DDN

Drink and Drugs News
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HOME TRUTHS
Partnerships to tackle homelessness

DRAMATIC CHANGE
Exploring trauma through theatre

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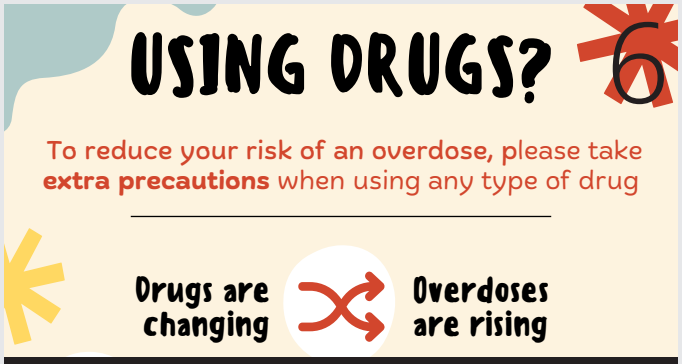

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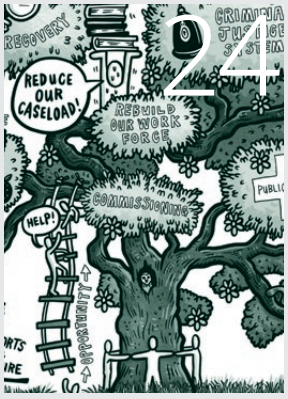

Sociodrama – a vital tool for the sector?

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STAYING STRONG IN PARTNERSHIP

'All of this has changed my life for the better.'

Christine, receiving intensive, personalised support to get back into work during recovery through Humankind's IPS service – see our partner updates, **www.drinkanddrugsnews.com**

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

'A unified message cuts through the noise'

The campaign to inform people about potentially deadly nitazenes is an essential one (p6). But as well as vital information, we also want to share the efforts to work together across service boundaries to engage with people at risk. This 'common responsibility' led to a unified message by cutting through the noise of poor information. It's so logical to involve people in making a plan that's directly relevant to them; how often do we throw the information out there and assume that it's hitting target?

This consultative approach is also seen to great effect in our latest commissioning article (p8) and through community work in Leicester with people from a south Asian background (p14).

We have two perspectives on drama in this issue, because both have exciting potential. Anonymous drama (p12) is the opposite of anything 'stagey' but it gives permission to examine the hidden depths of our minds and personalities, offering life-changing possibilities for dealing with unresolved trauma. Meanwhile sociodrama (p24) can be a useful tool for stepping into the lives of others and exploring the situations they face. Both methods can enhance our understanding if we approach them with an open mind.

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

‘Significant challenges’ to meeting drug strategy objectives, warns NAO

The government will need to address gaps in the evidence base, a lack of focus on prevention and uncertainties about future funding in order to meet the objectives of its 2021 drugs strategy, says a report from the National Audit Office (NAO).

While the strategy has provided ‘fresh impetus’ there are still ‘significant challenges’ to achieving long-term reductions in drug use and drug-related deaths and crime, says NAO.

Departments have made progress in some areas, the report states, with more than 1,200 new drug and alcohol workers already recruited by local government against a target of 950 by 2024-25, and more than 100 new partnerships established with local areas and representatives from the health and criminal justice sectors. However, delays in distributing drug strategy funding and implementing new projects resulted in a 14 per cent underspend in 2022-23, and there has also been ‘slower progress in recruiting medical, mental health and other professionals.’

Lack of funding certainty post-2025 is also restricting the ability of local areas to recruit and plan, the document warns, with some ‘already asking service providers to plan to reduce services beyond 2025.’ The Joint Combating Drugs Unit has begun to prepare for the 2025 spending review, but it has not ‘developed a plan beyond that date’ the report says. It has also not developed sufficient capacity to ‘draw departmental evaluations together to understand the type of interventions that are effective’, it adds, or the local impact of projects. While the government has committed almost £30m to reducing long-term demand for drugs, this represents just 3 per cent of drugs strategy funding to 2025, compared to more than £100m for disrupting supply. ‘The UK does not have an effective drug prevention system’, says the report, nor does it yet have ‘the evidence it needs to understand how to change behaviours’.

‘The government has shown a clear commitment to reducing the harm caused by illegal drugs by establishing a cross departmental drugs strategy and committing £900m in the first three years,’ said NAO head Gareth Davies. ‘But much work needs to be done ahead of the next spending review to ensure it understands how to develop its approach and achieve its long-term aims’, with the lack of emphasis on prevention meaning that departments ‘risk only addressing the consequences, rather than the causes, of harm. Government will only achieve value for money if it builds on the initial momentum of the new strategy and develops a longer-term, funded plan that delivers a joined-up, holistic response.’

www.nao.org.uk

‘Sustained, long term funding and commitment is critical,’ added Change Grow Live deputy chief executive Nic Adamson. ‘We have made a start, but the issues the sector faces run deep and cannot be solved overnight or in isolation. Local partnership collaboration is key, only by working together can we address the root causes of suffering and ensure that support is accessible and attractive.’

> departments 'risk only addressing the consequences, rather than the causes, of harm.’
> GARETH DAVIES

Reducing the harm from illegal drugs at www.nao.org.uk

Nitrous oxide banned

NITROUS OXIDE WILL BE AN ILLEGAL CLASS C SUBSTANCE from this month, the Home Office has announced. The move comes despite the ACMD previously advising the government not to implement a ban, as the harms associated with nitrous oxide were ‘not commensurate with control under the Misuse of Drugs Act 1971’ and banning it could put ‘disproportionate burdens’ on its legitimate use across a range of industries and sectors. Anyone with a legitimate reason for possessing nitrous oxide – such as catering businesses or maternity wards – will be exempt from the ban, the government stresses. However, there is also a responsibility on legitimate producers and suppliers to ‘not be reckless’ and make sure people have a legitimate reason to buy it, it adds. ‘Turning a blind eye will be committing an offence.’

> The move comes despite the ACMD previously advising the government not to implement a ban.

Sentencing overhaul

NEW SENTENCING REFORMS at the Ministry of Justice mean that custodial sentences of four or more years will now become ‘spent’ after seven years, the government has announced – as long as no further offence is committed.

Previously, some offenders had to disclose sentences indefinitely, which was a ‘significant barrier’ to people rebuilding their lives. Custody of up to a year will become spent after a year, and between one and four years after four years – compared to seven years previously. The government has also announced a ‘presumption against prison sentences of less than 12 months’, with offenders instead given community punishments like cleaning up neighbourhoods or removing graffiti.

‘This will help these offenders stay in work, connected to their families and better access the drug rehab and mental healthcare needed to properly addresses the root causes of their offending,’ the government states.

Scotland expands naloxone to community pharmacies

Naloxone will now be available in community pharmacies across Scotland, the Scottish Government has announced. The £300,000 Emergency Access Naloxone Scheme will see all community pharmacies holding 'at least two' naloxone kits – either nasal or injectable.

'Through our national mission to reduce drug deaths and harms, we have invested more than £3m in widening access to naloxone, including through our emergency services,' said drugs minister Elena Whitham. 'Police Scotland recently completed a force-wide rollout to 12,500 officers who have used the kits more than 300 times and, according to the most recent statistics, 70 per cent of those who are at risk of opioid overdose are being provided with a lifesaving kit.'

The new scheme would be a 'welcome addition' to existing services, she said. 'We'll also continue to focus on getting more people into the form of treatment and support they need, expand access to residential rehabilitation and drive the rollout of life-saving medication assisted treatment (MAT) standards where we are making significant progress.'

Scotland introduced a national naloxone programme in 2011, the first country to do so. However, while the country's drug death figure fell by more than 20 per cent last year – to its lowest level since 2017 – it remains almost four times higher than two decades ago and is still the highest in Europe (https://www.drinkanddrugsnews.com/scottish-drug-deaths-down-by-a-fifth/). Many people in the sector have also warned about the risks associated with powerful synthetic opioids such as nitazenes and fentanyls entering the country's drug supply.

'Everyone seems to know that Scotland has an astonishing rate of drug-related deaths and that was before we saw this emerging trend of new synthetic opioids within the heroin supply,' said Scottish Drugs Forum CEO Kirsten Horsburgh in August. 'Alarm bells should be ringing all over government and all through the treatment and support services because we are not prepared.'

'Scotland has an astonishing rate of drug-related deaths and that was before we saw this emerging trend of new synthetic opioids.'
KIRSTEN HORSBURGH

Women being put at risk in 'intimidating' treatment services

WOMEN CAN BE AT RISK OF BEING TARGETED by abusers in 'chaotic, intimidating or unsafe' drug and alcohol treatment services, according to a report from the Centre for Justice Innovation and Staffordshire University.

Some women were forced to attend mixed-gender treatment groups, which could make it difficult for them to talk about issues associated with their substance use, such as abuse or sexual violence. Others said they felt vulnerable to 'predatory males' in mixed-sex treatment spaces, the report states.

