HAPPY NEW YEAR TO ALL OUR READERS

DDN
Drink and Drugs News

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'What we have done is outsourced the responsibility to criminals, dealers, gangsters and drug-obsessed internet psychonauts for our drug policy...'

YOU CAN'T BAN CHEMISTRY

HOT TOPICS: A REVEALING SNAPSHOT OF CHANGES IN THE DRUGS FIELD

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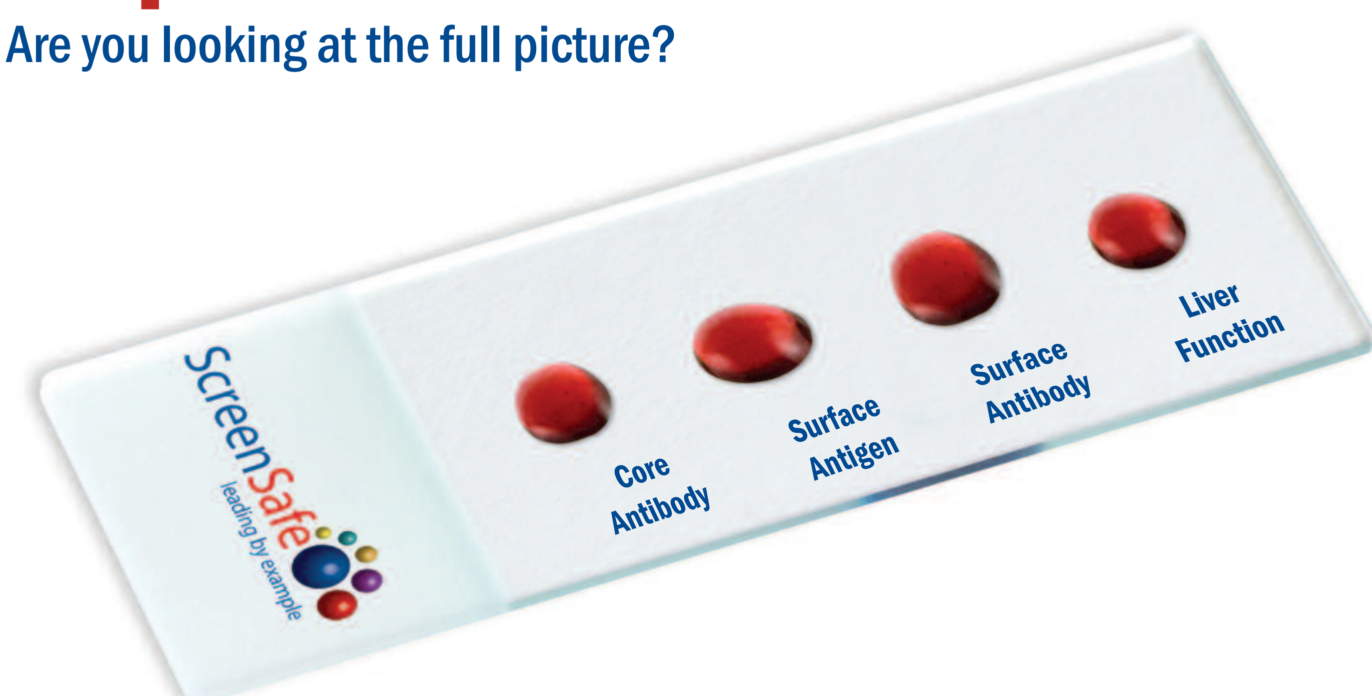
Analytical chemist Dr John Ramsey on the challenge of new psychoactive substances p14

Hepatitis B

Are you looking at the full picture?



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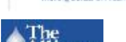

Editorial – Claire Brown

Inspiration alert!

Join us at the service user event of the year

Welcome to our first issue of 2014 and a very happy new year to you. It's always difficult coming back from the Christmas break, and we know you're feeling it too – particularly with the relentless grey rainy days and post-holiday economic gloom. But we like to think there's plenty to be enthusiastic about – not least the prospect of our seventh annual service user involvement conference next month! We're back in the heart of Birmingham and are busy rallying SU groups from far and wide to gather for the biggest, best networking event (page 16).

If you've not been before, ask someone who has – it's a fantastic opportunity to share ideas and inspiration from colleagues around the country. The feedback from previous years reminds us why we do this event: it's resulted in new service user groups being created, enterprises being set up, but most importantly has encouraged many people to regain the belief that the next step on their personal journey is well within reach. If you have an interest in helping your local service user group thrive as an active partner to services, please help them to secure a place and let them know that we will welcome them with a free stand in the exhibition – the place where so many valuable relationships begin. We're taking bookings now (and if you're very quick you'll catch the early bird rate!) so join us on 20 February in Birmingham and let's Make it Happen!

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THROUGHOUT THE MAGAZINE: COURSES, CONFERENCES, TENDERS

Government launches 'legal high' review

The government is to review the laws relating to new psychoactive substances, the Home Office has announced, in a bid to 'clamp down on the trade in potentially fatally drugs'.

The review will have input from 'law enforcement, science, health and academia' and study international and other evidence, with findings to be presented in the spring. It will then 'make a clear recommendation for an effective and sustainable UK-wide legislative response' to the new drugs, with options including 'the expansion of legislation to ensure police and law enforcement agencies have better tailored powers'.

'The coalition government is determined to clamp down on the reckless trade in so-called "legal highs", which has tragically already claimed the lives of far too many young people in our country,' said crime prevention minister Norman Baker. 'Despite being marketed as legal alternatives to banned drugs, users cannot be sure of what they contain and the impact they will have on their health. Nor can they even be sure that they are legal. Our review will consider how current legislation can be better tailored to enable the police and law enforcement officers to combat this dangerous trade and ensure those involved in breaking the law are brought to justice.'

DrugScope said it 'cautiously' welcomed the review but added that legislation alone was not sufficient to address the problem. 'This is an attempt by the Home Office to bolster current enforcement efforts and to see what other legislative options could be brought to bear on this new and complex drug situation,' said outgoing chief executive Martin Barnes. 'It is vital that education and information efforts are significantly enhanced in order to make the public – especially young people – more aware of the risks posed by experimenting with substances of unknown content and origin. These substances are not labelled 'research chemicals' by sellers for nothing.'

The Home Office has also announced that two groups of substances under a temporary banning order – NBOMe and Benzofuran compounds – will become class A and B drugs respectively, and has issued guidance to local authorities on the options available for addressing the issue of 'head shops' selling new psychoactive drugs.

Meanwhile, a report from the Home Affairs Committee has also called for improved education on new psychoactive substances in schools and colleges and states that the police and other law enforcement bodies have 'failed to understand' the impact of the new drugs. It wants to see legislation that shifts 'the evidential responsibility' of proving the safety of a substance onto the seller and also recommends that medical practices begin anonymous data collection to establish how many patients have become addicted to prescription drugs.

'We are facing an epidemic of psychoactive substances in the UK with deaths increasing by 79 per cent in the last year,' said committee chair Keith Vaz. 'New versions of these "legal highs" are being produced at the rate of at least one a week, yet it has taken the government a year to produce five pages of guidance on the use of alternative legislation.'

Guidance for local authorities on taking action against head shops selling new psychoactive substances at www.gov.uk

Drugs: new psychoactive substances and prescription drugs at www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/

See page 14 for a profile of new psychoactive drugs expert Dr John Ramsey

'Golden triangle' opium production up 22 per cent

Opium production in the 'Golden Triangle' of Myanmar, Thailand and Laos rose by 22 per cent in 2013, according to the United Nations Office on Drugs and Crime (UNODC).

Production has now been increasing for seven consecutive years, says *Southeast Asia opium survey 2013*, and rose by more than 25 per cent in Myanmar, the world's second largest grower of opium poppies after Afghanistan. 'Villagers threatened with food insecurity and poverty need sustainable economic alternatives or they will continue, out of desperation, to grow opium as a cash crop,' said UNODC Myanmar country manager Jason Eligh. Afghanistan also saw a record high opium crop in 2013, up by 36 per cent on the previous year as farmers attempt to 'shore up their assets' prior to this year's planned withdrawal of international troops (*DDN*, December 2013, page 5).

Southeast Asia opium survey 2013 at www.unodc.org

Injecting young people a 'blind spot'

Injecting drug use among under-18s remains a global data 'blind spot', according to a report from Harm Reduction International (HRI).

Young people who inject drugs are ill-informed about the risks, less likely to access treatment and have 'specific developmental, social and environmental vulnerabilities', says *Injecting drug use among under-18s: a snapshot of available data*.

There is no global population size estimate for the number of under-18s who inject, says the document, while the legal status of being a minor also raises challenges in terms of developing targeted harm reduction interventions. 'Too often younger drug users are "hidden in plain sight" – we know they are there but do not know enough about their needs and risks,' says Greg Ramm of Save the Children in the report's foreword. 'This cannot continue.'

Injecting drug use among under-18s: a snapshot of available data at www.ihra.net

NEWS IN BRIEF

GREEN FUTURE

Transform has launched a new publication on regulating legal markets for non-medical use of cannabis. *How to regulate cannabis: a practical guide* looks at the challenges of developing and implementing an effective approach, with the regulation debate now firmly part of the mainstream according to co-author Steve Rolles. 'With so many countries leading the way, it is likely that the rest of the world will follow within the next ten years,' he said. Uruguay approved a bill to legalise the growing, sale and consumption of cannabis in December, with the law expected to come into force in the spring, a decision UNODC called 'unfortunate'. *Available at www.tdpf.org.uk*

STARK CHOICES

US drug defendants are 'routinely' threatened with 'extraordinarily severe' prison sentences by prosecutors to make them plead guilty and waive their right to trial, according to report from Human Rights Watch. The average sentence for federal drug offenders who pled guilty was just under five and a half years compared to 16 years for those convicted after trial, the report found. 'Prosecutors give drug defendants a so-called choice – in the most egregious cases, the choice can be to plead guilty to 10 years or risk life without parole by going to trial,' said the report's author Jamie Fellner. 'This is coercion pure and simple.' *An offer you can't refuse: how US federal prosecutors force drug defendants to plead guilty at www.hrw.org*

THE ROAD AHEAD

The Home Office has published its second review of the drug strategy, highlighting the priorities of 'reducing demand, restricting supply and building recovery'. Meanwhile, PHE has issued a new guide to reviewing treatment, based on supplementary evidence from Professor John Strang's recovery-orientated drug treatment expert group. *Delivering within a new landscape and Medications in recovery: best practice in reviewing treatment at www.gov.uk*

LIFE BEGINS AT 50

Substance misuse charity Blenheim is celebrating its 50th anniversary by releasing 50 first-person stories from people who have turned their lives around. *A new story will be available every Monday throughout 2014 at www.blenheim50.wordpress.com*

Fewer young people in treatment

Just over 20,000 under-18s received help for drug and alcohol problems in 2012-13, according to figures from Public Health England (PHE), down more than 600 from the previous year.

