

Campaigners respond to Nick... addict, beggar

# DDDN

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**drugs, gangs**

**Raving**

**Labour attack on Lib Dem drug policy slammed as medieval**

**Lal**

**'FOOD BANKS ARE FOR DRUG ADDICT DRUNKS AND MENTALLY ILL'**

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# MAKE OR BREAK TIME

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## EDITOR'S LETTER



## 'Let's leave no room for ambiguity in providing a coherent voice.'

We're into the final frantic run-up to the election as we go to press, and the electioneering machinery is in overdrive. There's no escaping the commentary morning and evening from every direction, and the leaflets from local politicians are outnumbering the usual catalogues and pizza menus. Among the candidates' persuasive statements are invitations to let them know what we all want, and they promise they will listen. 'Your views matter,' they say – so here goes.

In this issue's 'election special' (page 6-9) we've canvassed diverse opinion from the field. Circumstances differ, but many of the concerns are the same and the message is clear: the incoming government needs to listen, take drug and alcohol treatment seriously, and cut through the stigma to invest in evidence-based interventions. There's no shortage of experts, by experience and by profession, to help steer through the changing landscape of health and welfare, and no need for policy to be ill-informed guesswork.

Our feature in this issue is just the start. You'll find fuller versions online at [www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com) and we hope you'll get in touch to let us know your views about what the new government's priorities should be. As one of our contributors says, let's leave no room for ambiguity in providing a coherent voice to the 'outside'.

*Claire Brown, editor*

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## NEW GOVERNMENT MUST HELP THOSE WITH MULTIPLE NEEDS

**THE INCOMING GOVERNMENT** should launch a national programme of improved and coordinated support for those with multiple and complex needs, according to charity the Revolving Doors Agency. Any new government would be unable to afford to continue a situation where ‘shrinking public funds are tied up’ paying for the consequences of failed policies, it says, with the organisation estimating the cost of ‘severe and multiple disadvantage’ at more than £10bn per year.

There are ‘a minimum’ of 58,000 people in England alone experiencing a simultaneous combination of substance problems, homelessness and offending, frequently linked with mental health issues, the charity says, with health and welfare systems designed to tackle single issues struggling to respond.

The agency is calling on the government to prioritise support for long-term recovery – including ‘the journey towards employment’ – which should include an immediate review of the impact of welfare sanctions on vulnerable groups. It also wants to see improved opportunities and provision for service user involvement, as well as effective community-based rehabilitation for offenders with multiple needs, including specific services for groups such as under-24s and women.

‘In a period of falling spending and rising demand on our public services, tackling the complex problems faced by individuals caught in this negative “revolving door” cycle must be a priority for whoever forms the next government,’ said chief executive Christina Marriott. ‘We cannot continue in a situation where public money is tied up paying for the consequences of repeated failed interventions – the financial, social and, above all, human cost of this failure is too great.’

‘We want to see a system where people facing multiple and complex needs are supported by effective, coordinated services in every area, and are able to tackle their problems, reach their potential and contribute to their communities,’ she continued. ‘The evidence shows this could save public money while improving outcomes for some of the most excluded people in our society. We know what works. Now is the time for action.’

*The Revolving Doors Agency manifesto 2015: Five priorities for an incoming government at [www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)*



**Christina Marriott:**  
 ‘We cannot continue in a situation where public money is tied up paying for the consequences of repeated failed interventions.’

responsible drinking messages had ‘frequently been expanded to include the brand name or drink type, or some other extra wording added to fit the wider theme of the advertising campaign’.

*Drink responsibly (but please keep drinking) at [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)*

### MORE NPS BANNED

Five more ‘legal highs’ have been banned under temporary powers by the government. Compounds related to methylphenidate – including ethylphenidate, which is sold as Gogaine or Burst – are now subject to a temporary class drug order (TCDO) for up to 12 months while the ACMD decides whether they should be permanently controlled. ‘Users have been known to inject the drug, putting themselves at risk of blood-borne disease and infection,’ said the Home Office.

### CANNABIS CARE

Provision of effective cannabis treatment is likely to become more vital in European drug policy, according to a new report from EMCDDA. The document analyses the interventions most likely to be successful, based on evidence from a range of treatment programmes across Europe. ‘With large numbers entering cannabis programmes every year in Europe, largely paid for by public funds, treatment effectiveness is a key consideration for policy,’ said EMCDDA director Wolfgang Götz. [www.emcdda.europa.eu](http://www.emcdda.europa.eu)

### HOME HIV TESTS

The first legally approved home HIV self-testing kits have gone on sale in the UK. The devices, which are able to detect antibodies in small drops of blood, can provide a result in 15 minutes and claim to be 99 per cent accurate, although positive results must be re-confirmed at a clinic. ‘We campaigned for a long time to secure the legalisation of HIV self-test kits which happened in April 2014, so it is great to see the first self-test kits being approved,’ said Terrence Higgins Trust chief executive Dr Rosemary Gillespie.

### FINANCING FEARS

Voluntary sector organisations working with offenders continue to be dogged by financial uncertainty, according to the latest *State of the sector* report from Clinks. ‘We found that the needs of service users are increasing and becoming more complex, volunteering remains vital for the sector, and volunteer recruitment is increasing,’ states the document. ‘Many organisations are relying on their reserves, putting them at risk of closure,

and the majority of organisations only sometimes, or never, receive full cost recovery on the contracts they deliver.’ *State of the sector 2015 at [www.clinks.org](http://www.clinks.org)*

### PARENTAL DEATHS

More than a third of Scottish drug-related deaths in 2013 were parents or parental figures, according to new analysis from ISD Scotland. The proportion of deaths in over-35s, meanwhile, increased from half in 2009 to two thirds in 2013. *National drug related deaths database (Scotland) report 2013 at [www.isdscotland.org](http://www.isdscotland.org)*

### WHO’S RESPONSIBLE?

Responsible drinking messages in advertising are being used by the alcohol industry to promote their brands rather than help consumers ‘make sensible choices about their drinking’, according to a report from Alcohol Concern. The charity wants to see ‘ambiguous’ messages replaced with factual health warnings, after its research found that



### HEP AWARENESS

**A NEW FILM** about hepatitis C designed to raise awareness and improve confidence in diagnosis among GPs and other primary care staff has been launched by the Royal College of GPs, HCV Action and the Hepatitis C Trust. ‘Despite the fact that hepatitis C affects so many hundreds of thousands of people in the UK, we frequently hear of low awareness and knowledge of the virus among GPs,’ said Hepatitis C Trust chief executive Charles Gore. ‘GPs will be increasingly relied upon in the future to manage and detect the virus, so this really is a must-see film.’