The findings are based on interviews at community treatment services – including one women's centre – across three local authority areas in the West Midlands. Participants included almost 30 women in treatment along with 20 practitioners, all of whom had experience of both mixed-sex and women-only provision. One practitioner stated that, 'My experience of women coming in to services is that you do tend to get a lot of predatory males attending services as well. I know over the years it was sort of like a hunting ground.'

'The government's *From harm to hope* drugs strategy recognises that many women are not receiving effective drug treatment, and that changes are needed,' said Centre for Justice Innovation deputy director Vicki Morris. 'Our research paints a clear picture of how current services run the risk of making women unsafe or failing to give them the support they need. We must take advantage of the government's investment in new treatment places to provide safer, more effective services for women.' *Exploring women's experience of drug and alcohol treatment in the West Midlands at https://justiceinnovation.org. See feature in next month's DDN*

Local News

M-PACT
Moving Parents And Children Together

TRUSTING ENVIRONMENT
A new programme to help Merseyside families affected by problem gambling has been launched by the Forward Trust. M-PACT will run for ten weeks at Liverpool dry bar The Brink. 'We want to bring back that family unity and togetherness,' said Forward Trust's Andrew Greeney. 'The programme will help children talk openly and safely.' *Read more on p10*

DOWN IN THE MOUTH
Nine With You clients who were experiencing severe pain from oral health problems have received 'lifesaving' dental treatment – including for abscesses and infections – as part of a collaboration with North Somerset Council. In some cases the issues were 'leading to increased drug use to self-manage the extreme pain,' says the council's Jenna Ho Marris.

COMMUNITY MOVES
The Northumberland Recovery Partnership (NRP) has become part of Humankind, with a transfer of 23 staff and four volunteers. NRP provides community-based recovery programmes alongside support with housing, employment and health, and wherever possible people will continue to be supported by the same staff.

STAYIN' ALIVE

Now's the time to get strong messages about potentially deadly nitazenes to the people who need to hear them, say **Deb Hussey**, **Jon Findlay**, **Peter Furlong**, **Chris Rintoul** and **Maddie O'Hare**

A new family of synthetic opioids, known as nitazenes, have adulterated a number of illicit drugs in the UK. It's not clear exactly when this began, but evidence of them being present in cocaine and heroin was detected in 2021.

Nitazenes are broadly equipotent to the fentanyls – or in layman's terms, they're many times stronger than heroin and morphine. Unknowingly taking a drug containing nitazenes represents a severe risk of overdose. By the summer of 2023 there was sufficient evidence of them contaminating other drugs for OHID to provide a patient safety alert for all of the UK, based on an increase in both fatal and non-fatal overdoses (NFOs).

Nitazenes have been found in contaminated heroin, fake OxyContin (oxycodone) and fake Xanax (usually bromazolam rather than alprazolam), meaning the risk was extending to young people who don't use heroin but buy what they think is OxyContin from the dark web or a few bars of Xanax from their mate. This group would have no or a very low baseline opioid tolerance to withstand the effects of a nitazene and would be unlikely to have naloxone, putting them at yet further risk. Deaths have escalated throughout 2023, most notably in the Birmingham area in July.

Still recovering from a decade of budget cuts to drug treatment and the unintended adverse impacts of the recovery agenda moving the focus away from harm reduction – and with drug-related deaths escalating every year since 2011 – treatment services were not ready for the severe overdose risk posed by nitazenes. Many of the people most at risk are no longer engaged with services, do not have or carry naloxone, use multiple drugs in combination and are also getting older.

FIRST THINGS FIRST

After communicating the alert the first challenge was to engage with people at risk and offer a form of treatment they would want – whether reluctant returners or newcomers. We need to be more attractive to those people we really should be better at engaging, treating and retaining. In Dr Steve Brinksman's words: 'Treatment (OST) protects, you're less likely to overdose, and if you do overdose you're less likely to die.'

Many drug treatment services have national leads for harm reduction, and we know, trust and respect each other. We decided that because of the severe threat of overdose we should work together to provide clear advice on how to reduce the risk. A little discussion on X/Twitter with Stephen Malloy of Ethypharm and Dr Judith Yates came about one evening, sharing our concerns as the deaths and NFOs rose and rose.

The plan was simple enough – provide useful advice to people at risk. This came from a genuine place of care and concern. We would all say exactly the same things, and launch on our websites and social media feeds at the same time. The lovely Dr Yates joined in and supported our efforts, and we felt a common responsibility as those with expertise in harm reduction and overdose that we should be the people to lead our organisations and the wider sector through this storm. The unified message we released in mid-July had the advantage that we all had to agree to it before going public, reducing the likelihood of providing poor information. In hindsight we realised that although the advice itself was sound, there was too much of it, meaning it could be overwhelming – or ignored.

> We need to be more attractive to those people we really should be better at engaging, treating and retaining. In Dr Steve Brinksman's words: 'Treatment (OST) protects, you're less likely to overdose, and if you do overdose you're less likely to die.'

UP AND RUNNING

The situation developed quickly and in the run up to International Overdose Awareness Day we planned an update, based on the excellent work of Lynn Jefferys of EuroNPUD. We contextualised the work to the UK, resulting in a total of six short messages released on successive days. By then our small group had expanded as more treatment services and organisations like Release wanted to support. Release kindly helped this larger flock to keep together by providing secretariat support. Given the numbers now involved, consensus on the messages was a little slower, but getting it at all is credit to everyone involved. The harms of nitazenes galvanised us.

We arrived at the idea for an individualised overdose plan because we felt too much of the advice given by staff (well-meaning as it is) doesn't engage people as well as asking them to come up with a plan to account for the circumstances they're in, the drugs they're using and the resources available. Ultimately they're the only ones who know all the detail, the where and when, and – crucially – how they could be found if they did overdose. Our intention is that by asking them to complete a plan it's far more likely to take account of all the things unknown to us, such as where the spare key to someone's flat is. It's also more likely that in making a plan, that person will consider and decide to do the very things we've been rattling on about for years – carry naloxone, test dose, go slow and so on. Ironic, isn't it?

We're learning all the time about how best to respond to nitazenes – this story is about how our thinking has evolved to counter the threat, especially 'what works', and to ensure that the people who are exposed to it make their own plan that keeps them alive throughout it. We're committed to continue to produce information and advice around these potent synthetic opioids that's helpful to those using drugs, and that centres around the statement and our shared belief that 'You are important'.

The bigger ask of people is to treat any drug as if it's something else, something they're not expecting to take – and be aware of the greater need for universal precautions and looking after each other.

In memory of the many lost, unnecessarily.

Deb Hussey is national safer lives lead at Turning Point; Jon Findlay is national harm reduction lead at Humankind; Peter Furlong is national harm reduction lead at Change Grow Live; Chris Rintoul is innovation and harm reduction lead at Cranstoun; Maddie O'Hare is deputy director of HIT

SIMPLE MESSAGING

Much as the intention was always to provide useful information to PWUD so that they could manage the risk, we knew that people reading the advice on our websites or social media accounts were more likely to be those working in the sector. It made sense to recalibrate and look at how we could influence them to influence the people they work with.

In October we evolved again with this in mind and went to HIT with the idea of keeping the messaging simple, empowering workers to have conversations with PWUD about the nitazenes threat and to discuss a plan for overdose with them. We call it a 'Stayin' Alive' plan rather than an overdose plan. HIT kindly developed some simple posters on our behalf, which could be downloaded and printed in any service, anywhere.

HOME TRUTHS

Lack of stable accommodation makes it almost impossible to recover from substance issues. In the third of our latest commissioning series, we look at strong partnerships across the homelessness and substance misuse sectors

If it's possible to draw any positives at all from the COVID pandemic, one might be that it demonstrated what proper joined-up action can do when it comes to tackling homelessness.

In 2020, the 'Everyone In' scheme saw 37,000 people who were either sleeping rough or at risk of sleeping rough moved into emergency accommodation, showing 'just how much can be achieved with the right political will and investment', said Shelter.

However, a letter to the prime minister signed by 30 homelessness organisations in June this year pointed out that rough sleeping rates since then have actually gone up, rising by 26 per cent between 2021 and 2022 – the biggest year-on-year percentage rise in nearly a decade (*DDN*, July/August, page 5).

As the letter pointed out, the average age of death for someone experiencing homelessness is 43 for women and 45 for men. What's more, according to ONS, almost two in five of these deaths are related to drug poisoning (*DDN*, December 2022/January 2023, page 4). Homelessness and unstable housing also 'substantially' increase the risk of acquiring hepatitis C and HIV among people who inject drugs (*DDN*, April 2021, page 5), and according to Crisis, two thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless in the first place.

These are clearly people who desperately need support, and that support hasn't always been available. A report from St Mungo's found that in 2018-19, 12,000 people who were either sleeping rough or at risk of doing so missed out on the drug and alcohol treatment they needed.