More than 13,500 sought help for cannabis as their main problem drug, and more than 4,700 for alcohol, while 'historic low' figures for young people needing help for heroin or cocaine – 175 and 245 respectively – were offset by increasing numbers having problems with amphetamines, mephedrone and other new psychoactive substances.

'Young people's alcohol and drug use is generally less established than adults', so they tend to respond quickly and positively to interventions,' says *Substance misuse among young people in England 2012-13*, with the average length of a treatment episode around five months.

'While the overall picture on young people's substance misuse is fairly positive, cannabis and alcohol still present real challenges and services are also having to adapt to cope with the consequences of increased use of club drugs and newer substances,' said PHE's director of alcohol and drugs, Rosanna O'Connor.

Meanwhile a report from Dr Foster found that people with a drug or alcohol problem accounted for almost 20 per cent of all emergency hospital admissions among the 40-44 age group. The latest figures from the Office for National Statistics (ONS), however, show that the proportion of adults who drank on at least five days of the previous week has fallen from 22 per cent to 14 per cent of men and from 13 per cent to 9 per cent of women, with the over-65s the group most likely to have drunk regularly. 'People who drink frequently – every day or on most days of the week are just as likely as those who don't drink as often to think they are in good health,' said Drinkaware chief executive Elaine Hindal. 'However, the medical evidence is clear; regularly drinking above the lower-risk alcohol guidelines increases the chances of developing health problems such as liver disease and cancer.'

Substance misuse among young people in England 2012-13 at www.gov.uk; myhospitalguide.drfosterintelligence.co.uk; Drinking habits amongst adults, 2012 at www.ons.gov.uk

Upgrade ketamine to class B, urges ACMD

Ketamine should be upgraded from a class C to class B drug, the Advisory Council on the Misuse of Drugs (ACMD) has recommended.

The recommendation follows increasing evidence of bladder damage caused by frequent use of the drug, says ACMD, as well as the growing numbers of people seeking treatment for ketamine-related problems – up from just over 100 to more than 800 in the five years to 2010/11.

The drug was controlled as class C in 2006, following a previous review by ACMD, with home secretary Theresa May telling the council in 2012 that a review of the latest evidence was 'now warranted' (*DDN*, April 2012, page 4).

Among the new report's recommendations are that more is done to make people aware of the long-term physical risks of frequent use, as there is 'currently no evidence-based ketamine education or prevention work being delivered in schools in the UK', as well as awareness raising around how 'the analgesic, anaesthetic and dissociative effects of ketamine can potentially make users vulnerable to robbery, assault and/or rape'.

The drug should also be considered as dependence-forming for some users, it says, and wants to see treatment services 'able to respond to this need with NICE-recommended psychosocial interventions'. Healthcare practitioners – 'particularly, but not just, GPs' – should also be asking those presenting with unexplained urinary tract symptoms about ketamine use, it says.

'The harm ketamine posed to users prompted the ACMD to recommend its control in 2004 – since then, we have seen evidence of a worrying trend of serious bladder damage occurring among frequent users,' said ACMD chair Professor Sir Les Iversen. 'It is a potentially dangerous drug at high doses and with frequent use, with serious psychological and physical implications for those who misuse it.'

DrugScope welcomed the review but said that reclassification would not be enough to address the public health problems associated with the drug. 'Drug users, nightclub and festival staff and healthcare practitioners all need to be better informed about ketamine, its effects and potential for dependency,' said director of communications and information, Harry Shapiro. 'This is especially important in general health settings when people present with unexplained bladder problems.

The ACMD's recovery committee has also published its second report, *What recovery outcomes does the evidence tell us we can expect?*, warning that drug recovery will be 'a long battle' for some.

Reports at www.gov.uk

DIGGING FOR RECOVERY: Phoenix Futures service users planted a tree to represent each person who had completed treatment in 2013 during a ceremony at the end of last year. The first 700 saplings in Phoenix Forest, on the outskirts of St Albans, were planted two years ago with the intention that they grow into 'a testament to life after addiction', says the charity.

NEWS IN BRIEF

DEADLY DRINKING

Alcohol-related mortality in Scotland was 80 per cent higher than in England and Wales in 2011, according to figures from NHS Health Scotland and the Glasgow Centre for Population Health. Around 23 per cent more alcohol than south of the border was sold in the country during the year. 'We must tackle the toll that Scotland's unhealthy relationship with alcohol is taking on our society,' said health secretary Alex Neil. *A comparison of alcohol sales and alcohol-related mortality in Scotland and Northern England at www.healthscotland.com*

RECOVERY CASH

Recovery-orientated drug and alcohol treatment centres are set to receive £10m in new capital funding, PHE has announced. The money will be distributed via local authorities to NHS and voluntary sector providers, with all recovery-focused adult services eligible to bid. 'We are delighted to announce this additional investment which will provide valuable support for ambitious and creative recovery-focused initiatives across the country,' said director of alcohol and drugs, Rosanna O'Connor. The applications process will be managed via PHE's regional centres, with awards to be announced in March 2014.

ACCESS ALL AREAS

The government's decision to abandon minimum unit pricing for alcohol was partly the result of the 'extraordinary access granted to companies and industry groups by individual MPs and many government departments', according to a report published in the *BMJ*, with 130 meetings taking place with lobbyists, few of which were publicly documented. *www.bmj.com/content/348/bmj.f7646*

PAUL GOGGINS

Former drugs minister Paul Goggins has died aged 60, after collapsing while jogging. Labour leader Ed Miliband called him a 'dignified, humane, wise and loyal' politician.

INFECTIONS TOOLKIT

A new toolkit on monitoring infectious diseases among people who inject drugs has been launched by EMCDDA, including study methods and example questionnaires as well as a comprehensive overview of the key issues. The organisation has also published a guide to the civil society organisations engaged in drug policy advocacy in Europe. *Drug-related infectious diseases and Drug policy advocacy organisations in Europe at www.emcdda.europa.eu*

HEP VAN MAN

With hepatitis C still massively under-prioritised, *DDN* hears how The Hepatitis C Trust's testing van is taking services out on the road

'It probably adds up to a few months every year,' says Hepatitis C Trust outreach officer Jim Conneely of the time he spends travelling the country in the trust's testing van. 'It's exhausting but I enjoy it. When people are really pleased to see you and you're helping out the local nurses it makes it worthwhile.'

The service launched just over two years ago (*DDN*, November 2011, page 19) with the aim of reaching those at risk of hepatitis C but unable, or reluctant, to access testing. The brief is to cover the whole of the UK, visiting drug services and hostels, as well as community centres for people from high-prevalence countries. 'Some places have excellent services for hep C, so it's pointless us going there,' says Conneely. 'Whereas other places really need a boost.'

Clients are offered a mouth swab test to determine the presence of antibodies that show if they've ever had the virus – but not if they currently do – with the results available in 20 minutes. If this proves positive, blood tests will then need to be carried out to determine if the person has the virus now. Everything is confidential, and so far more than 1,400 people have been tested in the van, of whom around 100 have identified hep C antibodies.

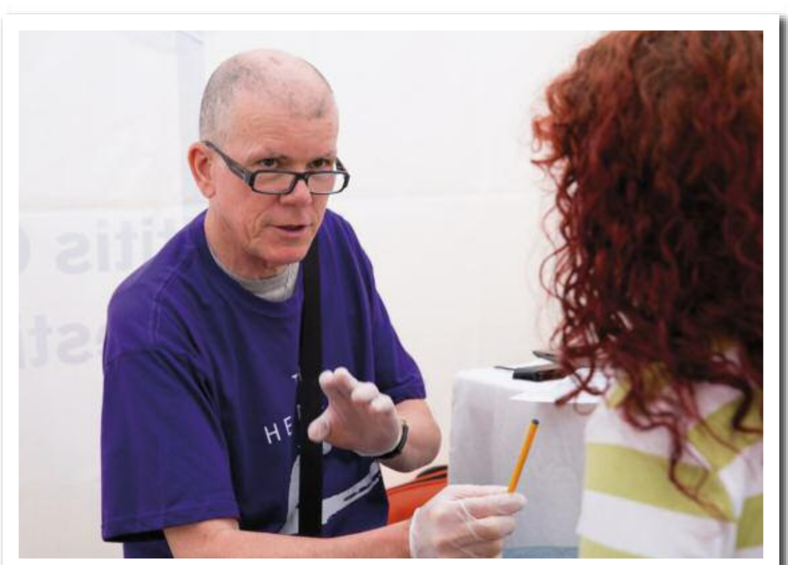
'I was recruited specifically for the role,' says Conneely. 'The funding to initiate the van was through the Department of Health, so the trust bought it, equipped it and recruited me because they wanted someone with a clean licence who'd had hepatitis C. I'd worked in drug services for years and I just jumped at it.'

Properly publicising the visits in advance is vital, he stresses. 'You can't just turn up somewhere. There's only me to organise it so I have to do the back office stuff, the database and the event planning.' Before a visit, the trust will email posters to the venue, talk to substance misuse staff and make sure there are clear pathways in place for people who test positive.

'We get nurses coming in and local GPs with an interest in hep C come along as well,' he says. 'We try to get out a couple of days a week and we've been pretty successful at doing that, depending on where we are, but there's one van for the whole of the UK so we tend to go where people have requested us to go. Plus everything's so localised now that people don't know what's happening 30 miles away – we'll find great practice at one place and then you go down the road and they're completely ignorant around hep C. The gaps in provision are crazy, but we're trying to target those.'