**Detecting & managing hepatitis C in primary care available to view at [hcvaction.org.uk](http://hcvaction.org.uk)**



# LOCAL NEWS



## VETERANS' SERVICE ADVANCES TO SOUTH WEST

**A NEW TREATMENT SERVICE** for military veterans with drug and alcohol problems is being expanded into the south west of England.

Right Turn, launched by Addaction and funded by the Forces in Mind Trust, is already available to veterans throughout Scotland and the north of England. It aims to offer ex-service men and women support during their transition back to civilian life.

The programme also hopes to influence policy makers and improve services by providing a detailed evaluation both of the project and the scale of the problem.

Meanwhile, initiatives to help ex-service personnel continue at Liverpool's Tom Harrison House (DDN, December 2014, page 6) where a new national conference learned from US colleagues about developing veteran-specific addiction treatment.

'We have a lot to learn about how we support our veterans who are experiencing active addiction or alcoholism,' said head of service, Jacquie Johnston-Lynch.

'We have a lot to learn about how we support our veterans who are experiencing active addiction or alcoholism.'

attending BDP group sessions with service users, the team developed a prototype app that combined a questionnaire, examples of users' stories and personal diaries.

Each member of the winning team has been awarded a paid one-month internship at TCS, while BDP has received a £1,000 donation.

## RESTORATION ENTERPRISE HEADS FOR NEW HEIGHTS

**A SOCIAL ENTERPRISE** in London has celebrated more than a year of successful business with an event to thank its supporters and recognise the conclusion of a successful pilot phase.

Restoration Station, a project of the Spitalfields Crypt Trust (SCT), is now providing work experience restoring vintage furniture for six people in recovery, as well as making original pieces from reclaimed and recycled materials.

The project is popular with both shoppers and other local businesses looking for bespoke creations, and gives individuals in recovery the opportunity to build their confidence and develop new skills.

'It's a fantastic project,' said Della Tinsley of the East London Design Show. 'I think that the power to have a skill and make something is incredibly restorative... something that really has an ability to change lives.'

## FREE TRAINING FOR FAMILY MEMBERS

**ADFAM IS OFFERING FREE TRAINING** to friends, family members and carers of individuals with substance misuse problems.

After a pilot in the London Borough of Greenwich, Adfam has now extended the training to services in Kent that support people affected by others' substance use.

The one-day training programme aims to empower individuals to become Family Recovery Champions, who would in turn be able to offer support and advice to others using the service.

*For more information or to book training contact Bex Peters, [r.peters@adfam.org.uk](mailto:r.peters@adfam.org.uk)*



## SPONSORED BIKE RIDE HONOURS BARRY'S MEMORY

**STAFF FROM ADDACTION CORNWALL** have taken part in a sponsored bike ride to raise money in memory of a volunteer at the service.

Barry Marsh died in November last year of cancer after dedicating many hours of his time to offering other people support and sharing his own story.

The team of staff organised and completed an 11-mile cycle route, and the money raised has been donated to Cornwall Hospice Care, which supported Barry towards the end of his life.



Jack Hall and Justin Hoggans of BDP, far left.

University of Bristol students, clockwise from top-left: Daniel Stephens, Rachit Bangar, Zinnia Siddiqi and Lukasz Dygon.

Their mentors, from left-to-right, were Adrian Lucas and Peter Snipe.

## BDP AND STUDENTS EMBRACE TECHNOLOGY CHALLENGE

**A TEAM OF STUDENTS** from the University of Bristol, working with the addiction charity Bristol Drugs Project (BDP), have won the 2015 Tata Consulting Services (TCS) Tech Challenge.

In its second year, the TCS Tech Challenge is designed to inspire young people to get creative with technology.

The team from Bristol University collaborated with BDP to create an IT solution that targeted and engaged recreational drug users. Researching the project by working with the university's student counselling service and

## SERVICE USER CHAMPION WINS MANAGEMENT AWARD

**SUNNY DHADLEY**, service user involvement officer at the Wolverhampton Service User Involvement Team (SUIT), has been awarded an Award for Excellence from the Chartered Management Institute (CMI).

The award recognises his management and leadership skills, and was presented to SUIT at the recent CMI Midlands annual conference and awards event at Birmingham's ICC.

'I'm delighted to have been given this award by CMI in recognition of my management and leadership abilities,' said Dhadley. 'At one point in my life I didn't think that anything was achievable. This award has shown me – and others – that everything is.'



**Sunny Dhadley:** 'At one point in my life I didn't think that anything was achievable.'

# Make or

## General Election 2015



In a couple of days the country goes to the polls for one of the most unpredictable – and significant – elections in decades. As the outcome is likely to have a decisive impact on what the treatment sector, and wider society, might look like in a few years' time, *DDN* decided to canvass opinion on what the new government's priorities should be.

**Mike Trace, chief executive, RAPt**

The first thing an incoming government should do is take drug and alcohol treatment seriously. While the period of top-level political attention and increased investment is over, it is still the case that effective drug and alcohol treatment makes a significant contribution to crime reduction, public health and social inclusion of the most marginalised groups. Treatment policy has been drifting – with no clear direction, and the beginnings of disinvestment – and needs to have a renewed focus.

This does not mean going back to ring-fenced budgets, or central control, but there has to be some more strategic planning to ensure that the reduced funds available are directed towards the



**'The first thing an incoming government should do is take treatment seriously.'**

most effective interventions. Any treatment strategy has to maintain the 'menu of services' approach that was established in the 1990s, but needs to give more support to services and mutual aid groups that help people move towards recovery.

The best lever the government possesses to ensure its treatment policy is pursued around the country is to set strong indicators of successful outcomes – the opportunity to do this through the payment by results pilots was squandered by overcomplicating the metrics. The next government should set these clear expectations, and ensure commissioners and providers are judged by them.

**Alex Boyd, service user involvement coordinator, VoiceAbility, Camden**

I sit on the drugs, alcohol and justice parliamentary group, which invited all the parties to come and tell us about their stance on drugs. Pretty much nobody turned up. Politicians see drug policy as a lose/lose debate – if they





# break time?

have a chance of winning a seat, they go quiet.