JOINT WORKING

All of which clearly reinforces the need for effective joint working between the drug treatment and homelessness sectors, something that's often been patchy, to say the least. 'I think it's not unlike trying to square the circle of dual diagnosis,' says director of recovery and resettlement at Ara in Bristol, Robbie Thornhill. 'There's the historical idea that we have to fix one before we fix the other.'

Things seem to be changing, however. 'I do think now, with Dame Carol Black particularly, there's more understanding about how vital stable and secure housing is to drug and alcohol treatment. We've been working at the nexus of homelessness and drug and alcohol treatment since 1987 and I really feel there's a momentum behind looking at the two together.'

HOUSING SHORTAGE

Bristol is a magnet for people from across the South West and South Wales, and as a result is an expensive city to live in. 'According to the Shelter stats, we have 19,000 people on the social housing waiting list,' says Thornhill. 'So if you're a single male between the ages of 18 and 35 you won't get housing – they're advising people to look at private rented options.'

These are also very thin on the ground, however. Properties at the Local Housing Allowance rate – used to calculate housing benefit for tenants in the private rented sector – are in incredibly short supply, and 'obviously you have everyone going for those', says Thornhill. 'So if you don't have the social housing option, and people aren't able to access

Maksim Yremenko/iStock

www.recovery4all.co.uk

Ultimately, it's about innovation: 'Using the housing support grant in innovative ways to solve the problems that people know exist, but haven't addressed... it's early days but the stats are fantastic. I'd be happy to talk to anyone.'

ROBBIE THORNHILL

private rented, it's really difficult – some of my staff can't get rental properties. And the vulnerable and disadvantaged people we look after aren't at the same starting line as everyone else – they're way back.'

HOMELESSNESS PATHWAYS

Bristol City Council commissions four homelessness pathways – men's, women's, mixed and substance use – with the latter run by Ara. It also commissions ROADS – the Recovery Oriented Alcohol and Drug Service. 'We sit in the middle of the Venn diagram between the two,' says Thornhill. 'We support people who are homeless or at risk of homelessness and looking to recover from drug or alcohol misuse.'

There are 6,500 dependent drinkers in Bristol and 5,000 opiate users, and like elsewhere that opiate population is aging one. Ara provides a range of housing options – for people who are abstinent, stable on prescriptions or simply motivated to address their drug and alcohol issues. 'We have different levels, and we also have different sub-contractors,' he says. Of 140 units, 76 are administered directly by Ara, 54 with one contractor, and ten with another.

OFFERING CHOICE

Partners include the Junction Project and The Bridge Project, and the strength of the partnership is that 'we each offer slightly different things', he says. 'When someone comes in, there isn't a template offering of "this is what you must do". Some people are more likely to benefit from a mutual aid and fellowship approach, while with others it might be more about motivational interviewing. It's about making sure that we orientate the service to what they need.'

The partners connect every three or four weeks for operational management group meetings, as well as every six weeks to two months for strategic management group meetings. There are also regular meetings with the council, which are led by Ara with other partners attending when they need to.

One recent innovation has been to use funding from the Housing Support Grant for a service that's able to work with people in hostels, emergency accommodation, supported accommodation and the private rented sector, as well as those being discharged from residential rehab, prison or hospital.

'The council approached a few different providers and talked about how best to use the money,' he says. 'We have some challenges in Bristol around access to treatment and continuity of care, and housing definitely exacerbates some of the wider issues that people have.'

The council was looking for a way to provide treatment for those unable to access current services, underpinned by the need to help sustain tenancies. 'So where people are in private rented, helping them to maintain that if things like anti-social behaviour have become a problem with their drinking or drug use. Or if they're in temporary accommodation, supporting the council to look for ways to get them into other offerings – the homelessness pathways or non-commissioned services where we can make sure they have the stable and secure housing they need to engage in treatment.'

SERVICE LAUNCH

The service launched in July, and is contracted until March 2025. 'Some of the money we get through the rough sleeper initiative is year-on-year, so having the opportunity to do it for that length of time is fantastic. As well as the increase in the NDTMS numbers we're going to see because of the group work and one to one, we've also worked the current ROADS providers to make sure that people are engaged with treatment – and we're going after their drop-offs. Where people are falling out of treatment we're saying, "What's your need, how can we support you back into treatment – and is housing a part of this?".

The new service has a team of ten, all with different specialisms. 'We have two dual diagnosis workers, and they're doing one-to-ones with people. A lot of people who are dropping out aren't able to engage in groups because of their experience or type of trauma. We also have two community engagement brokers – if you're entrenched quite often your social networks have changed or atrophied entirely so these guys are out there working with people at the drop-ins and giving people some of the resilience they need to maintain their recovery.'

KEY MESSAGES

So for areas still trying to develop strong partnerships across the treatment and homelessness sectors, what are some of the key lessons? 'Firstly, we've been lucky enough to develop the KPIs with the commissioners,' he says. 'There's a quantitative element to that – they need to see the numbers go up – but what we've done is some sophisticated work looking at strategic outcomes for the housing support grant and saying, "How can we fill in the gaps and do something that hasn't been done before – and doesn't overlap with services – to improve the stats?"'

The other essential is to make full use of partnerships, he stresses. 'We've engaged One25 – a specialist charity that works with sex workers and vulnerable women – and subcontracted one of their team. I could have maybe recruited someone from one of the specialist women's organisations – leaving them with a gap – but the idea of that rainbow team approach is that they have reach-back into the wider knowledge of that service. Where there are partners who know more than you, embrace that.'

One key gap is community detox, he states. 'If you live alone you can't do community detox because people worry about the effects in the first week. We've set something up whereby our workers are able to provide that check-in, and it means that people who weren't able to access community detox now can because our workers can go and see them once or twice a day – it seems odd to me that stuff like that isn't already in place.'

Ultimately, it's about innovation, he states. 'Using the housing support grant in innovative ways to solve the problems that people know exist, but haven't addressed. I'd be really keen if people in other areas wanted to come and talk to us about this – it's early days but the stats are fantastic. I'd be happy to talk to anyone.' **DDN**

Bristol City Council and its partner organisations, including Ara, have received a range of support from national charity Homeless Link, including training and consultancy.

This series has been produced with support from an educational grant provided by Camurus, which has not influenced the content in any way. See the July/August and September issues for parts one and two.

FAMILY FRIENDLY

A new pilot programme run by The Forward Trust is supporting families affected by gambling addiction in Merseyside

M-PACT Gambling is a 10-week programme available to families with children between the ages of eight and 17. The scheme, which is free to attend and funded by GambleAware, operates from The Brink on Parr Street, a community drug and alcohol service – and the UK's first dry bar (*DDN*, Dec 2011, p12).

'The programme will help children talk openly and safely about the effects of gambling, giving them a voice,' says Andrew Greeney, family support therapy coordinator at The Forward Trust. 'We want to bring back that family unity and togetherness. Gambling addiction can be all-consuming, not just for those in active addiction themselves but also their loved ones, especially children. The family members often experience the ripple effect of addiction and need support themselves.'

In an effort to reach as many people as possible, M-PACT is also open to extended family members. 'If siblings, aunties and uncles or grandparents want to come along too, they are more than welcome,' adds Liza McGee, M-PACT gambling facilitator.

Comprising both private and group sessions, the ten weekly meetings run from 4:30pm to 8:30pm and incorporate art therapy, role-play and continuous guidance. The programme covers travel expenses for participating families and offers them a home-cooked meal at each session – before ending on a high note with a night of bowling during the final meeting.

'Being able to provide families a sit-down meal at The Brink, some of whom may not have ever had a meal together, without the pressure and away from the hustle and bustle of everyday life is so important,' says David Humphreys, service manager at The Brink.

'While these sessions are focused on a serious subject, we hope that by providing a welcoming, safe environment we can really make those who take part feel comfortable and have a home away from home, even if it's just for a few hours a week.'

Yurenio85 | Dreamstime.com

WHAT GOOD RECOVERY IF IT ALL GOES UP IN SMOKE?

'You can't recover if you're dead' is a familiar adage in the substance use sector. But while helping someone with drug or alcohol issues, have you ever worried that preventable disease and an early death are still their most likely fate as they walk out the door and light up?

Initially led by smokers seeking, and finding, something safer, the UK's shift from cigarettes to safer nicotine products, mainly vapes, accelerated further following government and NHS endorsement of vaping for smoking cessation. Youth uptake is a concern – however, the potential to help millions of adults quit is vast, and smoking rates have fallen to an historic low of 12.9 per cent. But this large-scale adoption of harm reduction – because that's what it is – hasn't reached everyone. Last year, 53 per cent of clients entering drug and alcohol treatment in England smoked; just 4 per cent were referred for smoking cessation support.

People in contact with services stand to gain a huge amount from quitting smoking, and many want to. Safer products, whether vapes, nicotine pouches, snus or heated tobacco, can help smokers switch when quitting nicotine may not be achievable. If you're interested in learning more, or you're already delivering this kind of support, we invite you to apply to Knowledge·Action·Change's tobacco harm reduction scholarship programme.