The first step is to take clients through the basics, he says, explaining the risk factors and finding out if they've been tested before. 'If they have and they're positive in any way it's pointless me testing them – as the test I do is just an antibody test to show they've been in contact, they'll need a blood test. I'll go through all the risks with them and, if they've injected, it's "get yourself tested". Everyone's at risk who's injecting, but you also get the worried well coming in – I won't put them off because I also believe that some people won't say why they need a test.'

There are two people in the van wherever possible, he explains. 'Sometimes it's just me, depending on whether there's help at the project, but if you get a queue of people you'll need one person doing the testing and one on crowd control. We've never had any hostility – maybe local drug dealers occasionally, but once people realise we're not the police it's usually fine.'



'What we'd really like, rather than us doing this, is to get the local authorities to do it, because it makes economic sense and hep C is a public health issue...'
JIM CONNEELY

Inevitably, some clients can react badly to a positive result, he says, which means a proper discussion before the test is vital so people can understand the implications as well as establish in advance if key workers and GPs can be informed. 'Their GP might want to know what tests we did, so I write letters to the GPs and I also like to contact people after, but I won't do that unless they specifically give me their consent.'

Consent can be a tricky issue with the client group, however. 'You need to be careful,' he says. 'Consent is a judgement call with people who are drinking and taking drugs, so it's about whether I can have an ordinary conversation with them, regardless of how much they might smell of alcohol – you just have to judge it. Strictly speaking you could say, "I can't talk to you, you've been drinking", but we live in the real world and if people are drinking every day then that is their real world. It doesn't mean they're not able to communicate and give consent, but it's crucial they sign the

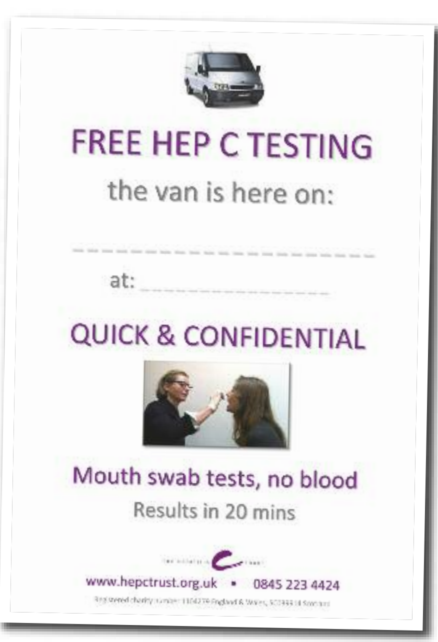
consent form – we won't do anything without that, because we're doing things with people, and any time anyone wants to pull out, that's fine.'

Since the service launched, however, awareness raising and sharing information has come to be as important as the testing itself, he explains. 'I wouldn't say hep C's complex, but people can still be unclear, plus a lot of what we're doing is just helping to destigmatise it. People see the van with "Hepatitis C Trust" on the side in huge letters, and it's, "some people have got hep C, get over it". It's helping to debunk some myths as well. It's a blood-borne virus that's difficult to catch unless you're doing things that involve your skin being pierced. I remember saying I had hep C and it was, "Well, you'd better have your own cup now" and all the rest of it, but rehabs used to be like that. But the fact that I've had hep C and was using drugs until about 20 years ago is really helpful because it means I can communicate with people.'

The Department of Health funding is due to run out in April, however. What happens then? 'Black hole scenario,' he says. 'But it is a front-line service so hopefully we'll be able to find some funding sources. What we'd really like, rather than us doing this, is to get the local authorities to do it, because it makes economic sense and hep C is a public health issue. At the moment everything's in a state of flux but it would be crazy to not fund an essential service, so we'll just have to find a different way to do it.'

A lot of services do offer testing themselves though. 'They might offer it, but do they actually do it?' he says. 'There's world of difference. "Do you want a test? No, alright then" – then they've offered someone a test. BBV provision has been going downhill because it's expensive and it's a marginalised group. You're even seeing contracts pulled from the mobile needle exchange services now – really successful services working with the street homeless. So if you're not getting funding for services like that you do worry about hep C testing because there's no immediate impact, whereas take away the needle exchange vans and straightaway you've got needles in the parks and so on.'

One thing that could 'massively improve' matters would be a greater focus on peer support, he stresses. 'There seems to be a large hidden cohort of people who've been tested but then nothing happens.



I hope that's what we're going to target next and we're involved in a research project to try to get some evidence that people who have peer support get better outcomes. It does seem to be catching on that if you train the peers up they can support people to go and get the appointments for blood tests and follow-ups, and maybe get a support group in place.'

He's adamant that this shouldn't be staff-led, however. 'That's why we're having this big push to try to get peers trained up so they do know what they're talking about. People who have experience of drug use and having the virus are really helpful, because they're listened to. A staff member in a rehab or drug service doing a talk – together with every other thing they've got to deal with and get across – isn't going to get the information out so that people take it in. Peer intervention is key.'

Another crucial aspect is that if people 'face up to their BBV status then they'll maybe face up to their recovery status,' he says. 'One of the things that we've really noticed is most people who use drugs think they have hep C. But a lot of people haven't got it, so we'll say "why are you doing stuff to put yourself at risk?" No one wants to walk around paranoid thinking you've got a chronic illness when you haven't, and you get all sorts of scare stories as well. So it's about getting the truth out.'

To arrange a visit email Jim.Conneely@hepctrust.org.uk

OPEN MARKET

How easy is it to have any drug you want delivered to your door with no questions asked? This and other issues raised at HIT's Hot Topics conference gave a revealing snapshot of changes in the drugs field, as **Max Daly** reports

The change that has been buffeting the drugs field for the last five years was neatly contained in two images shown at HIT's latest Hot Topics conference, held in Liverpool in November. On the first slide, shown to a captivated audience at the Foundation for Art and Technology, appeared an encrypted message sent to an online drug dealer. It appeared as a stream of 500 or so random letters and numbers. Total gobbledygook in fact. The second slide was the same email before being encrypted. It simply read: 'Dear XXX. Please can I order some heroin? I'd like three grammes to my house in London at this address.'

What investigative journalist Mike Power, the author of *Drugs 2.0: The Web Revolution That's Changing How the World Gets High* was showing the audience was how easy it is, with a bit of online know-how, to order any drug you want on the internet and get it delivered, no questions asked, to your front door from anywhere in the world. No shady bedsits or risky street corner transactions, just a polite email requesting to be sent one of the most vilified substances on the planet.

Accompanied by other, highly fresh Hot Topics talks on naloxone, legal highs, club drugs, the drug trade, harm reduction, sex work, employing users and policing, Power's presentation shed light on the world's rapidly changing drug market, and with it, a whole new raft of problems for those working in the harm reduction sector.

By way of Colombia, Cambodia, Liverpool and China, he described how recent developments in the way drugs are produced, sold and consumed has led to him to deduce that regulation is the only sensible way of stemming the decades of 'bloodshed' created by the war on drugs.

What set him going on his investigation into the modern drug trade, he explained, was a story he covered in deepest Colombia in 2007, accompanying a UN-sponsored team whose job it was, backed with heavily armed Colombian soldiers, to destroy, field by field, as many coca plants as they could.

Power asked one of the coca farmers what he was going to do next in order to feed his family. The farmer explained that, economically, coca was the only feasible crop to grow. As soon as the soldiers had moved on, he'd start planting coca in the next field.

At the time, with cocaine use rocketing across much of the West, Power knew that what was happening in the Colombian field was indicative of the 'relentless, circular, insane story' of the drug war 'that fascinated me'. Spin the globe and Power took us to the rainforests of Cambodia in 2008, where the UN scored a major strike in its battle to stop the production and trafficking of safrole oil, the major component of ecstasy pills. The huge seizure of the oil stopped an estimated 245m pills reaching the European market and resulted in a drought in good quality ecstasy.

This bust, he explained, created a gap in the market for a substitute, and mephedrone emerged to fill that

gap. Mephedrone gained rapid popularity and acted as a catalyst for the modern online market in a new breed of psychoactive substances that we all know today.

But how easy exactly, Power wanted to know, was it to make your own drug? Power decided the best way of answering this question was to try and make one himself.

Which he did, using a phone, an internet connection and PO box. Within a few weeks Power has contacted a Chinese lab and ordered up a tweaked legal version of phenmetrazine, a now-banned slimming drug prescribed in its millions in the 1960s which also became a recreational drug of choice for The Beatles.

The manufacturers sent him a chromatography rendering of the drug and offered to deliver it for free. As Power says, this 'concierge drug design offered better customer service than Tesco'. When the packet arrived he got it tested and confirmed it was his own phenmetrazine hybrid.

But why would anyone bother doing this? Simple, said Power, who claimed he could quickly have made 50 times his original investment. 'Given the right hype I could have been a millionaire within six months. Yes it was easy for me because I'm a drug journalist, but if you want to do it you can do it. It's possible.'

So what does this all mean, asked Power. Well, he said, 'you can ban drugs but you can't ban chemistry.' And this unstoppable chemical free for all, this 'access with no barriers' is proving deadly, as has been proven with the number of PMA-related deaths in the last six months.

'Over the course of a century, a clear a pattern has emerged. As each law is made, a means to circumvent it is sought and it's found. Those means can be chemical, legal, social or technological.' Power said we stand at a crossroads formed by these four elements, with the web maximising communication and distribution.

'What we have done is outsourced the responsibility to criminals, dealers, gangsters and drug-obsessed internet psychonauts for our drug policy. So I'd argue it's time to change the drug laws that have failed to reduce demand or consumption and failed to reduce the proliferation and emergence of ever more dangerous drugs on our society. Even I can make them.'

Power relayed a neat drug war analogy given to him by Dr David Caldicott. 'If you see drugs as an illness and prohibition as an antibiotic. If you treated any illness with the same antibiotic for 50 years, medical people would be astounded if a resistance had not developed.' And that's exactly what's happened said Power. 'The only reason legal highs exist is because of drugs laws – it's a paradox.' Power called for supply, distribution, purity and consumption to be controlled.

Coming back full circle to Colombia, Power said recent news about the FARC rebels planning to lay down their arms after 50 years of bitter civil war offered hope that the inertia on drug policy can be broken. 'If the civil war in Colombia which has resulted in 50,000 deaths over 50 years can be negotiated to an end in my lifetime, I remain optimistic that we can overhaul our outdated drug laws and after 50 years of bloodshed, make peace.'