Theresa May in her introduction to the 2010 drug strategy said, 'people should not use drugs, and if they do, they should stop.' The approach is infantile, pandering to *Daily Mail* readers who might clamour for the disembowelling of anyone who cares for a stigmatised community. What I'd like to see from a new government is a grown-up conversation about evidence-based treatment and a new legal framework.



recovery agenda is pulling some people forward but it is leaving too many behind. I would like to see the next government return to holding people who need it, not pushing everyone forward whether they are ready or not.

Last year drug-related deaths went up by 32 per cent, but the treatment system is more interested in tweaking successful completion rates. I would like a new government to look at drug-related deaths as if they were the deaths of people who mattered.

**David Biddle, chief executive, CRI**

Put simply, I want to see the progress that has been made in improving services over the past few years maintained and built upon. Timeframes for working with addictions can be lengthy, therefore a reiteration of the principles of the drug strategy and a commitment to ensuring stability of funding – possibly at a lower level – is critically important.



**'Policymakers need to push for innovation.'**

I would also like to see public recognition of the value that third sector-organisations bring to fostering quality and innovation in the provision of services. The NHS public/private

debate has the potential to damage the sector, and yet to date we have been virtually invisible in the dialogue. There needs to be a recognition that 'not for profits' operate from a different value base to their private counterparts, and that this ability to offer highly effective interventions that do not 'drain' money away from service provision can be advantageous at a time of enhanced budgetary pressures. Policymakers need to stay focused, maintain funding and keep pushing for innovation and outcomes that justify the investment.

**Graham Miller, chief executive, Double Impact**

From a perspective of being a relatively small, but well-established, voluntary sector provider of recovery-oriented services, we feel that a new government should consider whether the relentless cycle of re-commissioning services every three or so years really benefits the end user.

This process can place a significant strain on the resources of smaller organisations such as ours without a fulltime, dedicated bid-writing team. Short contracts do not always provide partnerships with the time required to really embed a new recovery culture or delivery model to best effect for service users. If services are to make a lasting influence and contribute to the origination and growth of recovery communities, then the impact on providers of this rapid cycle of change needs to be reconsidered.

At the very least, the new government could ensure that EU procurement laws designed to make opportunities more accessible for smaller organisations – by dividing large contracts into discrete lots – are adhered to by commissioners.

**Viv Evans, chief executive, Adfam**

Fundamentally, I would like to see the routine consideration of the needs of families affected by drugs and alcohol

built into any drugs/alcohol policy adopted by the incoming government. The purpose of supporting families is twofold – firstly, they need and deserve support in their own right, and secondly, well-supported families are in a much better position to aid their loved ones through their own journeys of recovery.

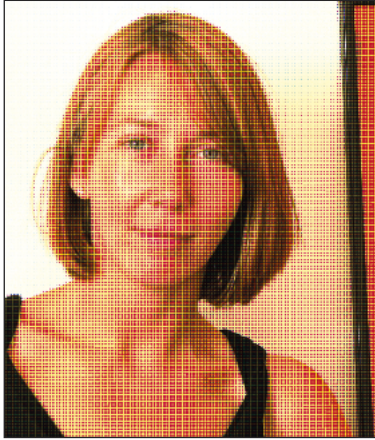


**'The field needs to stop obsessing over the minutiae of recovery.'**

So I'd like to see family support right up there, both as part of an ambitious treatment system and a vibrant and innovative community sector. And to back up this I'd also like to see, of course, some spending commitment that is much broader than 'troubled families' – effective and sensitive support for any family member in the country, no matter where they live. We are currently quite a way from this.

The field needs to stop obsessing over the minutiae of recovery. Let's all come together to try and promote a coherent voice to the 'outside'. We need to keep making the case for support for drug users and their families, both in terms of economics – it makes sense if you do the sums – and compassion.

# ELECTION SPECIAL



one based on health, human rights and harm reduction.

**Lord Victor Adebowale, chief executive, Turning Point**

Whoever forms the next government, and however it is formed, they will need to recognise that drug and alcohol treatment is changing. Services today must innovate in order to get better results from fewer resources and to cope with emerging challenges, such as legal highs and restrictions on other social care provision. This makes it imperative that services are able to cater for other health needs that are often co-morbidities with substance misuse issues, such as sexual health and smoking cessation. We must also reach groups such as the over-55s and those who misuse prescription medications. Policymakers must not fall into the trap of considering substance misuse services as somehow separate from the wider public health agenda.



**Niamh Eastwood, executive director, Release**

Release would like to see the next government promote interventions based on the evidence rather than ideology, recognising the importance of harm reduction. That's not to say that the availability of abstinence-based options is not important, but rather that we need a treatment system that responds to the needs and wishes of the individual, instead of one based on a political doctrine.

Something we talk about a lot at Release is how in many ways the problems our clients face are not strictly about drugs. As such we would like to see the next government revoke some of the worst aspects of welfare reform, including the bedroom tax, the restriction on social fund payments and the housing allowance cap, all of which have significantly and negatively impacted on many of those we represent. We would also challenge any government that brings in treatment conditionality for benefit claimants.

With the UK government spending £1.5bn on law enforcement but only £600m on drug treatment, we would like to see the field unite around the need to shift our drug policy from one based on a criminal justice response to

**'Policymakers must not fall into the trap of considering substance misuse services as separate from the wider public health agenda.'**

With nearly three-quarters of substance misuse service users also experiencing a mental health condition, recent interest in mental health has been welcome, but this is

only one of the many issues that can affect those with complex needs. Commissioners must make sure that contracts and funding encourage service providers to offer individuals whole-person care.

**Hannah Shead, chief executive, Trevi House**

I hope the next government will commit to interventions that work with the wider family. When we approach recovery as a single issue, we miss a trick. For every person receiving help, there are countless loved ones also in need of services.



**'I would invite the new government to come into our services and try to understand the work we do.'**

It is sad to see the future of so many people determined by cost, as opposed to need. At Trevi House, the majority of our residents state that they would never have even considered entering residential treatment if it had meant separation from their children, yet cost invariably seems to be a barrier for so many others I speak to.

Funding is not all I would like to see. Politicians, alongside the media, create a narrative around substance misuse, and have a key role in helping services to challenge the prejudice and stigma of dependency. I frequently hear people discussing addiction in moralistic tones; this is especially the case when we talk about mothers who are drug or alcohol users. I would invite

the new government to come into our services – not with the press officer or the media advisor, but to come in and try to understand the work we do. I would ask them to be brave enough to declare their own previous drug use, or their personal battles with alcohol; to stop treating substance misusers as 'them' and not 'us'.