> 'The potential to help millions of adults quit is vast, and smoking rates have fallen to an historic low of 12.9 per cent.'

Open to people from any professional background, the global programme is funded by a grant from the Foundation for a Smoke-Free World and aims to build research capacity and raise awareness of tobacco harm reduction's implications for public health. Since 2018, 95 people from 42 countries have been mentored to complete self-designed projects, while receiving a grounding in key issues. Scholars receive a stipend and funding to attend the Global Forum on Nicotine in Warsaw.

With 25 places on our entry-level programme, the deadline for submissions is coming up soon on 30 November. We hope you'll consider applying.
David MacKintosh, K·A·C

For more about the programme see *https://thrsp.net/*.

Take the short pre-application online course and quiz at the applications portal: *https://thrsp.net/scholarship-programme/*

For more on tobacco harm reduction, visit the Global State of Tobacco Harm Reduction *https://gsthr.org*

True Images / Alamy

KILLER SPICE

A prisoner sends his story in the hope of helping others

I am currently in the segregation unit due to my serious assault on another inmate. I need to share my story with the community of *DDN* readers as this may save lives and help stop people in and out of prison from using spice.

I have been using spice since 2011 and started smoking it when I was in my local cat C prison. This was when it was an actual 'legal high', and less lethal and toxic than it is nowadays. I ended up being extremely addicted to it and had some seriously scary encounters. I've gone under, nearly died, and gone to another dimension where I've tripped out and lost my mind.

Seven times I developed psychosis and this was frightening. I have physically hurt people to the point where I've nearly killed them and left them with life-changing injuries. All for a little bit of spice.

In prison I went from 18.5 stone down to 6 stone 7 in just 4.5 months. The mental health unit was talking about sectioning me to admit me to hospital for feed drips and tubes. I eventually ended up getting my jaw broken twice in the same day, just minutes apart, and I had to have a 4.5 hour operation to rebuild my jaw. I now have four plates, screws and nerve damage and serious scarring inside my mouth and on my face. I have just been diagnosed with PTSD four years later.

When I returned from hospital I ended up with psychosis for the first time and I took a massive overdose trying to end my life. God knows how I am still alive.

I ended up losing my head totally and set fire to my cell with me inside, then set fire to the whole landing, nearly killing myself, 16 members of staff and 32 prisoners. I got transferred back to my previous prison and ended up back on spice paper. I lost it once again and took another massive overdose and developed psychosis yet again. I was transferred again and put in the segregation unit. I was once again smoking spice paper, smoking weed and solid, sniffing MDMA, sniffing cocaine/flake, sniffing Subutex, taking tablets, drinking hooch and smoking tobacco.

I was only there for a short time, then sent here where I've been stuck since February 2020. I have been on and off spice paper non stop, set fire to my cell in the segregation unit with me inside, set fire to my cell windows on the wing, smashed prison property causing thousands of pounds worth of damage, and self-harmed non stop. I have seriously assaulted another prisoner and been segregated for it.

Earlier this month I woke up at 12.45am and wanted a pipe of spice without fully waking up. Before I'd gone to sleep I'd put a big piece of spice paper at the side of my radio, folded up into a tiny square. When I woke and saw it I didn't remember putting it there – and I put it into my element (burner) and smoked the full thing. I could feel my heart hitting off my chest and hear it beating so hard and fast in my head, trying so goddam hard to keep me alive! I could feel the poison rushing through my veins and into my head – it felt like razors, glass and scalding-hot lava. My brain was on fire and felt like it was melting. My jaw was clenching shut extremely tight and felt like it was going to shatter. My lungs felt like they were burning and had been squashed to the point where I could not breathe – it felt like they were being sliced open. It felt like I had red hot glowing razor blades slicing through my scalp.

Seven times I developed psychosis and this was frightening. I have physically hurt people to the point where I've nearly killed them and left them with life-changing injuries. All for a little bit of spice.

I had a massive seizure/fit and although my cell was extremely hot I felt like I was laid inside a bath of ice, shaking continuously. I felt my body shutting down. I looked up to God and begged for one more shot at life and asked him to please send my mum down as my guardian angel to guide me to safety and my heart calmed down. A nurse came out and did some observations on me and an ECG, which somehow all said I was fine. I didn't tell her that I'd just done a big nasty hit of spice paper because the night staff were searching through my cell as the nurse was trying to help me and it put me off telling her the truth.

Two weeks on I'm still not right at all and I don't think I ever will be. The other day I had a big seizure/fit and I'm still hallucinating where walls and floors were melting and dripping, and I keep seeing black things crawling on me and all over my cell. This is the worst detox off spice I've EVER done by far and I've still got another two weeks to go.

We need to wake up and see what spice is doing as we do not have a clue what we are smoking and putting into our precious bodies. Stay away from spice! It's a big killer.

Name and prison location supplied

www.4umtheatre.org/anonymous-drama

ANONYMOUS TIP

Anonymous drama has the potential to explore painful subjects in a therapeutic way, says 4Um Theatre's **Mark MacNicol**

Our 'anonymous drama' (AD) programme has been supporting people in recovery, both in residential settings and community groups, for several years now – with spectacular results. When I'm describing it to someone who has never heard of it, I usually say it's like 'drama therapy' for people who often have no interest in either drama or therapy.

The unique elements include *1. Anonymity* – Participants are working with fictional characters so no one in the session knows the difference between what's real and what's fiction.
2. Programming – The programme has been broken down into session plans with safeguarding guides so that they don't need to be delivered by drama or therapy-type professionals – they can be delivered locally by support staff or volunteers.
3. Opportunity – Giving non-creative 'civilians' the opportunity to take part in things like improvisation and role play.

We also deliver sessions across the UK using our own experienced delivery teams – some of whom are drama or therapy type professionals, while some are support staff or volunteers. Some residential or community groups don't have the available budget to bring in our delivery teams, so the remote session plan model was developed to extend the reach of the work and ensure that lack of budget and resources wouldn't be a barrier.

If we need advice or interventions for our physical health of course we all know we can engage with medical professionals like GPs. We can also do our own research and seek to improve our physical health via things like diet and exercise.

I believe the same applies to our mental health. Yes, we can engage with mental health professionals and without a doubt they provide a valuable service. However, the ethos of AD is that we're capable of exploring our own mental health and emotional wellbeing, without depending on professionals.

Glasgow University recently completed an impact study on AD and the results reaffirmed what we already knew from the feedback of thousands of participants. Taking part in the AD programme has a positive impact on the mental health and emotional wellbeing of participants, and ultimately supports them on their recovery journey.

I have been writing, directing and producing for film and theatre for 15 years, and my introduction to the concept of using creative practices for therapeutic gains was seven years ago. I was invited into a maximum-security prison to work with a group of ten inmates on a new theatre programme. We started with

As I explored areas like drama therapy one of the first things I did was anonymise our sessions. It felt potentially problematic to have creative professionals... exploring participants' lived experience and unresolved trauma.

a blank page and with our support they devised their own group script which they went on to perform for fellow inmates, family and staff. The project had a huge impact on the participants, but it was also life changing for me.

Since that day I've become obsessed with the concept of using creative practices to help people achieve more positive outcomes. I still work periodically on mainstream projects, but I have become more focussed on 'socially aware' work and aligned myself with partners who are motivated to help individuals and their communities who are marginalised or vulnerable in some way.

As I explored areas like drama therapy one of the first things I did was anonymise our sessions. It felt potentially problematic to have creative professionals like myself – however well intentioned – exploring participants' lived experience and unresolved trauma, and periodically this created emotionally charged or even triggering environments.

Of course, we can't completely remove the possibility of someone being triggered. That could happen at any time, but the anonymity and safeguarding protocols built into our session plans keep the possibility to a minimum. For example, if a participant wants to share details relating to an adverse childhood experience (ACE), our session plans support them to explore the ACE of a group fictional character. A subtle shift, but a powerful one, and in our experience it adds more value from a self-awareness perspective. The opportunity is to drill deeper using fiction by proxy as a safety net.

AD is most definitely not a drama group. It's not about people who are interested in writing or acting (though some participants are and that's great). The focus is people who have an open mind and are up for trying something different. The work in the sessions around self-awareness and mental health and emotional well-being is the focus.

That said, usually a group script starts to emerge over the weeks/months of sessions – mixture of very personal and insightful monologues, sketches and spoken word. Some groups decide they want to share these scripts with their family, friends, staff, and these events are incredible. Nothing fancy, no stage or lights, just a group of volunteers from the group, and a celebration of their hard work and effort. In some cases, participants are reunited with family members with whom they have completely fractured relationships.