The raft of new highs now being peddled in head shops, by dealers and over the internet was also addressed by Dr Russell Newcombe of 3D Research. He has been keeping an eye on drug trends for the last 30 years. His presentation, aptly titled The Game Changer navigated a path through the jargon and myths around these often fly-by-night substances that continue to bewilder parents, journalists and drug workers alike.

Newcombe began by addressing terminology. 'Legal highs' includes drugs, new or old, such as nitrous oxide, that are not banned, while novel psychoactive substances (NPS) are new drugs that are either controlled, like mephedrone, or uncontrolled, as in the case of Power's online Chinese creation.

He explained that the legal loophole used by shops and online retailers to get round the 1968 Medicines Act, by branding packets 'Not for Human Consumption', ensures that they are not classed as a medicine and therefore no tests or trials are required.

Although there is a plethora of chemicals out there, he said that most are synthetic cannabinoids, hallucinogens, stimulants or benzo-type drugs. In 2012 for example, 50 of the 73 new NPS drugs that appeared in Europe were synthetic cannabinoids, although Newcombe said these marijuana substitutes were farm from harmless, with one, XLR-11, causing kidney injuries.

These are not niche substances, said Newcombe. Four in ten young people responding to a survey by the music magazine *NME* said they had tried legal highs, while 12 per cent of respondents to the 2013 Global Drugs Survey had done so. Nitrous oxide, or laughing gas, is the most used of the legal high/NPS drugs despite the fact it has such a low profile in the media, in educational literature and in terms of research.

The web has acted as an enabler for the trade in NPS, added Newcombe. He said the number of detectable sites selling NPS across Europe had risen from 170 in 2010 to 690 in 2012, while the number of Google search results for the phrase 'buy legal highs' is now nearly seven million. But the downside to this innovation is that, for the drug buyer, the drug market now exists in a sea of chaos.

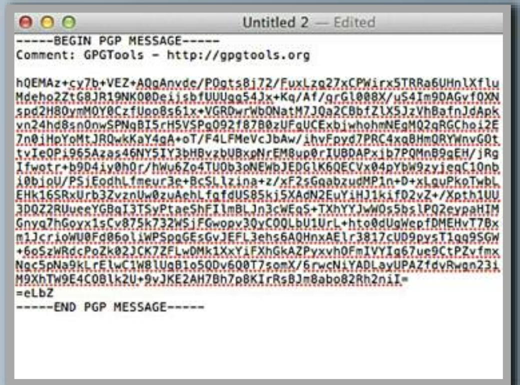
Newcombe said that buyers have little idea what they area getting or how dangerous it will be. Analysis of one 'Rockstar' ecstasy pill found it contained 11 different drugs. Moreover, these drugs are mutating. A packet containing two legal highs identified in Japan was found to contain a third drug that had been produced by an unexpected reaction between the original two drugs.

It's certainly a game changer. Legal highs/NPS have expanded the drug menu beyond recognition and new drugs are created as quickly as existing ones are banned. This has resulted in a whole host of new harms that many drug services are unprepared to deal with.

The next move, suggested Newcombe, should be to use the knowledge of legal high/NPS users – the very people whose bodies are being used as human guinea pigs – to inform policy-making and drug services.

Slides and footage of HIT's Hot Topics 2013 conference can be seen here: http://hithottopics.com/

Max Daly is the author of Narcomania: How Britain Got Hooked on Drugs



Untitled 2 — Edited

Dear All Drugs UK, please can I order some heroin? I'd like three grammes to my house in London at this address.

'Given the right hype I could have been a millionaire within six months. Yes it was easy for me because I'm a drug journalist, but if you want to do it you can do it. It's possible...'

MIKE POWER

RECOVERY ROCKS!

A local partnership involving service users brought Nottingham's first celebration of recovery and local music, as **Lee Collingham** reports

AS IN RECOVERY ITSELF, many hurdles had to be overcome by Recovery Rocks, Nottingham's first celebration of recovery and local music. There were issues with bands pulling out and venue availability, but in the end partnership working between two of the city's local partners showcased local musical talent and celebrated recovery. SCUF, formerly the Shared Care User Forum and until Nottingham's recent treatment reconfiguration, a user-led health campaign group, came together with Double Impact, an aftercare service and a partner in the new Recovery In Nottingham service, to make the event a success.

Having been involved in recent award-winning anti-stigma campaigns, SCUF members also took the opportunity to do some groundwork for their current campaign 'Labels', which will be presented at upcoming events as part of their continued work to highlight stigma and the effect it may have on someone's treatment journey and mental health and wellbeing.

As experiences and research have shown, many people still don't engage with treatment services or take full advantage of the support on offer for fear of being looked down upon or stigmatised – not only by people in treatment and healthcare but also by society in general.

A particular service or department can leave them feeling low and reluctant to engage because of how others see them. Often many other areas of their life are intertwined with their substance misuse or are a cause of it, such as mental health and homelessness.

Recovery Rocks aimed to raise funds to provide sleeping bags for those unfortunate enough to find themselves homeless in Nottingham over the festive period and also towards the start-up costs of SOBAR, Nottingham's first alcohol-free bar, venue and restaurant.

Singer-songwriter Marc Reeves opened the evening's proceedings, followed by a collection of artists including Sleeping Soldier and rock poet Miggy Angel, before the crowd were mesmerised by the melodic Rebecca King. Up-and-coming rock and blues artist John Lennon McCullagh, who recently signed to Alan McGee's new record label 359, performed in front around 200 people and a raffle was held to raise further funds.

Feedback from the event was that it was an enjoyable evening and an excellent opportunity to raise awareness of addiction while highlighting harm reduction, with an alcohol-free bar upstairs as well as alcohol for those who wished to drink safely. This worked really well, with no reported incidents of drunkenness or trouble.

Following the success of this first event there are already discussions for it to become an annual event. The money raised after expenses has been split evenly between Double Impact and SCUF's representatives the homeless team, to provide sleeping bags at a homeless breakfast event.

SCUF and Double Impact would like to express their gratitude to all those who helped organise the evening, the artists, and those who attended, for their support.

Lee Collingham is a service user activist in Nottingham

MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

The man who played the beloved sitcom character Chandler Bing, Matthew Perry, went head-to-head on Monday's *Newsnight* with the man who plays maligned pantomime villain Peter Hitchens... Perry and Hitchens leading the national debate on drugs policy is the logical conclusion to most of the UK media's reporting of anything medical or scientific; an end-of-days scenario that could only be improved if Matt Le Blanc stepped in for Perry, in character as sandwich-loving ladies' man Joey Tribbiani.
Oscar Rickett, *Guardian*, 17 December

While I feel a wave of hatred beating against me whenever I walk into a BBC studio, it is never so strong as when I have come there to argue against the weakening of the drug laws. In fact they have pretty much stopped asking me to discuss this at all, since I dared to give a hard time to their favourite advocate of drug law relaxation, Professor David Nutt (how long before he gets his own show?). Drug abuse, you see, isn't just a minor fringe activity. It is the secret vice of the whole British Establishment.
Peter Hitchens, *Mail on Sunday*, 1 December

The news that government advisers want ketamine reclassified from a class C to B drug is more fiddling while the crack pipe burns. The drug wasn't banned until 2006, but someone who gets caught with it will now face up to five years in prison instead of two. A heavy price, one feels, for the person who wants to anaesthetise themselves of an evening. Send them to prison where drugs are *the* currency? It's almost as if government advisers don't live in the real world.
Suzanne Moore, *Guardian*, 11 December

Policies are not made in isolation... Law, economics, politics and public opinion are all important factors; scientific evidence is only part of the picture that a policy maker has to consider. Most of the major policy areas that consistently draw opprobrium from scientists are far more complicated than just scientific evidence: energy, drugs and health, to name just three.
Chris Tyler, *Guardian*, 2 December

Will I feel sorry for Nigella [Lawson] if these allegations – which she has denied – turn out to be true? Not really. Habitual and dangerous drug use can be sorted – if people want it to be.
Carole Malone, *Sunday Mirror*, 1 December

Until we get a government that is more concerned about the health of the population than that of the drinks industry, and an NHS prepared to tackle alcohol-related harm with the same vigour which with it tackles cardiac disease, we can only expect the problem to get much worse.
Dr Nick Sheron, *Observer*, 8 December

I'm not a liberal on drugs policy and I don't believe in legalisation: why make it easier for people to escape reality on yet more addictive, health-wrecking substances, when alcohol already triggers a crippling social and health burden our nation can hardly handle?... Yet we need to recognise, too, the deep and pervasive illogicality of our society – on almost every level – around questions of mood-altering substances.
Jenny McCartney, *Telegraph*, 7 December

ENTERPRISE CORNER

NEW HORIZONS

We must challenge employers who don't acknowledge the value of a second chance, says **Amar Lodhia**

Over the past six months we've been changing here at TSBC. We're transforming from a provider of training programmes to an organisation that still engages users through enterprise, but now in bespoke one-to-one sessions, embedded within a statutory or commissioned provision. We call this new model our Local Enterprise and Employability Service, or LEES for short.

One component of the new service is a work trial and job brokerage scheme that supports clients into short work placements with the aim of up-skilling them for their own ventures or supporting them into employment with small and medium-sized enterprises (SMEs), both locally and regionally. It's clearly capturing the attention of the commissioners we've been speaking to.

Most people naturally understand an employer's reticence about hiring someone with a criminal record or someone who's battled an addiction. But where does this cosy understanding come from? Scratch away at this and you reveal a situation where no one is ever given a second chance or has the opportunity to make amends for past mistakes.

For me, the aim of recruitment is to find the person who best matches the skills, experience and personal qualities you need for the role. Excluding past offenders and those who have battled with addiction, you are, by definition, potentially missing out on the best match.

And when we talk of personal qualities, why would you not want to hire someone who has shown the resilience and fortitude to start their life over again? Time and again, we hear stories of how loyal people are to companies who've given them a second chance. At TSBC, one of our participants, whom we placed with a web developer, became their employee of the year that very same year – how's that for paying back someone's faith in you?

Of course, there are roles within financial services, so-called 'controlled function' roles, which have stipulations attached to them by the FCA. And yes, when the job involves unsupervised working with children or vulnerable adults, there's a need to run a DBS (formerly CRB) check. But these account for only a fraction of all roles available.