**Yasmin Batliwala, chair, WDP**

The government's priority should be to ensure that adequate funding is available for both drug and alcohol services, and such funds should be supervised to guarantee that they will reach these important services. The government must also focus on prevention regimes that work. Solutions can be sought without reinventing the wheel on one hand, or repeating past mistakes on the other.



**'Focus on prevention regimes that work, without reinventing the wheel.'**

In addition, it is essential to build confidence in commissioners. The quality of commissioners' decision-making directly affects the quality of service provision, so it is vital that the former is addressed in order to safeguard the latter.

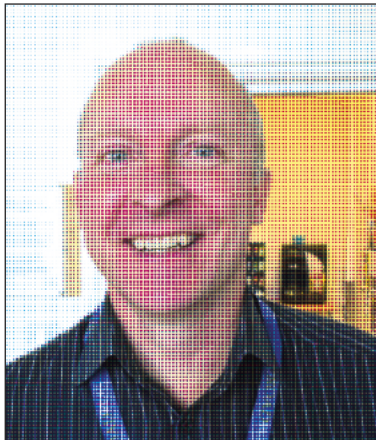
As a field, we should be campaigning for the destigmatisation of drug use. This is at the core of all the work we do, and could mean the difference between someone in trouble seeking help or struggling in silence.





**Brian Dudley, chief executive, Broadway Lodge**

Treatment is going wrong because we're not looking at the whole picture. Overall, community treatment in the UK is good – mainly from a few big national providers. The issue for me lies with the more complex clients and those who have repeatedly failed in the community.



**'By far the biggest waste of taxpayers' money is local authorities using the NHS for services.'**

Residential rehab is on the whole an 'out of area' placement, so common sense would be commissioning nationally rather than locally. Also community treatment is purchased in three- to five-year blocks, whereas residential treatment on the whole is spot purchased. How can a rehab plan and improve with no guarantee of income?

But by far the biggest waste of taxpayers' money is local authorities using the NHS for services, especially inpatient detox. The outcomes for people being put in mental health wards at up to £500 a day are at best poor, and at worst putting people's lives at risk. Specific units run by third sector organisations are shown to produce significantly better results for less than 50 per cent of the price, and are registered with CQC to ensure quality is not compromised.

When is an incoming government going to listen to those in the field with the actual knowledge and experience, rather

than the big organisations looking out for themselves without the best interests of the clients at the forefront?

**Sarah Vaile, founder and director, Recovery Cymru**

If I had one message to the incoming government about how we give people the best chance of achieving and sustaining recovery, it would be to plan ahead and invest in aftercare and the recovery community. These are so often the missing links in a successful, recovery-oriented system of care.



**'Aftercare and community support have traditionally been an afterthought. This doesn't make sense.'**

Aftercare and community support have traditionally been an afterthought. This doesn't make sense, as a coordinated and planned approach to people leaving treatment, building lasting recovery capital and integrating fully with communities, are primers for sustaining change and not returning to treatment.

At Recovery Cymru our 'recovery centre hubs' are 365 days a year. It's about living life – a community not a service. Our members include families and recovery advocates, as well as people 'in' or seeking recovery. But we are also a valued part of the treatment system in South Wales, offering support to people on all stages of their recovery and treatment journey, and working well with practitioners.

The incoming government needs to promote this model. Developing the culture of recovery nationally would help to avoid black and white thinking and be a true investment in the workforce.

**Martin Powell, head of campaigns and communications, Transform**

The incoming government will find a situation changed beyond recognition compared with 2010, nationally and internationally. In the UK, polling shows a majority of the public in favour of decriminalisation of possession, or legal regulation, of cannabis, and over two-thirds in favour of a comprehensive review of our approach to drugs. Support runs across party political affiliations, and most media outlets – including the *Sun* – now back reform.

Internationally, taking an actively prohibitionist line is becoming increasingly difficult for the UK. Latin American trade partners, including Mexico and Colombia, are criticising the drug war and calling for alternatives to be explored. Multiple US states have legally regulated cannabis, and if California legally regulates it in 2016 then cannabis prohibition in the US will be over. A swathe of countries across the Americas and Caribbean will follow suit – as Uruguay and Jamaica already have – and European states will join the anti-prohibition wave.

So the door is open for the incoming government to make a commitment – real this time, not rhetorical – to deliver evidence-based policy nationally and internationally. To that end, we would like to see them build on the Home Office's international comparators report that showed harsh drug laws do not reduce use (*DDN*, December 2014, page 5), by initiating a comprehensive independent review of UK drug policy, comparing our current approach with alternatives like Portuguese decriminalisation and models of legal regulation. This would lay out the evidence for reform and provide political space to develop cross-party support to implement it.

**Alistair Sinclair, director, UK Recovery Federation (UKRF)**

The UKRF held its first event in May 2010, one day after an election that brought the coalition to power and with it five years of 'austerity'. Ten days away from our next election the *Guardian* reports that 'Britain's billionaires have

seen their net worth more than double since the recession, with the richest families now controlling a total of £547bn', an increase of more than 112 per cent. Meanwhile the public sector has seen massive restructuring and rebranding, creeping privatisation and huge cuts.

While those that work within our economic 'recovery' find themselves increasingly trapped in insecure jobs and zero hour contracts, the unemployed (the antithesis of 'hard-working families') are categorised within a new deserving and undeserving poor narrative. Nowhere is this more evident than in the DWP and the words and deeds of Iain Duncan Smith, the principal proponent of a politicised 'recovery' that puts abstinence before social justice and economics before equality.



**'I think the government's priority should be honesty as to the roots of the problems we all face.'**

Five years on, we live in a more unequal society and the gap is growing. So in an 'age of dislocation', as our communities fragment and fray and people reach for comfort in all sorts of unhealthy ways, I think the government's priority should be honesty as to the roots of the problems we all face, the wider community recovery we all need. Perhaps then we'll begin to find real solutions?

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## PATHWAY TO CHANGE

**Mike Ward** talks about a new project that is aiming to engage dependent drinkers with treatment services

**Often** those of us working in the alcohol field have heard families and non-specialist workers express the heartfelt view that, 'There was nothing we could do because they didn't want to change their drinking.'

People believe that if a problem drinker does not want to change, nothing can be done. This is not true, but this negative attitude has hampered the response to many of the riskiest and most vulnerable drinkers.

According to Public Health England, 94 per cent of dependent drinkers are not engaged with treatment at any one time. A small group of these, so called 'blue light' clients, are both treatment resistant and placing a huge burden on public services.

Since 2014, we have been working on the Blue Light Project – our national initiative to develop alternative approaches and care

pathways for this group. It has challenged the traditional approach by showing that there are positive strategies.