I thought it might be useful to take a snapshot of some recurring impact areas/quotes that came back from just a small random selection of participant evaluations and the Glasgow University study:

'Boosted my general mood levels and state of mind.' 'Confidence growing with each session.' 'I'm a different person.' 'Even in early detox and lacking focus I was benefiting.' 'I work on things in character I've never shared with anyone.' 'I never knew I was capable of this.' 'They recommended we use a journal outside of sessions and I have it with me all the time.' 'My anxiety and depression more impacted by this than any medication I've taken.' 'I do the breathing exercise every day.' 'I rearranged other commitments, and refused to miss a session.' 'I could pass on any activities, never felt pressured.' 'My literacy wasn't great, the script work has been a big help.' 'The thing I remember most about the sessions is the laughter.' 'After this I know there is an inner strength inside me, I never knew was there.' 'These sessions make me more likely to speak to a therapist.' 'After this programme I find eye contact easier.' 'I felt like all the people I've lost to addiction were in the audience at the reading.' 'I find the sharing bit in fellowship meets problematic but in character it's so much easier.' 'These sessions helped me look into the mirror for the first time in my life.'

The service provider response to AD is equally positive. 'The recovering voices sessions and performance have been a great addition to our programme at Abbeycare by using creative expression to aid people's recovery process,' said Liam Mehigan, director at Abbeycare Clinics. 'The sessions culminating in the performance have given participants an opportunity to creatively express themselves. Participants have been able to build confidence and develop trust and their relationships with one another as they support each other whilst participating.

'The sessions have also enabled participants to have fun whilst at the same time challenge themselves,' he added. 'It's beautiful to witness people grow and develop through the process.'

If anyone is interested in possibly hosting an AD programme either via an existing delivery team or your own volunteers/ support staff, please email info@4umtheatre.org

Mark MacNicol is 4Um Theatre's playwright and director

My parents were both alcoholics and my younger brother spent most of his adult life in the justice system before dying of a heroin overdose. I doubt very much I will ever be involved in any future project professionally that will be more important or personal to me. Everything I do in this field is motivated by the trauma that I experienced as a family member of people who struggled with alcohol and drug addiction. It killed my brother and my father. My mother has been sober for 25 years, but even she knows that she can't take her sobriety for granted and lives one day at a time. *Mark MacNicol*

BECOMING CULTURALLY COMPETENT

More than half of the population of Leicester is from a non-white background – something that hasn't always been reflected in services, says **Dilesh Popat**

Turning Point's drug and alcohol service in Leicester has been working with the local community to support clients from a south Asian background who are often reluctant to seek specialist help. The 2019 rapid evidence review (bit.ly/3FFdk77) conducted for Alcohol Change UK found that people belonging to ethnic minority groups are less likely to access services and may be less likely to seek help for alcohol use until they have experienced serious health consequences.

Leicester is one of the most diverse cities in the country. The 2021 census showed that 51.9 per cent of the population are from a non-white background, with the largest single ethnic group being Asian at 43.4 per cent. However, Turning Point services in Leicester noticed that the ethnicity of the city didn't reflect that of the clients seen at the service.

Five years ago, only seven per cent of the people we support were from a diverse background. When it comes to south Asian communities, a UKDPC survey (bit.ly/40kpkEx) found that a reluctance to seek help due to stigma and a lack of knowledge about services are reasons why these groups are underrepresented. A perceived lack of understanding of their culture and, occasionally, racism within services were also reported as barriers to treatment.

FEAR AND SHAME

From our work with south Asian communities in Leicester, we've found that people are afraid to ask for help from their GPs or their local drug and alcohol services because of the perceived shame it will bring upon their families.

We've noticed that families often have their own ideas on how to help their loved ones overcome alcohol and substance use – one is to send the client to the sub-continent in the belief that they might not be able to get hold of the drugs or alcohol. Even if this succeeds there's clearly a risk of relapse when they return home.

At Turning Point we not only want to raise awareness of drug and alcohol services that are available, but also remove the stigma associated with accessing these services – we've taken the approach to work with the community, in the community, for the community.

‘Initially we referred [people] to commissioned services. However, over a period of time, the feedback we were getting was that they didn’t feel like it was meeting their needs. They didn’t feel like the services understood them culturally.’
MUSHTAQ DAKRI

If you look at south Asian communities, one thing Muslims, Hindus and Sikhs all have in common is they meet in large gatherings – at the temples, gurdwaras or mosques.

We work with these organisations who are already established within the community. We work with community leaders, spiritual leaders, educational leaders and offer them support, training and education.

SPINNEY HILL RECOVERY

Spinney Hill Recovery was created by two imams to help address the growing number of people from the Muslim community in Leicester that had developed an addiction to drugs and/or alcohol.

Mushtaq Dakri, one of the founders of Spinney Hill Recovery, said he created the group as Muslim clients felt mainstream services weren’t aware of the specific needs of different cultures.

‘There’s always been drugs consumed in the area,’ he says. ‘But there was a change we noticed in the type of drugs that were being consumed. We went from cannabis and class B drugs to class A drugs, synthetic drugs and alcohol. People were becoming addicted and they were asking us for help. Initially we referred them to commissioned services. However, over a period of time, the feedback we were getting was that they didn’t feel like it was meeting their needs. They didn’t feel like the services understood them culturally. They didn’t like having to go to town and be seen by members of the community.’

They decided to establish something for themselves that would meet the needs of the community. ‘When we first looked at this around 15 years ago, there was very little interest from the community because it was thought drug addiction was something that happened to other people,’ he states. ‘But as time went on, people have realised that this was now on our doorstep and we can’t ignore this anymore. There was a realisation that something had to be done.’

When Spinney Hill Recovery approached Turning Point six years ago, things were starting to get out of control in their community with substances like heroin, crack and alcohol. It now refers clients to Turning Point, which aims to get the client assessed and into treatment within 24 hours.

One thing they found was that people were relapsing because there wasn’t anything for them to do when they came back from rehab, so Spinney Hill put together a package of activities for every day to keep them engaged and to reduce the rates of relapse.

Spinney Hill and Turning Point have developed their working relationship further and Spinney Hill now receives funding from Turning Point and has its own facilities – a large area with a gym, pool table, kitchen, group room and room for one-to-one counselling.

The service is open to everyone, not just Muslims. But the goal is to use spirituality as a tool to recovery, and it has imams come to deliver spiritual classes and work with the clients.

Drinking is a major issue in the Sikh community, with a BBC investigation finding that although drinking alcohol is technically forbidden in Sikhism 27 per cent of British Sikhs report having someone in their family with an alcohol problem. A parliamentary early day motion in July 2022 called on government to acknowledge the prevalence of alcohol addiction within the South Asian community and to tailor appropriate outreach and services through overdue alcohol strategy (bit.ly/3SgVm2t).

Jaz Rai is founder and chairperson of the Sikh Recovery Network, and regularly talks about his own addiction and recovery journey.

SIKH RECOVERY NETWORK

The Sikh Recovery Network is a national organisation that helps support people with drug and alcohol recovery, running online and face-to-face groups around the country, including a Leicester-based group.

Jaz Rai is founder and chairperson of the Sikh Recovery Network, and regularly talks about his own addiction and recovery journey. I approached him and we started working together.

In Leicester, we have drop-in sessions for clients at the local gurdwara. If anyone Leicester-based contacts Jaz he will refer them to us, and we get them into treatment and start supporting them straight away. We have a number of volunteers and peer mentors who have come through recovery via the Spinney Hill Recovery and the Sikh Recovery Network and are now working for Turning Point as peer mentors and volunteers.

Something we’re trying to do at Turning Point is ask if we’re culturally competent as a service. Do we have enough people of colour within our staff? Do we have a variety of different languages spoken by support workers? Do we provide information in different languages? We celebrate Christmas, but do we celebrate Eid or Diwali or Vaisakhi?

We’re sharing the work we’re doing with south Asian communities in Leicester with our services across the country to help them meet the needs of different communities. It’s all about spreading awareness to the people we support and our colleagues.

Dilesh Popat (pictured on page 14) is diverse communities team leader at Turning Point

THE BIG ASK

With a general election getting closer, **Russell Booth** shares Change Grow Live's asks of the next UK government

The government's drug strategy brought increased investment, fresh ideas and a renewed focus on the importance of drug treatment services in local communities. We'll be about three years into this ten-year strategy when parliament is dissolved, government offices are cleared out and we march to the polls to pick our representatives for the coming years.

It's a big moment in a painfully busy political landscape. As with any change, there's a chance that priorities will shift and it's our responsibility to make sure we do everything we can to prevent the vital work of drug treatment services from slipping down the political agenda.

That's why this year, for the first time, Change Grow Live hosted events at both the Conservative and Labour party conferences. We talked about the importance of the drug strategy and shared five asks for the next government:

1. Back the vision behind the national ten-year drug strategy

The drug strategy provides a vision for the transformation of drug treatment services. It recommends new partnerships between the NHS, the third sector and other public health services to create system stability, and also recognises that drug and alcohol dependency is a health condition. We want to see a new government back this vision and commit to building on the progress made over the past two years. We also want to see the success of the drug strategy measured through a broader variety of qualitative metrics. moving away from a focus on narrow data points.