I'm encouraged by the new Ban the Box campaign recently launched by charity Business in the Community (BITC) and supported by the likes of Alliance Boots PLC. The campaign aims to enable people with the highest barriers to employment to access work by challenging employers who use the blunt instrument of a tick-box exercise which is rejecting passionate, skilled employees – including those people who have received £300 fine for a driving offence!

It is troubling when I hear people saying that 'that's a graduate job' or 'that's a very technical role'. This attitude simply fails to understand that addiction isn't limited to just one layer of society, and that alcohol and drugs are no respecters of either intelligence or position. Once again, we need to urge employers to move beyond the preconceptions and consider each person on their merits.

We've recently come across an organisation trying to persuade employers to do just that. Clean Sheet are working to find employers who are willing to give offenders a fair chance, because they know that most ex-offenders do want to work.

As Anita Roddick told me over a cup of tea once – business must be a force for positive social change first and economic change will follow suit!

To enquire more about our work please contact me at amar@tsbccic.org.uk and follow me on Twitter @amarlodhia or @tsbclondon. Don't forget to use the #tag DDNews when tweeting!

Amar Lodhia is chief executive of The Small Business Consultancy CIC (TSBC)

LETTERS

CLAIMS REJECTED

We are writing in response to the letter from Stephen Keane in your last issue regarding alcohol treatment in the East Riding (*DDN*, December 2013, page 16).

The NHS does not refer patients into the Alcohol Support Project East Yorkshire, though patients are at liberty to contact this organisation if they wish, as they could any other voluntary group. It is not the case that 'there are no other support groups in most of East Yorkshire'. Apart from a large number of active groups run by Alcoholics Anonymous, the East Riding supports Humbercare, a locally contracted charity that provides support to service users, and provides mentoring training and opportunities to support drop-in services in the East Riding. Humbercare actively promotes and supports two groups that are open to clients with any form of addiction.

We would also take issue with the claim that a person referred to the alcohol aftercare service was told 'They can't take anyone else on for a few weeks.' People who are referred to the alcohol aftercare service are always written to directly. In instances where there is a wait for a specific element of the service, support is always offered. Typically people are offered such support through the East Riding Direct Access Service, which is available at a wide variety of venues throughout the East Riding. Finally the reasons for Mr Keane being asked not to attend the treatment forum have been fully explained to him in writing, though he is, of course, at liberty not to agree with them.

Tony Margetts, substance misuse manager, East Riding of Yorkshire; David Reade, involvement team leader, Humbercare; Victoria Coy, service manager addictions, Humber NHS Foundation Trust; Tim Young, chief executive, Alcohol and Drug Service

ROUTE TO RECOVERY

I read DIP practitioner Jesse Fayle's letter with interest (*DDN*, December 2013, page 16), but was disappointed to discover apparent support for the idea that 'recovery' has numerous meanings, instead of recognising that recovery from addiction falls into two main phases, the first of which is essential to achieving the second.

Dictionaries define recovery as 'a return to a previous preferred superior state or standing', and in respect of recovery from substance addiction this emerges as a return to the natural state of abstinence.

We then find other recovery steps resting on this foundation, which have together been perceived as 'the recovery journey' to what the majority of citizen's consider a 'normal life' – recovery of responsibility, recovery from criminality and poor health, recovery of employment potential, of normal social relationships and of wellbeing and control of one's life, etc.

There are also two classes of addicts – the 70 to 75 per cent who have regularly tried to kick their habit (often daily) yet, having failed, continue to try, and the other 25 to 30 per cent of restive cases who have no desire or intention whatsoever to quit for well-known reasons.

Those vested interests who wish to see the prescribing of addictive substances continue as the main treatment for drug addiction have, for their own reasons, placed emphasis on the recovery journey and on the 25 to 30 per cent of resistive cases, instead of on the return to lasting relaxed abstinence and the 70 to 75 per cent of addicts who want to quit their dependency but don't know how and so need the opportunity to learn.

Resistive cases 'who just don't get it when it comes to embracing recovery' may well be contenders for OST or naloxone, but the other 70 to 75 per cent have been proving for 48 years that they are enthusiastic and successful students when it comes to training to cure themselves and to achieving lasting abstinence.

Furthermore, such training results cost our taxpayers a fraction of what they pay for OST.

Kenneth Eckersley, CEO, Addiction Recovery Training Services (ARTS)

We welcome your letters...

Please email them to the editor, claire@cjwellings.com or post them to the address on page 3. Letters may be edited for space or clarity – please limit submissions to 350 words.

In it TOGETHER

A new set of resources to support access to mutual aid has been published by Public Health England. *DDN* reports

SUPPORTIVE PEER RELATIONSHIPS with people who've had similar experiences are acknowledged as a vital aspect of recovery from problem drug and alcohol use, and Public Health England (PHE) is keen to see the treatment sector strengthen its relationship with mutual aid organisations.

A new range of PHE resources aims to raise awareness of the benefits of mutual aid among commissioners, service managers and their staff; and make sure clients are taking full advantage of what's available. As well as a keyworker guide to helping clients engage, there's an audit tool to enable commissioners to determine local barriers to access, and a briefing on the evidence base for mutual aid's role in supporting recovery, drawing together findings from previous key studies.

The resources were put together through extensive collaboration with mutual aid groups and providers over the course of a year, and PHE also plans to publish practical guides for commissioners and service managers in the spring. In the meantime, however, the mainstream treatment sector should be working to strengthen its relationships with mutual aid groups, the organisation urges.

'What we would expect is that providers automatically have good engagement with mutual aid groups – however many there are in their locality – and well-developed pathways between formal treatment services and mutual aid,' PHE's director of alcohol and drugs, Rosanna O'Connor, tells *DDN*. This means that, rather than just knowing about the groups or giving out information, services should be 'actively seeking to support people by making linkages with mutual aid, helping them to participate and sustaining interest', she stresses. 'So where people attend for the first time and maybe don't particularly feel comfortable in that group, they can help them think again or help them look at alternatives, depending on what's available.'

This is crucial, as accessing mutual aid meetings for the first time can be intimidating, she acknowledges. 'For any of us, going to something that's unusual and unknown can be like that. It's important that it's as comfortable and positive an experience as possible, so that initial interest has the potential to take off.'

Is awareness of the benefits of mutual aid still low? 'I think it's higher than it was because it's been a priority that we've been pushing for over a year now,' she says. 'It's been high on our agenda, although of course that's been at a time of substantial change within the field. So it's better than it was, if not as good as we'd like it to be.'

In the appendix to the keyworkers guide, there's a series of handouts for clients that debunk some myths around mutual aid, such as the religious aspect in relation to 12-step fellowships. Are there are still a lot of misconceptions out there? 'I think there are, and I think a number of us would own up to having had those in the past. There are those sort of cultural or ideological hurdles that some people feel they might have to overcome, but there are a variety of groups out there so if a good fit isn't found immediately then it's worth pursuing and looking elsewhere.'

While providers clearly need to be familiar with the philosophies of the different groups so they can point people in the right direction – and PHE has been working with some groups to help them in terms of how

'You can never predict who's going to be successful and at what stage...'
ROSANNA O'CONNOR

accessible they feel to newcomers – should keyworkers be attending meetings themselves to give them a better insight into what it would be like for their clients? 'Whatever works in each locality – we don't want to be prescriptive – but a level of awareness of what happens at these groups is good to have,' she states.

Could mutual aid be one way of addressing regional variations in treatment outcomes?

'Mutual aid is just one of the component parts of a successful treatment system, but it's definitely something that we would expect to be in place. There's good evidence that it's effective – for example, the addition of just one abstinent person to a drinker's social network increases the likelihood of abstinence in the following year by 27 per cent. That's quite a remarkable statistic, so to me it would seem mad if every locality across the country wasn't attempting to achieve that potential difference.'

One of the key challenges facing the sector now is the population of entrenched opiate users aged over 40. Is this a group where good quality peer support could potentially play a vital role?

'You would think so,' she says. 'You can never predict who's going to be successful and at what stage. Most of us will have seen people who we never imagined would survive going on to be very successful in terms of recovery, and service users will come across people like that in every mutual aid group or meeting they might go to. To be able to see people in recovery who they may well have known themselves as users, or who they know to have had very significant problems, is hugely empowering and gives people a vision of their own recovery. We have got a very challenging population in treatment now who we're looking to help recover, so every little bit of the system that can be tweaked to improve recovery outcomes is what we're after.

'We're talking about people whose social networks, as they still exist, have probably been part of the problem in the past and part of the challenge that they're trying to overcome. So helping people to create new networks of social support is really important.'

Resources available free at:
www.nta.nhs.uk/mutualaidbriefing.aspx
www.nta.nhs.uk/Mutualaidselfassessment.aspx
www.nta.nhs.uk/MutualaidFAMA.aspx
or for more information contact:
Miranda.Askew@phe.gov.uk

THE UK RECOVERY FESTIVAL

18 and 19 March 2014

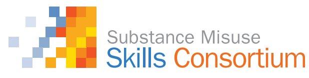
Central Hall, Westminster, London

Housing and employment are two of the biggest determinants to the success of an individual's recovery.

This two-day event provides a unique opportunity for treatment professionals to build contacts with social housing providers, private landlord associations, and some of the UK's biggest employers to help clients find the stable housing and opportunities for employment that their recovery needs.