The project has developed the *Blue light project manual*, which contains tools for understanding why clients may not engage, risk assessment tools that are appropriate for drinkers and harm reduction techniques that workers can use.

The manual also offers advice on crucial nutritional approaches, which can reduce alcohol-related harm, questions to help non-clinicians identify potential serious health problems and deliver enhanced personalised education, and guidance on legal frameworks.

'The response to the project has been fantastic,' said Mark Holmes, team leader of the Nottinghamshire alcohol related long term condition team, who worked with me

**'People believe that if a problem drinker does not want to change, nothing can be done.'**



on the project.

'It is filling a real gap in the health, social care and criminal justice system. For too long we have done nothing about this challenging issue.'

*Mike Ward is senior consultant at Alcohol Concern*

*A free PDF version of the manual is available at [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)*

## NOVEL IDEAS

**Dima Abdulrahim** talks about meeting the treatment challenges of novel psychoactive substances

**It is widely acknowledged** that professionals require support to improve their knowledge and confidence in the assessment and management of the acute and chronic harms resulting from the use of club drugs and novel psychoactive substances (NPS).

With support from the Health Foundation, project NEPTUNE has responded to the gap in knowledge by developing guidance based on the best available evidence and clinical consensus.

The challenges include those resulting from the drugs themselves: what are they and how do they work? There is a rapidly changing profile and ever-increasing numbers of substances available, and the potential harms of the NPS are still poorly understood.

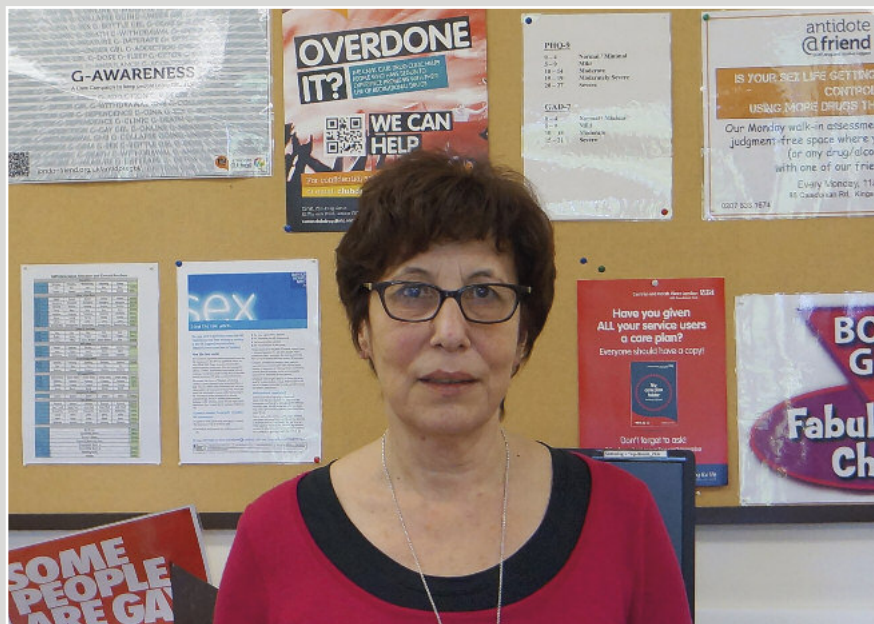
NPS appear to be attracting a new group of younger users, and engaging them is a particular challenge for drug services. Clinicians require improved knowledge of

who is using club drugs, and how. Services generally have limited understanding of the diverse 'cultural' contexts of club drug use (for example, festivals, sexual context, psychonautic use), or the context of use, risk and harm.

There are new challenges associated with the clinical management of club drugs and a need to improve 'clinical' knowledge of how to manage acute/chronic presentations. The overlap of substance misuse harms with other harms has also compelled drug treatment professionals to develop knowledge and clinical pathways in uncharted territories.

NEPTUNE guidance is also aimed at emergency departments, primary care and

**'The potential harms of NPS are still poorly understood.'**



sexual health clinics. Not only do these services manage the harmful effects of club drugs, but they also provide a good access to populations with high levels of use. This makes for a strong opportunistic approach to access people who may be in need of drug treatment, but reluctant or unwilling to contact services.

*Dima Abdulrahim is NEPTUNE programme manager and lead researcher [www.neptune-clinical-guidance.co.uk](http://www.neptune-clinical-guidance.co.uk)*



## ALL IN A DAY'S WORK

**Sue Bright** describes how offering occupational support can bolster an individual's recovery journey

**Occupation is a natural means** of restoring function and is particularly important in recovery. Research shows that not being meaningfully engaged in occupation can have an impact on health, as well as the more obvious financial impact.

As an occupational therapist (OT) at the Unity alcohol and drug recovery service, my aim is to help individuals develop or maintain a satisfying routine of meaningful everyday activities that can give a sense of direction and purpose – the ultimate goal being to move towards education, training and employment.

Initially I will ask someone what a typical day looks like for them, as this creates a picture of their routines and motivation.

For example, when I met Malcolm, I discovered he was motivated to go out walking daily to buy his newspaper – but always the same route. He would get frustrated with the 'sameness' of his days, acknowledging it was often a trigger for him to return to drinking.

Activity grading is important – breaking down an activity into stages. This enables an individual to become more confident with an activity before they progress to the next, more difficult stage.

Phil embarked on such a journey. He'd been abstinent from alcohol and cigarettes for some time, making many positive changes to his life.

He had been unemployed for three years, having worked in IT, but was unsure if this was a career he wanted to re-pursue. Phil became a volunteer for us, facilitating our cyber café. As his confidence grew, he felt ready to move towards employment.

He completed a four-week employability course and attended a job club, and I arranged an eight-week office work placement. This allowed him to 're-experience' office life, regain skills and gain new ones, as well as establishing a regular work routine. Phil is now searching for IT jobs, having the belief that this is what he wants and is able to do.

Support is an integral

part of the process. Conversations around occupation in early recovery are valuable in instilling a sense of hope and belief of a positive future. There are many fears that individuals raise – lack of confidence, fear of relapse, the impact of criminal records and not knowing what direction to take.

Jonny mentioned several of these issues in our discussions but gradually changed his outlook.

'Life wasn't going anywhere anytime soon for me and I thought that I had nothing to offer or anything of value to others,' he said.