2. Commit to sustainable three-year funding cycles

Change is needed but yearly funding cycles make long-term change to service delivery challenging. It's hard to plan and deliver long-term ideas if you don't know how much funding will be available.

To ensure that additional funding can deliver genuine, sustainable benefits in local communities, we want to see the introduction of funding cycles of at least three years. For every £1 spent on drug treatment, £4 is saved, and demands on health, prison, law enforcement and emergency services are reduced. Stable funding will mean that improvements delivered through the drug strategy are long-lasting and that cost savings are realised.

3. Recognise the role of third sector service providers in delivering high quality drug and alcohol treatment as part of the wider public health system

Third sector providers of drug and alcohol services are part of the wider public health system, but this is not always recognised or acknowledged. The third sector offers innovation and flexibility, and often has strong roots in local communities. It plays a crucial role in delivering high quality treatment for people who use drugs and alcohol, which helps to tackle health inequalities and reduce pressures on the NHS.

To maximise the value of the third sector, our treatment services need to be a fully integrated public health system and contribute to decisions about service design and delivery. As a minimum, drug and alcohol treatment services should be represented and given equal voice at all Combating Drugs Partnerships across the country.

4. Work with us to beat stigma

People who use drugs and alcohol deal with prejudice, ignorance, and misconceptions, which makes it harder for them to access the services they need. When people are seen as individuals instead of defined by their drug or alcohol use, their treatment and recovery journey becomes less challenging.

As with campaigns to tackle the stigma around mental health, we want to work with the incoming government to run national awareness campaigns and local training to help professionals and the public understand the needs and lives of people who use drugs and alcohol.

5. Publish and implement a comprehensive substance misuse workforce strategy

We are calling on the next government to publish a workforce strategy in line with the drug strategy's ambition to encourage more people to work in the sector, and to provide high-quality training and development for them. A comprehensive strategy to rebuild the substance misuse workforce is critical to increasing the capacity and improving the quality of services, and to realising the benefits of the national drug strategy.

We believe that change is possible, and we believe the time is right to make it happen. The changes we have already seen within the sector, coupled with prospect of a looming general election, have created an opportunity for us to reimagine the future. Our asks for the next government have a crucial part to play in turning our ideas and principles into reality, and to help more people change their lives for the better.

If anything I've written here chimes with your thinking and your ambitions for the future, then let's work together. We have a much greater chance of cutting through the noise if we act as a single voice. Contact me at Russell.Booth@cgl.org.uk

Russell Booth is national communications advisor at Change Grow Live

Michal Bednarek | Dreamstime.com

TAKE A BREATH

With many drug and alcohol clients – and staff – active smokers, having an integrated approach to smoking cessation support can create lasting impact and value, says **Helen O'Connor**

In April 2023, Via launched Redbridge Quits Smoking (RQS), the third smoking cessation contract we've delivered. The service supports people aged 12 and above who live, work, study or who experience homelessness in the local area.

As well as this being a universal service for residents, it also has a focus on specific priority groups to address a historic inequality in access. These include those who work in routine and manual professions, those who are pregnant or breastfeeding (and their partners), and those with a mental health diagnosis. Key local populations also include the Gypsy, Roma and Traveller community, social housing, hostels and refugee hotels, cultural groups who use other forms of tobacco that can also be addictive and harmful – such as shisha or chewed tobacco – and young people who are vaping.

Self-referral is as easy as texting the word BREATHE, and with many local GPs sending regular SMS with our contact details to their patients who are recorded as smokers, most referrals are self-referrals.

We're committed to reducing barriers to accessing support – taking treatment out into the community and meeting people where they are. This could be in hostels, mosques, other local services, or inpatient and outpatient mental health settings. Primarily we offer in-person one-to-one sessions but are also piloting 'circles' of quitters who are at a similar place in their treatment, and phone and online video support too.

VULNERABLE GROUPS

Smoking prevalence is greater among the vulnerable groups we work with and among those with both alcohol and drug use disorders. This includes those people who have respiratory disease because of a history of smoking illicit drugs. Data also indicates that smokers could be 2.7 times at greater risk of becoming alcohol dependent than non-smokers, and that people with a mental health difficulty die earlier than people in the general population – smoking being the largest factor contributing to this difference.

Keeping smoking on the agenda with the people who use our services is therefore vital to improving their physical wellbeing, their quality of life and their overall life expectancy as they also work on their recovery from problematic alcohol or drug use. We ask about tobacco use at assessment and every 12 weeks, which presents us with a perfect 'nudge' to talk about smoking cessation.

The best way of doing this is to provide the National Centre for Smoking Cessation and Training's (NCSCT) very brief advice (VBA) '30 seconds to save a life' intervention. This importantly includes an action to refer to the local smoking cessation service if someone expresses an interest in quitting.

The benefit of being co-located is that referrals from our adult and young people's drug and alcohol services and rough sleeper teams can be made instantly, and we can offer them support at a time and location convenient to their other Via appointments.

BITESIZE SESSIONS

It can also be helpful to run a short bitesize session for colleagues using the quiz developed by Turning Point and SLAM in their 'Improving smoking cessation in drug and alcohol' treatment pilot. This provides some more facts and figures about what people think about quitting while in treatment – for

Marc Bruxelle | Dreamstime.com

Self-referral is as easy as texting the word BREATHE, and with many local GPs sending regular SMS with our contact details to their patients who are recorded as smokers, most referrals are self-referrals.

instance, almost half of people surveyed thought that their nicotine dependence should be addressed early on in their treatment. However, practitioners who smoked were more likely to question the importance of nicotine dependence treatment for the people they worked with. Most practitioners also thought that nicotine dependence treatment should be put off until later or after the primary addiction treatment.

The same survey identified that 70 per cent of practitioners reported ever smoking, with 45 per cent reporting still smoking. As we're commissioned to support those who live, work or study in Redbridge, this includes our colleagues. In line with NICE guidelines for employers, we provide those who smoke with an opportunity to access support onsite during their work hours without needing to take time off.

VAPING PATHWAYS

An important learning curve for us has been in differentiating our messaging and support pathways for vape. For adult smokers, vaping is a significantly less harmful option for the smoker and those around them, and just one of several nicotine replacement products someone could use to quit smoking.

With emerging and growing concerns nationally about the rise in vaping use among young people – including hospital admissions linked to vape and even exclusion from mainstream school following repeated vaping incidents – the education, treatment and support we provide young people who have never smoked is different from that for smokers. It includes information about the impact on the developing brain, side effects from nicotine withdrawal – such as lack of concentration and irritability – and the financial costs and environmental impact of disposables.

YOUNG PEOPLE

We also provide education and advice to those who care for or work with young people. One example of this is how to talk to young people to help them make their own minds up about vaping, and sharing what support is available if they're struggling to stop vaping by themselves. With overlaps with psychoactive substances that young people can use with vape – such as synthetic cannabinoids – we're fortunate to be able to draw on existing partnerships formed by our local young people's drug and alcohol service, Fusion.

Recently we delivered talks on vaping to 1,000 students in a single day, from year 9 to sixth form, and we're also exploring a co-production project with young people to develop the kind of messaging and assets that they would find engaging and effective. Another emerging area is how we can provide a feedback loop to licensing and trading standards where we gain insight into local businesses who are illegally selling vapes to under 18s, and to help young people understand the law in this area – including where they might be selling it to one another.

FUNDING COMMITMENT

The government recently announced a commitment to double the funding for local authority smoking cessation services from 2024 and to commission a consultation on measures to tackle the increase in youth vaping. To prepare for the new opportunities and ambitious targets that could emerge from this funding, we've created volunteer and apprentice pathways within our team. Our apprentices gain an NVQ Level 3 and the qualifications and experience to become smoking cessation advisors. They also develop subject-matter expertise in working with young people who vape, including those who vape psychoactive substances.

Many service providers create volunteer and apprenticeship opportunities that contribute social value for our local communities. Given the challenges we're all facing in recruitment, and the budgetary impact of relying on locums, these career pathways also build local and organisational capabilities to be more responsive to deliver impactful health and wellbeing services.

Helen O'Connor is service manager for Via's services in the London Borough of Redbridge

The best way of keeping smoking on the agenda is to provide the National Centre for Smoking Cessation and Training's (NCSCT) very brief advice (VBA) '30 seconds to save a life' intervention

'**Effective smoking cessation** and tobacco control is essential to prevent illness, premature death and reduce inequalities. Residents need easy access to culturally appropriate and confidential support to quit smoking and other forms of tobacco. Recruitment from our local communities is essential to deliver this ambition and the apprenticeship programme is an innovative way to build our public health workforce.'
Sue Matthews – public health consultant at the London Borough of Redbridge

'**I was always hoping to quit** smoking, especially starting a new job in a new recovery service, and this idea materialised quite naturally with support from my colleagues and our Via smoking cessation team just next door. I think the right support and community are the main help in overcoming dependence and habit, and it's amazing to be able to get it all during your work hours. It also helps me to promote smoking cessation among our service users.'
Via Redbridge team member

LOCAL KNOWLEDGE

While a cohesive and national strategy is key to building a first-class treatment system for people who use drugs and alcohol, BDP's **Lydia Plant** makes the case for the importance of locally based independent providers as a vital part of the tapestry

National drug and alcohol providers have come to play a central role in leadership, provision and drive throughout the UK, with many of them benefiting from the extra finance brought in following the Dame Carol Black review and using it to develop exciting new ideas, technology and much-needed infrastructure. Place-based organisations, however, can be seen as parochial or lacking the strategic direction that some of the national organisations can bring – so why does local matter?

