreams and closed all doors.
I'd crawled from love and curled in corners,
Bound up in a rope.
Now the road looks clean and clear;
Though hunger lurks and shadows leer,
The shame they creep on,
Pain they feast on,
Fear and suffering they leech from,
All this dwindles as I keep on
Down this road of hope.
Now every step reveals more light,
Makes hopelessness seem less to fight,
With tests of courage, tests of pride,
I carry on in hope.

Now here I stand with open hands,
Where hope once slipped my palms like sand,
I cemented a sure-footed land
To build on with real hope.
Each junction walked's connection formed,
Each corner turned; a turning point.
Each new step takes my journey forward
Furthermore to hope.
I put my next foot on the road,
It may be long and curved and slow,
But step by step my strength will grow
And now I dare to hope.



His love of literature also started at a young age, however. 'I'd always enjoyed writing. As a kid I used to love reading things like Hans Christian Andersen fairy tales. I used to love storyteller books, listening to the cassette tapes as you turn the page and I started writing short stories because of that,' he says. 'As I got older, being a '90s kid, I got into hip hop and I used to write rap. I realised I just loved the structure in the wordplay of things. I loved hip hop, but it wasn't my experience. I started to find my own voice and write about things that related to me and my experience.'

After ten years of suffering with addiction, Lee admits he got to a point where his life was spiralling out of control. 'As heroin took hold, I started to lose jobs, my friends, family. I turned to crime to feed my addiction. I wasn't very good at it at all – I ended up getting caught, and escaped prison by the skin of my teeth.'

What turned out to be his saving grace was poetry. The magistrate happened to be a poetry lover and encouraged him to keep writing and put him on a 12-month Drug Treatment and Testing Order (DTTO). He managed to stay abstinent for 13 months but then relapsed. 'It was a pattern of going back into recovery and relapsing for a long time until I was 38 years old – around five years ago – that I became fully clean,' says Lee.

Lee credits his mother, who also suffered because of his father's 'oppression', as the main reason why he managed to 'hold some part of my life together' during the years he was battling with addiction. 'I would say I was high-functioning addict. I did a BTEC National Diploma in engineering and managed to get a job at an engineering firm where I stayed for 17 years going in and out of addiction,' he says.

Lee shares his poetry at the Launch of the book *Writing for our lives* as well on Radio 4's *World at One*

It was through Turning Point's Suffolk Recovery Network that he managed to recover. 'Turning Point are the first organisation that have stuck in Suffolk for a long time, which has made it more stable,' says Lee. 'I've had the same key worker and worked with the same people for a long time. When I started using drugs I wrote a lot of dark poems that were very nihilistic and destructive. And then as I got clean, my poems changed and I wrote about recovery and about life beyond addiction. I just built a huge catalogue of poetry which I decided to share with some of the key workers.

'Turning Point offered brilliant avenues for me to be able to share my poetry,' he continues. 'They run a really good event in Suffolk called Recovery's Got Talent. Since performing at that, I would say my poetry took off and I managed to do recovery festivals, poetry slams, open mic sessions and give lived experience talks to people in services.'

Writing for our lives is part of the Turning Point School of Art programme which supports its people to learn new skills, make something they're proud of and put aside the negative things that affect them.

The programme started in 2019 and came at a crucial time for many clients who struggled through the pandemic and numerous lockdowns. Professor Sarah Perks supported the delivery of the programme and introduced clients and staff to art history, techniques and opportunities to try out the skills they were learning and developing.

There are also opportunities to learn from sculptors, illustrators, mask makers, and photographers. Some of the images included in *Writing for our lives*, were created following these art sessions.

'In terms of people's mental health and how creative arts can support people with their recovery, I think it's really important, and certainly the book reflects this, whether it's writing poetry like Jody, or whether it's doing creative arts through drawings, illustrations, paintings, photography,' says Gaye Founders, Turning Point's regional head of operations – mental health. 'If people are struggling to express how they're feeling, using art and creativity, it allows them to express themselves in a different way. It's supporting people to explore different ways of communicating of what is going on internally and to externalize that and that often helps.'

Lee hopes he can continue to help people to express what they are going through and take steps to recovery. The 43-year-old will finish doing a BA Honours degree in counselling and psychotherapy next year. 'I want to support people recover from not just alcohol and drugs, but also domestic violence issues, mental health issues, and other health problems,' says Lee.

'A lot of my poetry is about compassion, human nature and having compassion for what people go through in all walks of life. Not to pass judgment and understand that it's okay to mess up, that we are fallible, that we make mistakes, that we're only human and to look at each other from a humanistic lens.'