'All that changed for me in February 2014. I hesitantly started an NVQ level 2 course in adult social care. The six-month course flew by so quickly and I was amazed to be offered a relief contract of two days a week, working with and supporting the service users. I had a job, and soon after it went to three, then four and now five days a week at the Heathlands Project. I feel a sense of worth now I'm doing a job I really enjoy.'

In working with individuals I try to encourage a 'give it a go' attitude, focusing on positive coping strategies – including a 'plan B'. I work with everyone as an individual, not a 'one size fits all' approach. Occupation for those not 'work ready' may perhaps be volunteering or structured activity.



**'Occupation for those not "work ready" may perhaps be volunteering or structured activity.'**

Malcolm, whom I mentioned earlier, was dissatisfied with his routine but very gradually, by using goal-setting, started to change his productivity. He started to attend a peer support group, began walking slightly different routes and had an occasional game of golf or a coffee with someone he became friends with at the group.

I suggested we explore volunteering opportunities that made use of his skills. He now regularly updates a website and carries out bookkeeping for a mindfulness project. Malcolm readily says, 'It's given me something to do which also carries quite a lot of responsibility, which I needed. It also got me out of a rut.'

Little would be achievable without the Unity staff or the partnership agencies I work with. I consider myself incredibly fortunate within my role – my own meaningful occupation as an OT is the privilege of accompanying an individual on their journey.

*Sue Bright is a recovery occupational therapist working for Unity alcohol and drug recovery service*



**Bill Parkin, Sue and Jonny from Heathlands Project.**







# LIGHTS, CAMERA, ACTION!

As the second Recovery Street Film Festival launches, last year's winner **Matthew Joblin** talks to DDN about his experience making *Harry's Story*, a film about a young man's journey through addiction

I first met Harry while working on another film project through my company, the Community Film Unit, and I was immediately struck by his level of maturity, his honesty about what he had been through and the ambition he had for his future.

I found his realistic approach to life refreshing and, for me, it was a story that simply had to be told. We wanted to make a film that told the truth behind Harry's story, because I am positive it is a journey that so many young people find themselves on, often without really knowing it.

We didn't want to make something that dwelled on the past or something that spoke about the effects of drugs – we wanted to try and identify why young people become addicted to drugs, tell a story that we believe other young people can learn from and hopefully produce something that is honest, and something that young people can gain

inspiration from.

Both Harry and I were very happy with the final edit of the film and he was a pleasure to work with – I can also say that he is very much following his dream and, since the shoot, he has secured full-time employment. When we found out about the Recovery Street Film Festival, I had no hesitation in entering *Harry's Story*. The festival is a great initiative, run by some amazing organisations, and I really hope it goes from strength to strength in future years.

Winning it topped an amazing year for us, but it is Harry who deserves the accolades for turning his life around. The prize was split equally between the Community Film Unit (the producers), Rupert Hicks (the cameraman) and Nick Slade (the editor). The money was used to further the aspirations of the Community Film Unit, which is to get more young professionals into the film industry.

'We wanted to try and identify why young people become addicted to drugs... and hopefully produce something that is honest, and something that young people can gain inspiration from.'



Share your story by entering this year's Recovery Street Film Festival – details at [www.recoverystreetfilmfestival.co.uk](http://www.recoverystreetfilmfestival.co.uk). In next month's issue: a step-by-step guide to entering.



## FROM OUR FOREIGN CORRESPONDENT

# 'If only I'd known – I could have saved his life...'

In her first international column **Chris Ford** looks at Ireland's lack of naloxone provision

'If you don't have naloxone available in your area, ask commissioners why they are contravening WHO's recommendations.'

### Noticing a number from abroad,

I answered my phone. Before I could even say hello, Siobhan was telling me about her son Gary. Just 31 years old, he had died in the family home from a heroin overdose.

On returning from work, Siobhan had called upstairs and, getting no response, she went to investigate. Gary was snoring and she saw that he had injected, so seeing him lying on his side she decided to let him 'sleep it off'. She returned to his room in the morning to find him cold and dead. With a mixture of sadness and anger, she described how she'd hugged and kissed him, willing him to come around, but knowing in her heart he was long dead.

'If only I'd known that he was overdosing when I found him, I could have

called for help and given him naloxone,' she said. But could she?

Gary's history was like too many other people's. He'd had a problem with heroin for 12 years and been in and out of treatment in Dublin. After a short prison sentence, he had decided to return home to a small community close to Galway, but relapsed and couldn't face drug treatment again.

In Ireland, naloxone is only available in hospitals and healthcare facilities under licence, for someone who has already overdosed – it is not available to patients or carers. Patient group directives don't exist in Ireland, and even in big centres like Dublin, naloxone isn't on the formulary, so doctors working there can't prescribe it.

Irish drug-related deaths are among the highest in Europe, and lack of effective,

timely treatment, including naloxone, is undoubtedly a factor – increasing its availability would reduce these deaths overnight.

Last November, guidelines from the World Health Organization (WHO) recommended increased access to naloxone for people who use opioids themselves, as well as for their families and friends – it is only bad policy and bureaucracy that is preventing it being available to all.

Let's change this situation now! If you don't have naloxone available in your area, ask commissioners why they are contravening WHO's recommendations.

Dr Chris Ford is clinical director at *International Doctors for Healthier Drug policies (IDHDP)*, [www.idhdp.com](http://www.idhdp.com)

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## OBITUARY

# JOAN HOLLYWOOD 1941 - 2015

**Joan Hollywood** was a mother whose adult son died in 2008 after many years of drug and alcohol use. Unable to find support for grieving a substance-related death, Joan, with her husband Paul, founded the support organisation, Bereavement Through Addiction (BTA), in Bristol. BTA provides a helpline, support groups and an annual memorial service for people bereaved in this way, as well as training for organisations in the field.

Already an accomplished artist and crafts person, with a long-standing concern for social justice, Joan became a tireless campaigner for people bereaved by substance use. Through BTA she developed an extensive network of bereaved people and practitioners involved with substance use deaths, drug and alcohol treatment and bereavement support. She was also The Compassionate Friends' national contact for parents bereaved in this way.

Joan was the inspiration behind a major research project to better understand and improve support for this kind of bereavement. Based at the University of Bath, in collaboration with the University of Stirling, the project is funded by the Economic and Social Research Council from September 2012 to September 2015. Joan's passionate commitment to the research has been crucial to the project's design; her networks were instrumental in helping us to interview 106 bereaved people and undertake focus groups with 40

practitioners (some also bereaved).

Joan also participated in a working group of 12 practitioners tasked with developing guidelines for improving how services respond to those bereaved through substance use.