Bristol is a thriving city with an incredible nightlife, a multi-cultural population and a progressive spirit. We're also fiercely independent. Bristol is the city that toppled a statue of a Colston in 2020, in a reckoning with the legacy of slavery. We're also the city that rioted in protest against a chain supermarket opening in an area known for its independence. We're a city of extremes, with huge gaps between the rich and poor and worrying health inequalities – 33 per cent of Bristol's population is under 25, and yet we have one of the country's largest cohorts of older people who use opiates.

STRENGTH AND INNOVATION

It's no surprise that Bristol's independent spirit is reflected in a strong voluntary sector. Bristol Drugs Project (BDP) has been a key part of this since it was founded in 1985, against the backdrop of the UK's growing heroin crisis. BDP has innovated from the start, opening one of the country's first needle exchanges and working with a group of dedicated and brave GPs to steer heroin treatment into primary care, enabling people to access non-judgemental and empowering harm reduction services in their local communities.

As the needs of Bristol have changed, so have our services, often at a rapid speed – from launching a harm reduction outreach service to women in street sex work in the early days to visiting squats as ketamine use surged in the early 2000s and pioneering outreach in Bristol's nightlife and festival scene.

Being an independent and smaller charity gives us the agility to trial new things and respond quickly to the needs of our service users. Dame Carol Black detailed her regard for locally led services in part two of her review of drugs, praising their ability to engage minority populations and underserved groups. BDP has run PRISM, an LGBT+ specialist drug and alcohol service for nine years, offering culturally competent support to a range of people who tell us they would never have walked through the doors of a mainstream drug

Troy GB images / Alamy

Opposite: Anna Smith, CEO (centre) with Ben Judd, director of business development and Lydia Plant, director of operations. Left: BDP staff and volunteers doing festival outreach.

Bristol is a thriving city with an incredible nightlife, a multi-cultural population and a progressive spirit. We're also... a city of extremes, with huge gaps between the rich and poor and worrying health inequalities.

and alcohol agency. From co-producing injecting advice for gender non-conforming folks who are injecting self-sourced HRT to providing chemsex harm reduction advice to men who have sex with men (MSM), BDP was able to develop innovative services, even when these were not commissioned.

SHARED INSPIRATION

We have drawn inspiration from the way other place-based services from around the country flex to meet the needs of their community – Antidote's pioneering weekend programme that supports MSM to try life without chems in the heart of London's nightlife, KIKIT's culturally diverse treatment offer in Birmingham and Crew 2000's club drug expertise in Edinburgh are all examples of local services meeting under-served communities so well.

Being independent and locality-based has also allowed BDP to remain true to its values and vision, keeping harm reduction and service-user choice at its core for more than 30 years, even when this was politically contentious. BDP never stopped offering as many hours of easy-access needle and syringe provision in as many ways as possible, and never stopped advocating for people's right to easy-access opiate-assisted treatment (OAT) and the right to choose life-long OAT if that was what worked for them. It also pioneered evidence-based harm reduction advice for recreational drug use across our city's vibrant night-time economy.

Being an independent has also allowed BDP and others to put our money where our heart is. We launched the 50+ Crowd weekly social group in 2009, responding to academic research carried out with our service users about what put them off engaging with drug and alcohol treatment in older age. Since its launch, it has gone from strength to strength, and has been praised as a national example of how to support older people. Whether it's having a laugh with curry and bingo on a Friday or supporting people with ill health to stay engaged in treatment, this non-commissioned service is one of BDP staff's most loved.

FAMILY SERVICES

BDP has also delivered services for children, young people and families for more than 30 years. A whole-family approach can sometimes be overlooked, and whether commissioned or not, BDP has found a way to meet the needs of families who need us most. Our commissioned young people's services keep the focus on prevention as well as treatment, while our youth group for children and young people whose parents use drugs give parents time out to concentrate on their treatment. It also provides space for children and young people to be themselves, spend time with other people in similar situations and get the support they might need.

Meeting the needs of people was our late founder and CEO Maggie Telfer's ardent passion. Building on the strong foundations laid by Maggie, with a new CEO in Anna Smith at the helm and a reshaped leadership team, we have our eyes set on the horizon. Anna's 30 years of experience in the voluntary sector, over a decade working in Bristol, and her passion for meeting the needs of people experiencing multiple disadvantages are set to bring a fresh perspective to the work BDP do. The new leadership team is committed to continuing in BDP's spirit, being unapologetic in meeting the needs of people who use drugs, championing contemporary practices, remaining agile in our ability to deliver them – and demonstrating our commitment to the community to which we belong.

Lydia Plant is director of operations at BDP

BDP'S SHARED CARE SERVICE is one of the largest in the UK, with around 2,200 service users receiving OAT a year across all but one of Bristol's GP practices, and has been running for more than 30 years. Service users can access treatment in their community without facing the barrier of attending a drug and alcohol treatment service. Equally as important, BDP workers embedded in GP surgeries can ease access to primary care, and workers there are engaged with passionate GPs and practice staff across Bristol who are tackling the stark health inequalities our service users face, supporting them to access help when they need it.

Two out of five people starting treatment in Bristol were referred by their GP – that's ten times the national average. Those hard-won professional relationships built over the years pay off for our service users.

FAMILY FOCUS

In the latest in our social work series, **Gladys Chinyandura** shares the positive impact of family drug and alcohol courts

I qualified as a social worker in 2012 and have always worked with children and their families. At present, I'm employed as a senior social worker in the family drug and alcohol court (FDAC), a multi-disciplinary team commissioned by a collaboration of three local authorities.

FDAC works with parents already in the Public Law Outline process – either in pre-proceedings or court proceedings – and where drugs and alcohol are part of the presenting risk to the children. We support parents to address identified problems so the children are returned to, or remain in, their care. Where this isn't possible the aim is to support parents in stabilising their alcohol or drug use and any other identified problems, so they can play a meaningful role in their children's lives.

As a senior social worker in FDAC, my role is to ensure families receive an individualised programme of assessment, treatment, and support. This is in the hope that parents get the best possible chance to solve their problems, while assessing whether they can do that in a timescale compatible with their children's needs and using resources that FDAC can be sure of accessing quickly from the network of partner agencies or its own service.

The ethos of FDAC is to focus on solvable problems – that is, helping parents to tackle the issues that are preventing them from parenting their children safely, especially drug and alcohol misuse, domestic abuse and mental health problems. As we are a multi-disciplinary team, the social work role focuses on strengthening parent-child relationships and helping families build a lifestyle that is safe and child centred.

The social work role within the team drives a trauma-informed and person-centred approach. There is a real commitment to listening to parents and the children we work with – this is the foundation in building a positive working relationship that is based on trust. Being listened to is something parents have often not experienced when working with other professionals.

I believe that families should stay together, wherever possible. To achieve this, it's important to help parents address their difficulties so that they're able to provide their children with a positive sense of emotional and physical safety. As a social worker I will always aim to ensure that the families I work with have a fair assessment, and that they receive targeted support around the areas of need.

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Not all cases that come into FDAC will have a favourable outcome, where children return to or remain in their care. However, the impact of our work is felt by most parents we've worked with, as evidenced by the feedback from parents. Feedback data shows that 100 per cent of parents feel that they were treated with respect by our FDAC team and the FDAC judges, while 95 per cent feel FDAC has helped them resolve difficulties they were facing. Regardless of whether or not reunification was achieved, an average of 71 per cent of parents across FDAC felt more in control of their life following FDAC's involvement. Here are some quotes from parents we've worked with: 'Even though it wasn't a good outcome, FDAC has helped me and supported me every step of the way'; 'FDAC has allowed me see things clearer and put my children first.'

Our FDAC team has been well-received by our partner agencies, which include the local authorities and police. The local authorities have seen a reduced cost in care proceedings, with savings from not having contested hearings and fewer requests for other expert witnesses. There's also the benefit of a reduced length of time in care proceedings and a positive impact on the crime figures, as 52 per cent of parents entering FDAC are known to have a previous caution or conviction. None have been cautioned during time with FDAC, and only 26 per cent are known to have had a police callout. It's this kind of feedback that gives me the motivation to continue supporting parents in FDAC.