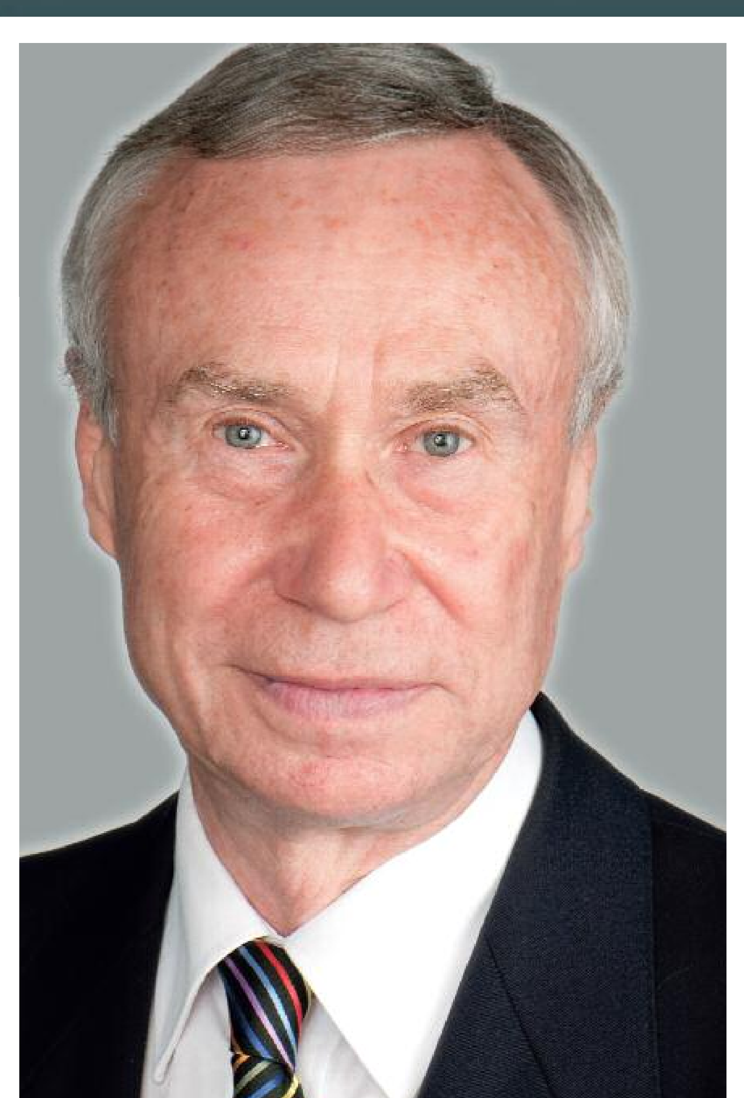
Full details and programme available

www.recoveryfestival.org.uk



EXPERT OPINION

Analytical chemist Dr John Ramsey of TICTAC is the media's go-to man for an authoritative voice on new psychoactive substances. He talks to **David Gilliver**



'It's a really difficult phenomenon to name,' says Dr John Ramsey of the new drugs he's constantly adding to his organisation's database. 'None of the terms really work, and nobody understands them in any case. "Legal highs" is inappropriate because a lot of them don't remain legal and a lot are depressant rather than highs, and "new psychoactive substances" nobody understands. We used to call them designer drugs, which I suppose is pretty much accurate but, again, nobody really understood it. It's a bit like "Hoover" and "Biro" – we revert to "legal highs" because that's what everyone understands.'

TICTAC Communications is a commercial company that's part of St. George's, University of London. It collects drugs into a huge database used by both the health and criminal justice sectors, and has existed in various guises since the early 1980s. 'It was originally set up because the laboratory I was running at the time investigated deaths on behalf of coroners who needed to identify tablets and capsules, so it seemed a good idea to have a filing cabinet with samples and just look for them,' says Dr Ramsey. 'TICTAC is actually older than the personal computer and the CD-Rom. All the changes in technology have allowed us to deliver the same data in different ways, but it's still the same filing cabinets full of drugs.'

The plethora of new substances, however, means that he's become a regular on drug-related news items, 'purely because we've got them all here,' he says. 'We don't do much else apart from collect drugs, legal and illegal, so we're a source for news stories – a one-stop shop for drugs, I suppose.'

The speed at which new drugs are emerging makes it hard for people to keep up – treatment services and, particularly, legislators – and users often have absolutely no idea what's in the substances they're taking. 'And even if we know what's in them, we don't know what they do,' he adds. 'It's not too difficult to analyse drugs and find out chemically what they are, but knowing what the hazards and dangers are – and indeed whether they work as drugs – is a fairly major undertaking.'

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As compounds are tweaked to stay ahead of the law, people are exposed to an ever-changing list of new chemicals, he points out. While there's always the chance of another compound like MPTP – accidentally made by someone trying to make the analgesic MPPP and which led to irreversible Parkinson's-like symptoms in everyone who took it – determining the scale of the risk is a challenge.

'Everybody concentrates on deaths, and we all pick the alarming effects because they're easy to talk about and dramatic, but there's a lot of scope for harm below that,' he stresses. 'They could cause birth defects, all sorts of issues.

There's a whole group of stimulants that cause damage to heart valves, for example. There was an appetite suppressant called fenfluramine that was marketed for years until people established that it could cause valve damage, and some people who took it had quite serious heart problems.'

While the pharmaceutical industry carries out post-market surveillance, if any of the new psychoactive substances were causing similar problems 'we'd never associate those health ill effects with them', he says, and although with most compounds it would probably take a significant amount of time before issues became apparent, the potential is still there. 'A classic example is ketamine,' he states. 'When used for its intended purposes it's quite harmless, but when used inappropriately it can cause the bladder damage that everybody's now focusing on.'

The ACMD recently recommended that ketamine be upgraded from class C to B, and the government has also announced a wide-ranging review of the laws relating to new psychoactive substances to report in the spring (see news stories, page 4 and 5). But what can realistically be done from a legal point of view – is New Zealand's attempt to regulate them the right way to go? 'I think everybody's watching that with interest,' he says. 'I'm rather pleased they're doing it but the thing that worries me is that clearly the compounds aren't going to be evaluated to the same standard that the pharmaceutical industry would, purely because of the amount of money it costs and the amount of time it takes. Why as a society should we accept a lower standard of safety for a recreational drug than we do for a pharmaceutical?'

In the pharmaceutical industry it's usually around five years before new drugs are tested on humans, he explains. 'The processes are getting better, as we understand more about genetics and how these things might act, but there's an awful lot of animal experimentation done before a compound ever gets near a human. So that's the other issue with the New Zealand situation – we've then got the ethics of killing hundreds of animals to test the safety of these compounds. Is that right? I don't know how much truth there is in this, but I've heard that some people who have applied for these new licences are getting death threats from animal rights protesters.'

The best approach, he believes, is firstly to clearly explain the risks to people – 'the classic risk assessment of "is a small amount of pleasure on a Saturday night worth the risk of taking an unknown chemical?" and secondly, perhaps, to 'just let the market regulate'.

'If compounds are unpleasant and don't work very well, people will stop buying them and they'll disappear. Presumably we'll finish up with the compounds that people like and we'll then have a reasonable chance of observing what happens and deciding what the risks are. If we ban everything as soon as it appears all we do is spawn the production of new ones and expose people to more and more compounds.'

In terms of that sort of staying power, mephedrone has proved remarkably resilient, surviving its 2010 ban and with presentations to treatment services for problems with the drug doubling in the last year (*DDN*, December 2013, page 15). 'I don't know if that's a good thing or a bad thing,' he says. 'There have been suggestions that falls in the number of cocaine deaths could be attributed to people using mephedrone instead – perhaps it's a safer stimulant. But because mortality monitoring is so unregulated, and because the hospital A&E departments don't really collect information in a way that we can collate it – and indeed don't analyse samples from people who present with problems – we don't really know what the health issues are.'

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As well as drugs from police and border forces, TICTAC analyses the contents of amnesty bins at nightclubs and festivals. 'With Glastonbury it's more of an amnesty skip but, having said that, we don't actually see many legal highs there. It's MDMA, cannabis, cocaine – the usual suspects,' he says.

The organisation also regularly carries out test purchases from online shops – buying drugs with a credit card the same as any other customer – and although more and more new drugs are identified via the EU early warning service each year, whether those numbers 'really mean anything' or how many of the drugs could go on to pose a significant problem is difficult to determine. While it's easy to test purchase and analyse any compounds that are offered for sale, what's harder to know is how many people are actually using them, he stresses.

'If we ban everything as soon as it appears all we do is spawn the production of new ones and expose people to more and more compounds...'

To find out more, TICTAC has been carrying out waste water analysis as part of SEWPROF, an EU-funded project studying sewage epidemiology. 'Once drugs become sufficiently established they can be detected in the sewage treatment works – we can detect mephedrone and most of the other drugs,' he says, with MDMA levels unsurprisingly peaking sharply at weekends.

However, a relatively new drug won't be used by enough people for that to be an appropriate method, so TICTAC also installs public urinals and carries out anonymous, non-attributable analysis as 'an early indicator of what's being used and potentially where and when. If we stick a public urinal in Liverpool Street station on a Friday night we know that anyone who contributed to that did it over the past day or two, so that pinpoints their drug use to a few days and we hope to be able learn a bit about consumption this way. Just because a compound's offered for sale doesn't mean that anybody uses it.' Although the urine testing is still in its early stages – and clearly won't include female samples – there are already conclusions that can be drawn, he explains.

'The new drugs are present in all the urine samples we've tested – we've never tested a public urinal that doesn't have one of the new compounds in. One of the things a lot of people are concerned about is the cannabinoid receptor agonists, and kids getting themselves into trouble using those. Well, we don't detect those in the public urinals. I don't know whether that's because our analytical methodology's not up to the mark or because they're not there, so there's still research that needs to be done in evaluating our ability to detect these things. Of course it might well be that if they're used it's not in an environment that would result in them being in city centre urinals – if they're used by younger people, maybe at home. There's quite a lot of subtlety that needs considering when we draw conclusions.'

As to the question of where all the new compounds are coming from, most are still manufactured in China, he believes. 'It's difficult to know for certain, but certainly the work we've done with the UK Border Agency looking at importations into Heathrow from Shanghai shows a significant number of these new compounds, and if you type the name of a new compound into Google you'll get an awful lot of Chinese chemical companies offering to sell them to you, so I'm pretty sure. It's not exclusive to China – it's a lucrative market, so anyone with the capability of doing it is likely to try.

'Different drugs and precursors come from different places and people get stuff from wherever they can. It's a free market, so people will just buy the stuff where they can get it cheapest.'

www.tictac.org.uk

MAKE IT

What's happening at the national service user involvement conference this year – and why should you be there? *DDN* explains

This year we've chosen the theme 'Make it Happen!' to reflect what the conference is all about. Now in its seventh year, the event is about inspiration, networking and offering delegates the information to make positive change to their lives. We've invited speakers – many of them nominated through the consultation on our website – who have first-hand experience of making positive change a reality, at home, at work, or both.