Unexpectedly, Joan suffered two strokes and died a few weeks later on 10 March. The guidelines, to be launched at the project's final event on 23 June, will be dedicated to Joan and her passionate commitment to



**Joan became a tireless campaigner for people bereaved by substance use.**

improve support for people who have lost a loved one to drugs and alcohol.

*Christine Valentine, Lorna Templeton, Tony Walter, Richard Velleman, Linda Bauld, Jennifer McKell, Allison Ford, Gordon Hay, Bereavement Through Substance Use Project.*

*More tributes to Joan appear on our website, [www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)*

## DDN WELCOMES YOUR LETTERS

Please email the editor, [claire@cjwellings.com](mailto:claire@cjwellings.com), or post them to DDN, CJ Wellings Ltd, 57 High Street, Ashford, Kent TN24 8SG. Letters may be edited for space or clarity.

## LET'S CONNECT!

HAVE YOUR SAY BY COMMENTING ON OUR WEBSITE, FACEBOOK PAGE AND TWEETING US

**JULIE BOROWSKI** @JulieBorowski 28 Apr 2015  
Ending the war on drugs would do wonders to improve police-community relations. #BaltimoreUprising

**NATASHA** @Natasha\_Rossiya 28 Apr 2015  
@JulieBorowski The war on drugs is a façade – it's a war for the control of the drug trade.

**MATTHEW ALLEN** @B\_MattAllen 28 Apr 2015  
@JulieBorowski ending the #warondrugs would save lives. It is hard to be part of a community when you're at war.

**HECTOR HIGH-TIME** @hightime\_hector 28 Apr 2015  
@DDNMagazine please #rt link to our #legalhighs survey for frontline staff [bit.ly/1b3ciBh](http://bit.ly/1b3ciBh) to help our research for local authorities.

**MELODY-CLARE** @PotgieterMelody 27 Apr 2015  
@DDNMagazine If you are aware of any addiction recovery cafes in the UK please help by answering 4 brief questions: [bit.ly/1yzMW3vRT](http://bit.ly/1yzMW3vRT)

**AURORA PROJECT** @AuroraProject1 15 Apr 2015  
There is also a great article about @lgbtfriend in this month's @DDNMagazine. We think they do some amazing work! :)

**AURORA PROJECT** @AuroraProject1 15 Apr 2015  
Sitting down for a read of @DDNMagazine this lunchtime and our bike auction was mentioned! Thanks guys :)

**SMART JODIE** @Smartcjs\_jodie 15 Apr 2015  
Great article by Dr Joss Bray in @DDNMagazine this month. Check it out here: [Competent.compassion.in.services](http://Competent.compassion.in.services)



/DDNMagazine @DDNMagazine  
[www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)

*Correction: in the April 2015 issue of DDN, we attributed the 'Active education' good practice exchange (p11) to Christina Cornberg. The author of this article was in fact Caroline Bridges.*

# CONFERENCE REPORT

Speakers called for a fresh look at policy and new ways to engage drinkers at the European Alcohol Conference, held at the Guildhall last month. **Kayleigh Hutchins** reports

# SHAKE IT UP

**'IN POLICY TERMS**, it's a relatively new drug on the block,' began Colin Drummond, consultant psychiatrist at the National Addiction Centre. He emphasised that there was a 'policy vacuum' where alcohol was concerned, comparing it to tobacco, which had been tackled much more successfully.

In 2012, the EU alcohol strategy had expired, and the European Commission had neither reinstated the old strategy nor brought out a new one. The House of Lords had published an EU alcohol strategy report, laying out the need for policy to be entirely independent, free from 'vested interests', and without influence from the industry – which 'had no place at the table when designing policies,' he said.

Statistics provided by the AMPHORA research project identified a huge variation of access to treatment throughout Europe, said Drummond – for instance, 23.3 per cent of problem drinkers had access in Italy, compared to 6.4 per cent in the UK – with similar variances across local authorities within the UK.

In London, for example, things were 'beginning to get better,' said Dr Helen Walters, head of health at the Greater London Authority (GLA). London alcohol death rates weren't as bad as other places in the country – but alcohol-related crimes had a much higher rate.

She said that the GLA had focused on keeping alcohol on the public and government agenda. We could change how people were drinking, she said, 'partly by changing politics,

partly by changing public outlook.'

Putting alcohol policy within a cultural context, James Nicholls from Alcohol Research said that 'there are lessons to be learned from the history of alcohol policy.'

Consumption levels had gone up and down throughout history, with the most significant recent reduction in consumption among young people – not just in the UK, but right across the board. 'Something is happening here' said Nicholls, 'but we don't know what it is.'

'Drinking cultures aren't static,' he said – they have changed and changed quite quickly. Policy impacts were unpredictable, and changes occurred differently in different populations and generations.

There was a need to develop more advanced theories – policy worked within a cultural environment, and would have different effects depending on the culture around it, he said.

When thinking of new ways to engage drinkers, 'being honest about the pleasure of drugs and alcohol is important,' said Dr Adam Winstock, director of the Global Drugs Survey.

There were a wide variety of different relationships to alcohol across Europe, he said. The UK, for example, had the highest rate of turning up to work hungover, but also had one of the highest rates of awareness of drinking guidelines.

The countries that tended to drink more were the ones that wanted help to drink less – but were also reluctant to change their behaviour.



**Colin Drummond, Dr Helen Walters, James Nicholls and Dr Adam Winstock examine attitudes to, and differences in, alcohol consumption across Europe.**

'We underestimate our personal vulnerability to harm,' said Winstock – pointing out that individuals not only enjoyed drinking, but rationalised and normalised their behaviour when it suited them, so they were more likely to accept the harms of drinking and drug taking.

The UK had the highest rate of 'normative misconception' in the world, with most people with alcohol dependence going undiagnosed – people didn't know they were alcoholics.

We needed a different way to engage people, he said. The idea of stopping completely was difficult to understand, whereas simply reducing the amount consumed was more palatable. 'We need to start a dialogue with people who drink so they just drink a little bit less,' he said.

**The UK had the highest rate of 'normative misconception' in the world, with most people with alcohol dependence going undiagnosed – people didn't know they were alcoholics.**







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## FIRST PERSON

**Terrienne Croasdale** writes about her friend Lola, and their journey into the dark side of city life

**'We partied with gangsters and rock stars, Lola always sorting me out...'**

**LOLA BEGAN PROSTITUTING** after she left home at 15. We met two years later in the plasticky smoke of a crack house on Commercial Road. She helped me distract the dealer, nothing but eye contact between us to convey the message of what was about to go down. It went well – I got three white when I'd paid for one. A friendship, and heartbreak, was sealed there.