Gladys Chinyandura is team manager at Black Country Family Drug and Alcohol Court (FDAC), Change Grow Live Walsall

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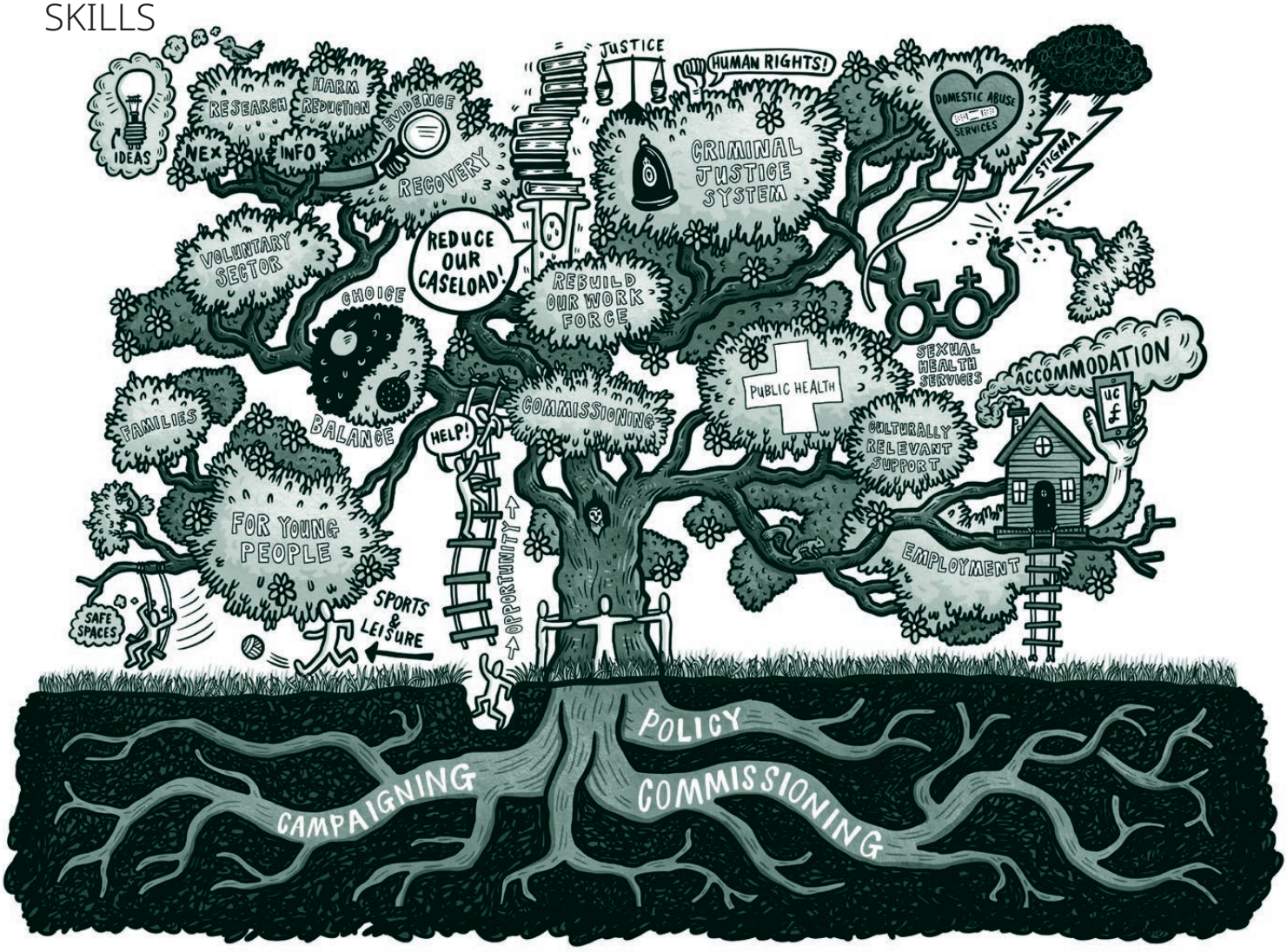

ROLE MODELS

Sociodrama is more than just role-play. It can be a vital tool for helping to reshape the sector for the better, says **Jon Gooch**

We're used to thinking about ecosystems in relation to the natural world, and the critical value of biodiversity is now part of our collective understanding of what makes a healthy and sustainable environment. But what does a healthy drug and alcohol system look like? This was the starting point of the first annual Project 6 *Ideas conference: choice, balance, and opportunity*, an exploration of the health and diversity of our very own sector ecosystem.

Across a programme of panel discussions, workshops and creative events, delegates shared in debate around what it means to provide genuine choice, challenging the monocultures of single providers and finding solidarity where there has been polarisation between recovery and harm reduction. Despite our shared beliefs, finding consensus on these issues is not always a straightforward task.

A difficult challenge sometimes requires an unconventional approach, and the one we chose was sociodrama. Sociodrama invites participants to step into the lives of others and explore the contexts and situations they face, drawing insight and inspiration from what they find. Based on the theory and practice of psychiatrist JL Moreno, sociodrama grew out of the horrors of WWI and was created as a mechanism for understanding social and political issues in a more meaningful way.

There's a bit more to it than just role-play. Moreno believed we play a series of roles throughout our lives. It's not 'acting' as we understand it, it's a release of our natural spontaneity that's often trapped beneath societal expectations and cultural norms. Considering which roles we experience in our everyday life can help us to identify the effectiveness of the roles we play with different people and in a variety of contexts. Mapping out these roles and 'hearing' from them directly can offer new ideas and motivation.

Enter Valerie Monti Holland and Rashida Namulondo, sociodrama practitioners and the facilitators of the workshop. The workshops begin by creating a composite of a Project 6 community member, someone who might walk into any similar drug and alcohol service. Once the group has developed a shared understanding of that person, they're placed in the

Within the workshop participants become people seeking support, their families, nurses, key workers, policymakers. The group hears from them all and sees the challenges faced by both the person in the centre and the organisations in the sector.

centre of the room. Workshop participants start to write down roles, responsibilities and feelings associated with the individual in the middle, moving them closer or further from the centre, depending on the strength of connection – mother, patient, key worker, dealer, 'trust', 'shame', 'stigma'. Soon a map spreads across the room and out into the corridor.

The workshop moves into its next phase and participants are invited to speak from the point of view of any of these connected roles *(see box)*. This differs from traditional role play in that respect, as well as people having the chance to move in and out of roles – playing as many as they like, or none at all.

With each new dialogue participants start to identify and investigate the components of the ecosystem. Whether they're stepping into a role or observing, people are seeing the conversations take place from different perspectives. In these exchanges, hearing their own words reflected back, participants gain a deeper understanding of their impact on the person in the centre's life. They begin to see where they may create barriers and begin to offer solutions to the issues that are presented.

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The responses to the polarisation and competition in drug and alcohol support will shape the future of our sector. The evolving political, economic, and social landscape will create additional complexities, but this sociodrama workshop showed how experiential learning can help steer us through these difficult conversations.

In her closing remarks, Project 6's chief executive, Vicki Beere, summarised some of the key themes of the conference as the need to keep fighting to put people at the centre of everything we do, and to value the power and potential of human connection.

Audio and video excerpts from the conference, including the sociodrama workshop can be found at project6.org.uk/conference. Project 6 are busy curating the programme for the ideas conference 2024 so watch out for a 'save the date' announcement in January.

Jon Gooch is head of digital and communications at Project 6, a charity working with adults and families in South and West Yorkshire

THE WORKSHOP

Someone steps into the role of nurse.

- I'm glad you've turned up for your appointment, but you've not been coming for the last four, can you tell me about that, why haven't you been?
- You treat me badly when I come here. The receptionist looks at me like I don't matter, other people stare at me and I don't want to feel like that. I totally get why you want me to come though.

They reverse roles and each tells the other what they heard them say.

- I would have come but I don't like coming because every time I come no one listens to me and I feel really ashamed of who I am, and I find it really difficult to get the support I'm asking for.
- Would it make it easier if you saw me each time?
- Yeah it would.
- We can make that happen, we can arrange that.

Another person shares an example of someone they're very concerned about.

- Oh thank goodness you've opened your door at last, it's fantastic to see you.

Someone else takes on the role of the person in the centre.

- I can feel that you care because you obviously want to speak to me, you understand probably why I didn't answer the door.
- Yeah, and I know what it's taken for you to answer.
- Because I've been hiding behind it for two hours, not wanting to answer it. If that's all I achieve today, opening the door...
- We can go places from there.

PHOENIX FUTURES RESIDENTIAL SERVICES

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AND FOR MANY MORE TO COME

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- Support with physical health needs through our nurse and GP
- Education, training, and employment opportunities
- Full structured timetable including weekends and bank holidays
- Leisure activities supported by peers and staff
- Placements for pregnant women and families with children
- Specialist trauma responsive women-only service
- Access to onsite counselling

TOGETHER WE CAN SUPPORT PEOPLE TO BUILD HAPPY HEALTHY LIVES IN LONG TERM SUSTAINABLE RECOVERY

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