We've changed the format of the event this year to hear from as many inspirational speakers as possible. So between the plenary sessions in the main hall, there will be a packed programme of speakers stepping up to the mic in the Dialogue Space and a vibrant Enterprise Zone upstairs, where we'll have experts on hand to talk about all areas of work and welfare, enterprise, CICs and exploring new routes to employment.

THIS YEAR'S VENUE

By popular consensus we're back in Birmingham as the venue most central and accessible to delegates coming from all corners of the UK. We're going back to our roots at the Second City Suite with its excellent hospitality and catering. Since holding the very first SU conference there in 2007 it's been refurbished and is an ideal venue, being a very short walk from Birmingham New Street Station and the city centre. We never under-estimate the value of a hearty hot lunch in February!

NO ONE EXCLUDED

Most service user places are paid for by DAATs or local services, many of whom are proactive about wanting to further their clients' wellbeing, treatment choices and networking opportunities. We offer places to service users (£90 + vat) and professionals (145 + vat) as many organisations like to send both members of the treatment partnership, so the inspiration can carry on back home.

HAPPEN

If you are having any trouble obtaining funding for a place from your DAAT or local treatment provider, please get in touch with our team at DDN. We'll suggest routes to funding and may be able to provide a bursary place where this is impossible. We want to make sure nobody is excluded from the event because of inability to pay.

SERVICE USER EXHIBITION

All our service user groups are offered a free stand, as the SU exhibition is at the heart of the event. This is the place where groups can showcase their activities, whether it's leaflets about meetings, newsletters about activities, arts, crafts, textiles, t-shirts, picture framing... whatever your group's involved with, we want to share the news about it. Previous events have seen a cornucopia of inspiring ideas.

A key element to the SU exhibition is its capacity for networking. We've had so much feedback from delegates who have taken ideas home from other groups and started ventures of their own. If you'd like a free stand for your group, just let us know by emailing the *DDN* team at info@cjwellings.com or calling 01233 636 188 and we'll make sure you have everything you need.

If you're a charity or commercial organisation and would also like to exhibit, please contact ian@cjwellings.com or call 01233 636 188 as we have exhibition and sponsorship opportunities for all budgets.

BOOKING YOUR PLACE

You can book your delegate place by going online at www.drinkanddrugsnews.com or by calling us on 01233 636 188. This year's event promises to be the most amazing yet – see you there and let's make it happen!

All our service user groups are offered a free stand, as the SU exhibition is at the heart of the event.

WHAT'S ON THE PROGRAMME

9.00am-10.00am: Registration and refreshments

10.00am: Welcome

10.00am-11.15am: Opening session.
Members of DISC's peer-led Recovery Community, BRIC, tell how they've created The Hub, a safe environment in which people can develop their life skills, practical skills and confidence.

Sophie Strachan talks from first-hand experience about drug use and HIV, and brings a wealth of advice from her work with Positively UK in prisons.

Members of the San Patrignano community in Italy share their inspiring story. For the past 30 years the community has welcomed young men and women with serious problems linked to drug addiction completely free of charge, and without any discrimination. Now home to about 1,300 people, the community helps its residents to change their lives for the better through study, learning a trade and becoming active members of society.

11.15am-11.45am: Refreshments

11.45am-12.45pm: Panel discussion with audience participation – 'How I made it happen'.
Members of our panel – nominated by *DDN* readers – will share their experiences of changing an aspect of their lives for the better. Delegates are invited to have their say and panel experts will answer questions.

12.45pm-1.45pm: Lunch, band, mingling, exhibition, harm reduction café.

1.45pm-2.45pm: Presentations in the downstairs Dialogue Space
Our speakers step up to the mic to share short presentations on all kinds of inspiring topics, including how to run a harm reduction café, peer mentoring initiatives and naloxone training.

1.45pm-2.45pm: Simultaneous session upstairs in the Enterprise Zone
Information booths, advice clinics and mini-presentations on all aspects of getting into employment and creating enterprise. Experts will be on hand to give technical, practical and legal advice and the *DDN* team will be among those hoping to inspire with the launch of the *DDN* work experience hub.

2.45pm-3.30pm: Final gathering and headline speaker – tba

UNITED we stand

Jonathan Munro tells DDN about the pioneering partnership working happening among prisons in the North East

THE PRISON PARTNERSHIP is a new venture formed in April 2013, which brings together all substance misuse treatment providers in the North East under one single partnership umbrella.

The partnership is made up of seven prison service establishments, NOMS, providers such as Care UK, Phoenix Futures, Lifeline and NECA – all coordinated by Addaction. The aim of the partnership is to provide an integrated team approach, both within prisons and also for prison transfers to the community, enabling a coordinated transition.

With a 'partnership manager' overseeing and coordinating the commissioned service providers, a truly collaborative treatment approach is being delivered with obvious benefits to service users.

Addaction were offered the opportunity to deliver the prison partnership model, because of their strong belief in partnership working. Although they had lots of experience of delivering in partnership, and had a community partnership model already located in the North East community, this venture was the first of its kind in prisons, both locally and nationally.

The North East is home to between 5,000 and 5,500 prisoners, a large proportion of whom have substance misuse issues. They are housed in a wide variety of prisons each of which, despite being very different establishments, has a Drug and Alcohol Recovery Team (DART) consisting of differing service providers offering both clinical and non-clinical interventions.

Overseen by Addaction partnership managers, the interventions are increasingly bespoke for the individual establishment, and consequently treatment is tailor-made for the service users rather than the off-the-shelf programmes so often offered in the past.

The recovery community in the North East is growing, and thanks to the innovative thinking of commissioners, the numbers are swelling inside prisons. There is a thriving recovery community emerging, with drug recovery wings, therapeutic communities and bespoke interventions. There are peer support, structured substance misuse and alcohol rolling programmes, as well as SMART, 12-step and NA/AA/CA all available.

'There is a thriving recovery community emerging... There is peer support...'

In October 2013, an event launching a 'partnership working agreement' document took place in Durham City. The document places service users at its heart and details partnership working for substance misuse treatment within North East prisons.

The event heard from the likes of Gerv McGrath, the director of community services for Addaction, Professor John Podmore, a trustee of Addaction and ex-prison governor, and Mark Harrison, the commissioner responsible for the partnership management function in the community and instrumental in the introduction of the model to the prisons.

Delegates listened to ex-service users who had benefited from partnership working and who were now free from prison, drugs and crime as a result. They also got to 'meet the team' – the strategic partnership manager, Lynn Dougan and the partnership managers, all of whom have been appointed to individual prisons. Between us, we possess an eclectic range of backgrounds and experience, and we each spoke passionately about our new positions.

We aren't naïve to the challenges facing us, but our camaraderie, enthusiasm and pride in our work made it clear to delegates exactly why this model of partnership working is proving successful in getting results in the challenging environments of North East prisons.

The partnership management function is driving forward the recovery agenda in the heart of the prisons and gaining the collaboration and respect of the respective prison establishments. Delegates heard about the work currently being undertaken in each prison and the exciting plans for the future.

The tagline at the bottom of each page of the partnership working agreement says it all: 'Working together to deliver the best service possible to service users, their families and carers.' It is clear the partnership management model of collaboration between different service providers is proving to be a success and drawing attention from across the UK – how long will it be before it's rolled out beyond the North East of England?

Jonathan Munro is the partnership manager at HMP & YOI Low Newton

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For more information please contact Tim Pope at;
Email: tim@drugawareness.info
Telephone: 07722 285 164 or visit
www.drugawareness.info

Adapting your DBT Programme for Substance Use Disorders

27-28 February 2014

This two-day workshop covers the modifications made when applying Dialectical Behaviour Therapy (DBT) to clients with Borderline Personality Disorder (BPD) and substance use disorders. Participants specifically learn how DBT, when applied to populations with co-morbid disorders, differs from standard DBT for BPD clients in the way that DBT is targeted, how behavioural skills are taught in skills training group, how to engage clients in therapy at the beginning of treatment, strategies for not losing clients during treatment, and how therapists are supported when clients are in danger of dropping out of therapy.

This workshop is intended for those who have knowledge of standard DBT.

Register online at www.regonline.co.uk/Substance-2014

DBT Skills Essentials 20-21 March 2014

This two-day workshop covers the fundamentals of DBT Skills: Core Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. Participants learn how to set up a group, the group goals and guidelines, begin to teach skills, be a co-leader, identify and solve common problems in skills groups, make skills lectures come alive, give meaningful homework assignments, and review homework assignments in a way that promotes active engagement with different client populations and settings.

This course is designed for all mental health professionals who want to learn to teach or improve their teaching of DBT skills to clients.

Register online at www.regonline.co.uk/Skills-Spring2014

Co-sponsored by Behavioural Tech LLC, Seattle, WA

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Working with drug & alcohol using parents	12 June
Understanding personality disorder	18 June
Self injury & suicide prevention	30 Sept
Women & drugs	16 Oct
Speaking with confidence	27 Nov

Two day courses (£225 + VAT)

Course	Date
Motivational interviewing	25 & 26 March
Supervision skills	24 & 25 April
Community Reinforcement Approach (CRA)	8 & 9 May
Dual diagnosis	20 & 21 May
Training & presentation skills	25 & 26 June
Management & leadership*	1 & 2 July
Adolescent development & substance misuse	8 & 9 July
CBT based relapse prevention	23 & 24 Sept
Brief solution focused therapy	7 & 8 Oct
Mental health first aid	21 & 22 Oct
Working with concerned others	2 & 3 Dec