Writing for our lives is available to buy online at Waterstones and The Telegraph online bookshop.

Claire Jakeman is senior operations manager at Turning Point Suffolk Recovery Service

xijian/ iStock

THE JOB I LOVED

Why is recruiting and retaining experienced nurses so difficult? **Chrissie** gives *DDN* a personal perspective

Everybody talks about the state of our underfunded NHS. But there are other reasons why I've just left a job that I loved, as a mental health nurse.

We were the most successful liaison team of band 6 nurses, employed by the mental health trust – eight of us running a 24-hour service, seven days a week. We were autonomous, dynamic, well liked, and people valued our opinion. We didn't have sickness, we didn't use an agency, and others would make contact to ask advice on how to make a successful team.

I learned my job through acute experience on the mental health admissions ward, and you had to know what you were doing. It was a big A&E and there would be at least two patients waiting for decisions. They might have the police with them and be in handcuffs, they might be in a resus [resuscitation] bed with police, security, doctors and nurses all around this one patient for many hours. A lot of the time there would be somebody who was acutely unwell, and they could be quite violent.

MANAGEMENT CHANGE

We used to manage ourselves, overseen by the mental health trust. Then just before COVID the management changed the whole way our team worked. And when they made these changes they didn't consult us – they didn't ask us what we thought would be best. We just got told what to do by people who weren't working with patients – 'you have to do this!' Questions about why we were doing something differently were met with management silence.

I felt that none of the changes were anything to do with the patients' welfare and it really went against the grain. For instance, we used to have all the patients' names on a whiteboard, with the time they came in, what they were presenting with, and if they were out of area, so you could see it at a glance. They decided they wanted a computerised 'live board', but the busy team didn't have time to update it properly, and anything that wasn't on the live board 'didn't exist'. It was mandatory to keep it updated and management would focus on what wasn't inputted and the importance of this, not on patients' and clinicians' welfare and the decisions made for them.

I couldn't see any justification for over-complicating a serious task. The patients only ever seemed to become important when they were coming up to a 12-hour breach – *ie* when the hospital could get into trouble because something wasn't right.

MENTAL HEALTH IS SIMPLE

Mental health is pretty simple – if you know what you're doing. Even the most complex of personality disorders aren't rocket science when you have the experience

of dealing with them. Whenever I saw a patient, I would usually know almost within a minute what the outcome of my assessment would be, even if I was in with them for an hour and a half.

There's stuff going on in mental health that isn't right, and if this is taking place in a major hospital it's likely to be happening elsewhere. The community services are in pieces and some of them are still working from home since COVID – face-to-face doesn't happen very often and constant meetings have turned 9am-5pm services to 10.30am-4pm with no flexibility beyond that and certainly no options for weekends.

> 'They talk about being better across the board, but all they've done is stifle the expertise at the heart of patient care. The only thing in the NHS that's across the board is the logo.'

So if you've got depression and it's getting worse and warrants community team input, they write to you, and if you don't respond they write to you again, and then discharge you when you can't respond. That's not patient centred at all.

Of course there are some successes, but we're missing out on years of experience and expertise – and in our case it was a really good group of people who made it work. We'd identify problems and do things differently, because we were all experienced enough in the job to be able to say what would work better.

TOP-DOWN CHANGES

The NHS is constantly being given the money to change things, but these changes are coming from above. It happens in commissioning too – a few bright sparks get together and decide on a better structure without it being informed by the people it affects. We don't all need to be run on a corporate level, to make a profit. How can you do things that benefit the patient if you're not getting their opinion or their clinician's input?

This lack of inclusivity has triggered an exodus of staff. Nurses like me don't want to complicate life, we want to do what we're really good at. You go into nursing expecting a tough job and a lot of issues – but not this fundamental lack of respect.

Our team was cost-effective, we were good and we got things sorted. We rarely needed to go to the coroners but in the last two years this happened four or five times. People are not even getting triaged properly and the follow-ups aren't happening either.

LAYERS OF KNOWLEDGE

There are layers of knowledge that should inform practice. A new nurse in A&E might not understand that taking away a patient's super-strength lager while they wait for ages can lead to severe withdrawal, or that a short fast emergency detox doesn't work.

Alongside a massive loss of expertise there's so much lost opportunity – people are just switching off. You don't go into nursing because of the money. If you see something that can be changed for the better, you'll say something – but now you're not heard.