Lola was known everywhere, from strip clubs and parlours in Soho to flats in deepest south London, and that's what caused all the trouble. Our addiction formed together – she took me into the underworld. I loved it.

We partied with gangsters and rock stars, Lola always sorting me out with hotel rooms. So when she asked

me to drive her around the flats, come up and get the cash, check she was OK, score and meet her back at a set time, I was more than happy to do it. But Lola was playing a dangerous game, so much more dangerous than I knew.

Turns out she started to dip the clients, ripping off the wrong people, borrowed too much cash. She got a call – all was cool, she said, so I left and when I came back she was on the pavement bleeding really badly, unconscious.

I jumped out the motor, leaving it still running, and tried to pull her up – and that was when I saw her face. It was smashed to pieces. Someone called an ambulance and I put her in the recovery position. Fractured skull, broken jaw, broken arm, broken ribs – she was put into a coma in the hospital because her body wouldn't cope with the pain. I received a phone call telling me that this was merely a warning – she was to fuck off out of London, if she survived...

*Terrienne Croasdale is currently incarcerated at HMP Holloway. You can read more of her writing by visiting her blog, [ajunkieslife.blog.com](http://ajunkieslife.blog.com)*

## A DECADE OF DDN

*In May 2005 DDN reported on the first controversial sniffer dog pilot schemes taking place to test for drugs in schools...*

**Before a posse of journalists and cameramen**, a panel of head teachers, police, and the Local Education Authority presented a united front on the 'overwhelming success' of a Buckingham pilot scheme that introduced sniffer dogs in schools. A jaunty spaniel cheerfully sniffed out some cannabis hidden behind a pipe, and a black labrador identified the drug carrier planted in a demonstration line-up, sitting down in front of her to indicate that she was in possession of drugs. A line of smiling schoolchildren was presented to the press conference as happy to be interviewed about how the scheme was working in their schools...

...The pilot states that '92 per cent of staff thought it was a good idea to have drugs dogs in schools', and reports that '82 per cent of pupils stated it was an excellent idea as a method of prevention and detection.' Some of the pupils interviewed for the report were less convinced, with comments such as: 'my civil rights are being eroded', '[I'm] disappointed at the school that they obviously do not trust pupils' and 'I felt some of the processes were immoral and unethical'....

...For schools that were going down the drug detection and testing route, there was agreement that clear protocols were essential, setting out what should and shouldn't happen. While the Buckinghamshire pilot appeared to have been carried out with the utmost care and determination not to make anyone feel accused, there was real concern that everyday reality outside a pilot scheme could be very, very different.



**'A line of smiling schoolchildren was presented to the press conference as happy to be interviewed about how the scheme was working.'**

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to search and read online at  
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# EAST RIDING OF YORKSHIRE COUNCIL

## EAST RIDING PUBLIC HEALTH WILL BE RE-TENDERING MOST COMMUNITY DRUG AND ALCOHOL SERVICES IN 2015-16.

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We would welcome requests to attend from any organisations who might be interested in tendering for drug and alcohol treatment services in the East Riding.

**Anyone interested in attending should contact Laurie Fergusson on: [Laurie.Fergusson@eastriding.gov.uk](mailto:Laurie.Fergusson@eastriding.gov.uk) by 22nd of May.**



- ▶ Total Recruitment for the Drug and Alcohol field. (DAAT, Nurses, Commissioning, NHS, Criminal Justice...and more)
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### SERVICE REVIEW

## THE PROVISION OF A REVIEW OF DRUG AND ALCOHOL SERVICES FOR CHILDREN AND YOUNG PEOPLE



CONTRACT REFERENCE: HCC1507896

Register at <http://www.supplyhertfordshire.uk>  
Closing date: 14th May 2015

Hertfordshire County Council commissions drugs and alcohol services for children and young people in Hertfordshire. We wish to see an effective whole system approach to children's substance misuse across the domains of enforcement, universal and targeted prevention and specialist treatment and other vulnerabilities that perpetrate health inequalities adopted across the County. Hertfordshire is a county of 1.2 million people with a diverse range of challenges.

We wish to commission a review of our existing drug and alcohol treatment services, including the role played by specialist and universal services for children, young people and, where appropriate, their Carers/families.

We are looking to appoint an experienced consultant/consultancy who will work with commissioners, providers, key partner agencies and other local stakeholders especially children and young people and their carers to identify a best practice model to meet the needs of our children and young people.

**Full details are in the Specification and quotation documents available at <http://www.supplyhertfordshire.uk/>**

The review will culminate in the production of a report which should have an action-focused style identifying clear priorities for commissioners

This work will need to be finalised by 30th October 2015

The indicative budget for this work is not greater than £90,000.00 (excl VAT). Quotes will be scrutinised carefully for value for money and costs, and detailed breakdowns of proposed cost allocation and expenditure will be required.

**Proposals for a desktop exercise only, which do not consult or engage Service Users, Carers or stakeholders will NOT be considered**



Compass is a national charity providing services to tackle problem substance misuse. Our mission is to help people to solve the problems of drug and alcohol use, creating healthier lives and safer communities.

Compass has recently been awarded the contract to deliver the provision of adult substance misuse treatment in Milton Keynes, and we are recruiting for an experienced Service Manager and Team Leader.

### SERVICE MANAGER

Milton Keynes • £31,162 – £45,000  
Closing date 18 May 2015

We are seeking an experienced Service Manager to lead a team of Team Leaders, NMP's, Nurses, Link Workers, Recovery Workers and a Lead Clinician.

### TEAM LEADER

Milton Keynes • £26,005 – £30,040  
Closing date 18 May 2015

The Team Leader will line-manage a team of Link Workers, Recovery Workers, and nurses. You will support the Service Manager in developing a cutting-edge recovery service.

Compass are also seeking a dynamic Service Manager to lead an experienced team of Young Peoples' Drug & Alcohol workers across Warwickshire.

### SERVICE MANAGER

Warwickshire Young People's Service • £31,162 – £45,000  
Closing date 22 May 2015

We believe that a healthy work/life balance is key to a successful and rewarding career so we are proud to be able to offer: 27 days annual leave per year + Bank Holidays; Childcare Voucher Scheme; Employee Assistance Programme; Excellent Training

**Full details and application form:**  
[www.drinkanddrugsnews.com/jobs](http://www.drinkanddrugsnews.com/jobs)