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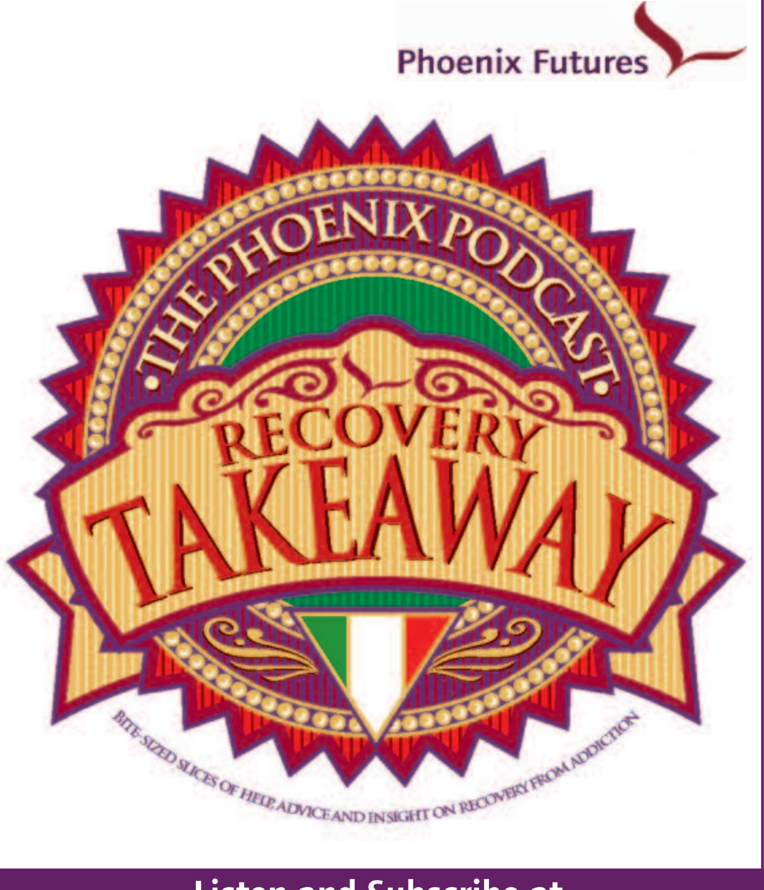

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- Effects of repeated detoxes on the brain
- Structured preparation for abstinence from alcohol
- Traumatic brain injury and alcohol use disorder
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- Alcohol use in pregnancy

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- Prof Theodora Duka, Sussex University
- Dr Christos Kouimtsidis, SABP NHS Foundation Trust
- Dr Vanessa Raymond, Imperial College
- Dr Angela Hassiotis, University College London
- Dr Raja Mukherjee, SABP NHS Foundation Trust

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- *Support the Director of Eastern Region in managing aspects of new services including contracts and performance.*
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You can read the full role description and make an application online at

www.swanswell.org/current-vacancies

or contact us for an application form on jobs@swanswell.org

PROVISION OF BIRMINGHAM ADULT SUBSTANCE MISUSE TREATMENT AND RECOVERY SERVICES

Birmingham City Council invites organisations to provide services to meet the needs of citizens in Birmingham.

The lead provider should be able to demonstrate a successful appetite for consortia working, effective community/network development and customer focus. The ability to deliver on the Birmingham defined recovery outcomes is essential as well as to provide family focused responses especially in the context of child safeguarding.

Key documents informing this process are available at:
www.birmingham.gov.uk/substancemisusecommissioning

The annual value is in the region of £20m but will be dependent on public sector finance constraints. The contract will for a period of five years with an option to extend for a further two years.

If you are interested in quoting, please use the following link to access Birmingham City Council's Tender Portal: ***https://in-tendhost.co.uk/birminghamcc/*** and submit your details to register as a bidder. We will send you a log on and password so you can download the Prequalification Questionnaire ('PQQ'). Your completed PQQ should be returned by noon on **3rd February 2014** using the Supplier Portal. Please note this procurement will be undertaken as a competitive dialogue.

Choose the right road to recovery

Opened in 1998 the BAC O'Connor Centre provides rehabilitation and support to people with a drug and/or alcohol misuse problem in two centres across Staffordshire. We are looking to recruit the following positions:

RESETTLEMENT MANAGER

Location: Burton-on-Trent, with travel to Newcastle under Lyme site
Reference: RTM01/CM
Salary: c £24,000

An exciting new opportunity has arisen to lead our resettlement team to provide our resettlement service, that promotes and supports service users to develop skills in independent living, budgeting, employment, education, volunteering, mutual aid and tenancy management.

The successful applicant will develop the service and team so that service provision continues to meet the needs of service users within a changing external environment. We are looking for an enthusiastic individual with an excellent working knowledge of the benefits, housing, employment and education systems to embrace and promote the concept of recovery through which an individual is enabled to move on from their problem drug and alcohol use with a commitment to abstinence and become an active and contributing member of society.

RESIDENTIAL MANAGERS

Location: Burton-on-Trent or Newcastle under Lyme
Reference: RTL01/CM
Salary: c £24,000

Following a redesign of our residential accommodation a new position of Residential Manager has arisen at each of our rehabilitation services.

Using your knowledge and experience of residential care services you will lead the residential staff team to provide and operate quality residential accommodation for individuals undergoing residential rehabilitation. Working alongside the nursing, therapy and resettlement teams, the residential manager will develop a provision that enables service users to develop independent living skills and empower service users through the provision of a safe and secure living environment.
The successful candidate will utilise their customer service skills to create an environment that is both hospitable and fully meets the range of CQC standards, so that service users graduate having felt genuinely care for and valued.

DETOX NURSE

Location: Burton-on-Trent
Reference: RTL01/CM
Salary: Band 5 equivalent (under review)

A position has become available in our drug and alcohol detoxification and healthcare unit for a Detoxification Nurse (RMN or RGN)

As a member of our health care team, you will be based in our 8-bed detoxification unit, and be integral in coordinating healthcare support and interventions for clients during their stay in our detoxification and residential rehabilitation unit.

Your key duties will include managing a small case load, managing day-to-day care of clients undergoing detoxification, managing medication, and being integral in developing with our therapy team therapeutic groups within our detox service.

Using your experience in social care you will work as part of a team that both meets client's needs, the needs of the organisations and regulatory bodies.

Please apply by email to carol.millington@bacandoconnor.co.uk quoting the relevant reference number. Closing date for all positions is Friday 31st January, 2014

looking for new opportunities?

Are you passionate about helping people gain independence from drugs and alcohol? We are. **BDP** is an experienced resourceful organisation working with over 3,000 individuals a year and now delivering key elements of Bristol's new **Recovery Orientated Drug and Alcohol Service (ROADS)**. We are seeking exceptional people to join us:

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Ref DDN BIW. Delivering short-term 1-1 evidence based interventions.

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(1 x permanent, 1 x maternity locum until Jan 2015) Ref DDN RSW. The clue's in the name...delivering our programme's to individuals and groups to support sustained recovery.

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For all posts you need experience of working with people with drug or alcohol problems and be a car owner.

Salary: £18,992 progressing to £25,848
Hours: Full Time Equivalent 37.5 hours per week
Closing date: 28th January 2014 at mid day (12:00)
Interview date: Week commencing 3rd February 2014

Please contact Angelo Curtis, quoting the job reference, for an application pack:
BDP, 11 Brunswick Square, Bristol BS2 8PE
Tel: (0117) 987 6004, E-mail: recruitment@bdp.org.uk

We are committed to anti-discriminatory practice in employment and service provision; we especially welcome applicants from Black and minority ethnic groups, as they are under-represented within our organisation and we want to provide the best possible service to all of Bristol's communities.

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The Senior will work closely with the Team Leader and be required to provide appropriate direction, supervision and appraisal of a team of recovery workers. The role requires a highly motivated and professional individual who has a sound understanding of the needs of service users and safeguarding practices. You will provide and require experience in case management and deliver outreach services. You will be required to identify, develop and maintain partnership working within Tier 2 and 3 Substance Misuse Treatment providers and provide referral pathways throughout the Criminal Justice System.

The service will operate a staff rota that will include evening and weekend duties.

All applications for this post will be subject to an enhanced DBS clearance and also enhanced security clearance by Surrey Police.

Both these roles involve working across Surrey from a range of sites, some in remote areas so the ability to travel across sites is essential.

Please see our website at www.cri.org.uk for further details and an application form.

Closing Date: 31st January 2014

Only electronic applications will be accepted via www.cri.org.uk

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Structured Alcohol Interventions Service

Ref 0002

Can you deliver a non-medical, structured alcohol interventions service in Mid Essex and/or South East Essex?

Essex County Council is looking for suitably qualified and experienced organisations to deliver the structured alcohol interventions service:

The National Drug Strategy 2010 and The Government's Alcohol Strategy provide the Essex Drug and Alcohol Partnership (EDAP), through its strategy and delivery plan, an opportunity to strengthen drug and alcohol provision in the County. The main focus is to integrate commissioning functions with key partners and commission evidence based services, which provide interventions to meet individual, family and community needs in order to support positive recovery outcomes

The aim of the service is to reduce alcohol and drug misuse (where they co-exist with primary alcohol issues) related harms and achieve improved health, social, psychological legal, lower criminal activity, welfare and life chances of local people who are vulnerable through the use of alcohol and drugs. The service will ensure that it is delivering interventions and managing recovery pathways, whilst promoting re-integration and abstinence as realistic and achievable goals for all.

Service commencement is anticipated in July 2014 for 33 months with the option to extend for up to two further years at sole discretion of the Authority.

ECC are inviting organisations to attend a Supplier Workshop, which will provide interested organisations the opportunity to find out more about the structured alcohol interventions services being tendered for.

Date: 23 January 2014
Time: 14:00 - 16:00
Venue: County Hall, Chelmsford, Essex, CM1 1QH

To book a place on the Supplier Workshop
please email the name of the attendee(s) to:
email2workspace-prod+ECC+WS313789988+891b@ansmtp.ariba.com

Bookings must be made by **21 January 2014**.
Places are limited to two people per organisation.

To register your interest in this opportunity, please follow the instructions below:

1. Send an email with your organisation name in the subject title field to **email2workspace-prod+ECC+WS313789988+891b@ansmtp.ariba.com** asking to be invited to this event. Please also provide your contact name and Supplier ID/User ANID from your Ariba registration details.
2. If you have more than one registered user who you want invited to the event, provide the name(s) of each registered user in your request as it may not be possible to include additional users at a later stage.
3. If you are not registered in Ariba at all, go to **http://ecc.supplier.ariba.com/ad/register/SSOActions?type=full** and follow the instructions to register then follow steps 1 and 2 above. (PLEASE NOTE: As a minimum requirement 35% of your Ariba cloud registration must be completed (i.e. mandatory fields only: organisation/user details, commodity, sales territory), you do not need to reach 100% completion.)

Please Note:

- If you experience any technical issues registering on Ariba, please call their help Desk on **0800 358 3556**
- The Pre-Qualification Questionnaire will be available to those who have expressed an interest from **17th January 2014**.
- Deadline for return of completed Pre-Qualification Questionnaires is midday on **7th February 2014**.