I loved my job and I wanted to be true to my patients, but eventually I went to my manager and said 'I can't do it. I'm broken.' I was met with a blank look. Upset and frustrated, I applied for a new job in a different part of the NHS. Three other team members piggybacked onto my leaving do and the four of us left together. Now nobody wants to work in the team – and the people who do leave within a year.

They talk about being better across the board, but all they've done is stifle the expertise at the heart of patient care. The only thing in the NHS that's across the board is the logo.

POSITIVE FOCUS

I and my colleagues at Forward Trust are big fans of *DDN*, and learn a lot from the articles, but I do need to register a couple of clarifications on how some of the contents of my speech at the recent Drugs, Alcohol, Justice parliamentary group were described (*DDN*, April, p18).

First, the 'Morgan *et al*' report I referred to was not the 1991 report you referenced, but Home Office research report 79, authored by Nick Morgan in 2014. It is the official report that, amongst other things, credits the investments in substance misuse treatment through the 2000s for making a contribution to declining crime rates in that decade.

My reference to the development of a 'quantity not quality' system was not specific to the delivery of 'CARAT's' (the acronym for prison substance misuse advice and guidance services from the late 1990s to the early 2020s), but has been the tension across the whole system ever since treatment budgets were created. My point was that prioritising low-intensity interventions for tens of thousands of prisoners who have high levels of dependence and complex needs is not the most effective strategy.

And finally, my reference to 'years of neglect' needs context – it is not a comment on the great, often heroic, work of prison-based drug workers around the country, but is lamenting the loss of momentum in strategy, research, service improvement, and recovery offers to prisoners during a decade in which the pressure on them to engage in wing-based drug markets has intensified.

We have been losing the battle with the dealers on prison wings, but hopefully the new policy attention, and some new money, will start to turn that around.
Mike Trace, CEO, Forward Trust

DEALER INTERVENTION

I am in total agreement on what you say about stigma and how it affects the discussion of the drug issue in the UK. Powerholders are putting criminalisation ahead of public health, or so it seems. Within the same context there is an obvious cohort that is almost always forgotten about: those on the supply side of the equation – the so-called drug dealers.

As you say, there are many reasons as to why people develop serious drug problems, such as childhood trauma, mental health issues and post-traumatic stress disorder. These same reasons are attributed to why 'dealers' get involved in the illicit drug market in the first place, and I think a bridge needs to be made. There is a litany of service providers for those who misuse drugs but none for those who deal, other than punitive action, which is largely ineffective.

I have created an intervention programme, designed around the unique experiences of those who commit county lines offending behaviour. It is a six-week programme built on a foundation of lived experience and cultural competence. It addresses all aspects of county lines behaviour – and unpacks the mental and physical behaviours that lead to county lines involvement, in which I am well versed due to my past chapters of life.

The new improved me would like to give back by helping those in my previous world of illicit drug dealing to exit that career, by giving them empowerment – the tools to succeed.

Is there anyone or any organisation that might be able to help me to move my intention forward?
Serving prisoner, name and address supplied. If you can help, please email the editor.

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

Forward

Job Opportunities Nationwide

Do you have transferrable skills? If so, we want to hear from you.

Why not join us today to make a difference and support people in achieving lasting change?

Connections Family Practitioner, HMP Bronzefield, Middlesex – from £24,000

Substance Misuse/Therapeutic Group Programme Coordinator, HMP Brixton, London – from £30,082

Senior IAG Advisor, Suffolk/Herts/Essex – from £27,919

Band 6 Substance Misuse Nurse, Surrey – from £33,706

Data Administrator (probation services), London/Remote – from £22,034

Health And Wellbeing Practitioner, HMP Downview, Surrey – from £25,154

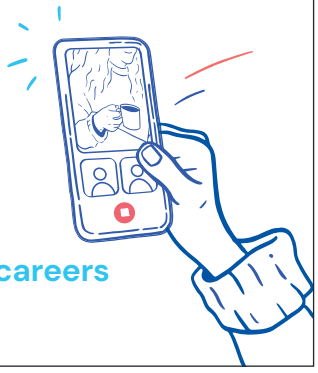
Find out more and apply online...
https://careers-forwardtrust.icims.com/jobs/
or scan the QR Code

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

Recruiting Recovery Workers.

Join us now.

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

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

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

TURNING POINT
inspired by possibility

delphi
a calico group service

Be a different kind of Nurse, be a Delphi Nurse

@DelphiMedical
DelphiMedical
delphi-medical

To view our vacancies visit:
delphimedical.co.uk